

The intergenerational solidarity in Lithuania: actual and normative support

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Abstract

Changes in age-structure of Lithuanian population, changing socio-economic conditions, individualization processes strongly influence the structure of family relations and the patterns of transfers between generations.

The purpose of the paper is to analyze the features of intergenerational solidarity in Lithuania, to reveal its forms and differences by socio-demographic characteristics and finally – to analyze the attitudes towards intergenerational exchanges in Lithuania. Based on the solidarity approach, solidarity indexes for downward and upward flow were constructed and the socio-demographic characteristics of intergenerational networks were revealed. Taken into consideration the fact that intergenerational family solidarity is affected by cultural factors, attitudes towards generational relationships were shortly analysed.

The source of data is the first wave data from Gender and Generation survey (GGS), conducted in Lithuania in year 2006. The survey provides rich data on generational relationships and allows evaluating the ways how intergenerational solidarity is expressed in nowadays society.

The results of GGS survey in Lithuania demonstrate very high level of intergenerational solidarity (comprising of structural, association and affectional dimensions) in both flows: upwards and downwards. Functional solidarity (emotional and personal care) more often are taken by non-generational networks. Attitudes towards intergenerational exchanges are very controversial: towards upwards flow – high percentage of neutral opinion, towards downwards flow – more percentage of agreement were noticed.

Introduction

Intergenerational solidarity acquired increasing interest of scholars studying the aging population of Europe and also those who are interested in social policy issues. Demographic factors, such as aging and low fertility obliged to raise a question – will the welfare state be able to respond to new demands related to the aging of population?

Within the context of population ageing in European countries, the most intensive tempo in the demographic history of Lithuania population ageing gained at the junction of 20th-21st century. Nowadays the proportion of population of age 65 and over comprises 15 percent of total population number (in the region of European countries – 15,9 %) (Eurostat 2008). Aged people (60 and over) constitute major part compared to children (under 14 years), moreover, senility¹ ratio of women is noticeably higher than men (in 2007, respectively 19% and 11%) (Mikulioniene 2007). Such changes in age-structure of Lithuanian population strongly influence the structure of family relations and the patterns of transfers between generations.

Though Lithuanian population is characterised by high shares of elderly people and very low fertility – there were no systematic attempts to analyze intergenerational transfers between generations. Intergenerational transfers in private space and social care was always there, but it was rather invisible. Changing demographic situation, also changing socio-economic conditions, individualization processes presuppose that intergenerational relationships and intergenerational transfers became more complex, so this paper is one of the first attempts to study intergenerational relationships in Lithuania.

The purpose of this paper is to analyze the features of intergenerational solidarity in Lithuania, to reveal its forms and differences by socio-demographic characteristics and finally – to analyze the attitudes towards intergenerational exchanges in Lithuania.

¹ Proportion of population 65 years and over.

1. Few theoretical approaches, explaining intergenerational solidarity

The theoretical model in the paper includes the concepts of reciprocity and solidarity. Reciprocity by different authors is conceptualized as different ways of giving and receiving (Tobio 2005, Bengston and Oyama 2007). Individuals receive twice (from their parents when they are children and from adult children when they get old) and give twice (to their children when they are small and to their elderly parents when they get old). Yet especially in the times of social change the exchange might become asymmetrical, when some individuals give different recourses for other generations but does not receive it back.

The foundation of other theoretical approach, which helps to explain intergenerational relationships – solidarity model – lies in an attempt to understand the nature of the ties which bind individuals into coherent collectivities. According to Roberts, Richards and Bengston (1991), family researchers for long recognized that families can be distinguished from one another on the basis of different levels of solidarity. Some family researchers acknowledged that solidarity in families, same as solidarity in society, is like an ‘engine driving the pursuit of the common good within the families’ (Roberts, Richards and Bengston 1991: 12).

The term solidarity is used by American and European scholars as a meta-construct, which subsumes characteristics of intergenerational bonds in the family. The model is conceptualized by six conceptual dimensions (Bengston 2001, Roberts, Richards and Bengston 1991):

Affectual solidarity: the sentiments and evaluations family members express about their relationship with other members,

Associational solidarity: the type and frequency of contact between generation members,

Functional solidarity: giving and receiving of support across generations (exchange of instrumental assets, services, emotional support),

Normative solidarity: expectations regarding filial obligations and parental obligations, norms about the importance of familistic values,

Structural solidarity: opportunity structure for cross-generational interaction (Bengston 2001, Roberts, Richards and Bengston 1991).

This theoretical framework was employed by a number of scholars investigating intergenerational relationships, but also received critical echoes for putting too much emphasis on positive aspects of family relationships (Hammerstrom 2004, Luescher and Pillemer 1998, Connidis and McMullin 2002). Solidarity approach was critiqued both by conflict and ambivalence advocates.

Despite the critique, the model is still widely applied in intergenerational studies and is useful in evaluating the types and forms of intergenerational exchanges.

A number of theorists studying intergenerational contracts also pay a lot of attention towards factors that affect family transfers and exchanges, such as demographic structure of families, educational and occupational status etc. According to Albertini, Kohli and Vogel (2007), the combinations of explanatory factors can be reduced by distinguishing three broad categories: *structural*, *institutional* and *cultural* factors. The *structural* factors in micro level embody family and household composition; education and occupational status of parents and children; income and wealth status. *Institutional* factors concerns marriage/cohabitation arrangements, household division of labour. *Cultural* factors refer to values, beliefs, attitudes and cultural practices of families, parents and children (Kohli (2004) model in Albertini, Kohli and Vogel 2007).

The theoretical scheme in the paper is used for various purposes. The dimensions of solidarity approach were conjoined in order to construct intergenerational index and to check the differences of intergenerational solidarity level by socio-demographic characteristics. The Kohli scheme of factors classification is useful to reveal the cultural factors – attitudes towards intergenerational relationships, which might influence the actual exchanges of support.

2. Data and variables

The source of data is the first wave from Generation and Gender survey (GGS) in Lithuania, conducted in year 2006. This survey provides rich data on generational relationships and allows evaluating the ways how intergenerational solidarity is expressed in nowadays society.

In order to see the common trends of intergenerational solidarity and evaluate the socio-demographic differences, 3 solidarity indexes were constructed: ‘*solidarity with mother*’, ‘*solidarity with father*’ (for the analysis of upward flow) and ‘*solidarity with children*’ (for the analysis of downward flow).

These indexes were constructed conjoining three variables: duration of the trip to father’s/mother’s home² (*structural* dimension of solidarity, indicating the opportunity structure for interaction), frequency of contacts³ (*association* solidarity) and satisfaction with relationships⁴ (*affectional* solidarity). The indexes were constructed as follows:

1. *Trip duration*. If the trip to parents’/children’s home takes less than 1 hour, it was assumed they live in the same city, so the responses were attributed to *high level of solidarity*, if it takes from 1 hour to 5 hours – to *average level of solidarity* and if it takes more than 5 hours – to *low level of solidarity*.
2. *Frequency of contact*. If the respondent is meeting his parents/children daily or several times a week, he was assigned to *high level of solidarity*, if once a week or every 2 weeks – to *average level of solidarity* and if once a month or less often, never – to the *low level of solidarity*.
3. *Satisfaction of relationships*. If the respondent evaluated his/her relationships with parents/children in the satisfaction scale from 8 to 10, it was considered as *high level of*

² Question for parents: *How long does it take to get from your home to where [name] is living at present?* Questions for children: *How long does it take get from your home to where your mother is living at present? How long does it take to get from your home to where your father is living at present? How long does it take to get from your home to where your parents are living at present?* Possible answers: ____hours ____minutes.

³ Question for parents: *How often do you see [name]?* Questions for children: *How often do you see your mother? How often do you see your father? How often do you see your parents?* Possible answers: ____Times per W (week), M (month), Y (year).

⁴ Question for parents: *How satisfied are you with your relationship with [name]?* Questions for children: *How satisfied are you with the relationship with your mother? How satisfied are you with the relationship with your father? How satisfied are you with the relationship with your parents?* Possible answer: *Please use this card and tell me the value on the scale. Value from satisfaction scale, where 10 means completely, 0 – not at all.*

solidarity, from 5 to 7 – as *average level of solidarity* and from 1 to 4 – as *low level of solidarity*.

After computing these three variables (trip duration, frequency of contact and satisfaction of relationships) into one, the computed variable was recoded into different variable with three categories: low, average and high solidarity.

Hence, ***low solidarity*** means the combination of longer trip duration to family members' home (more than 5 hours), rare contacts (once a month or less often, never) and low evaluation of relationships (value 1 - 4 from the satisfaction scale). ***High solidarity***, oppositely, includes the respondents for whom the trip to relative's home last shortly (less than an hour), contacts are frequent (daily or several times a week) and they give high evaluations of relationships (from 8 to 10 in the satisfaction scale). Meanwhile, the ***average solidarity*** takes the middle position between high and low solidarity. This classification, indicating three solidarity levels, will be useful to grasp the differences (if any) of intergenerational relationships in Lithuania by socio-demographic groups.

The data also enables the analysis of *functional* dimension of solidarity: provided and received emotional support, provided and received help on personal care (for persons in need) and help with childcare, provided by grandparents. Due to data differences the functional dimension could not have been conjoined into solidarity index, thus is analyzed separately.

Analysis of results is structured as follows: firstly, the socio-demographic differences of the downward flow from the younger to older generations are described, secondly – the socio-demographic differences of the upwards flow from older to younger generation are revealed and finally – normative attitudes towards intergenerational relationships are shortly analyzed.

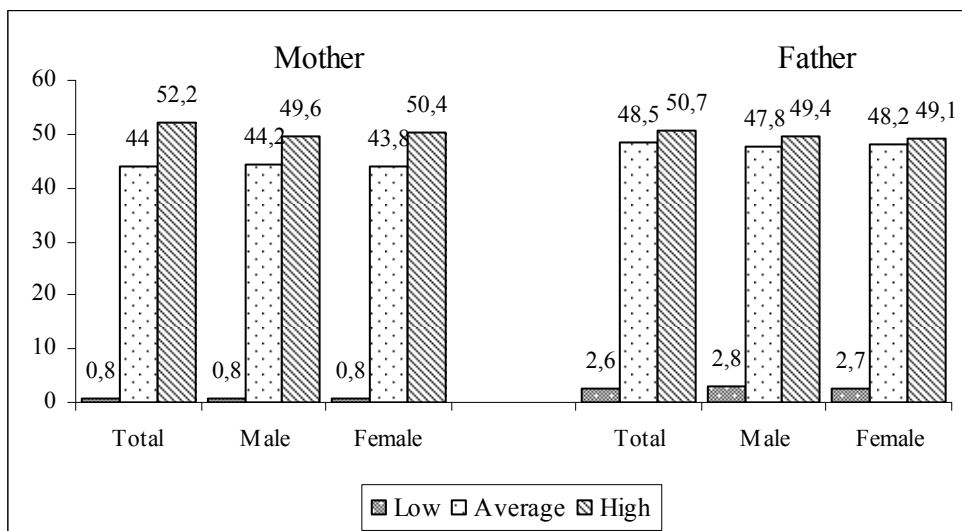
3. Upward flow from the younger to the older generations (“from below”)

The results show very high solidarity with parents in Lithuania: more than half of respondents belong to the high solidarity group, less than half – to average and only around 1 % – to the low level of solidarity (Figure 3.1.).

Solidarity by gender. Female respondents are distinguished by higher solidarity with mother than men. Such results are not astonishing as many researchers described a special closeness between mothers and daughters over all stages of the life course. P. Townsend, British anthropologist, described family relationships as dominated by women, with the mother-daughter bond as the linchpin of the family interaction (Fisher 1991). At this point we cannot emphasize gender differences too much as the differences are very small. Gender differences concerning high

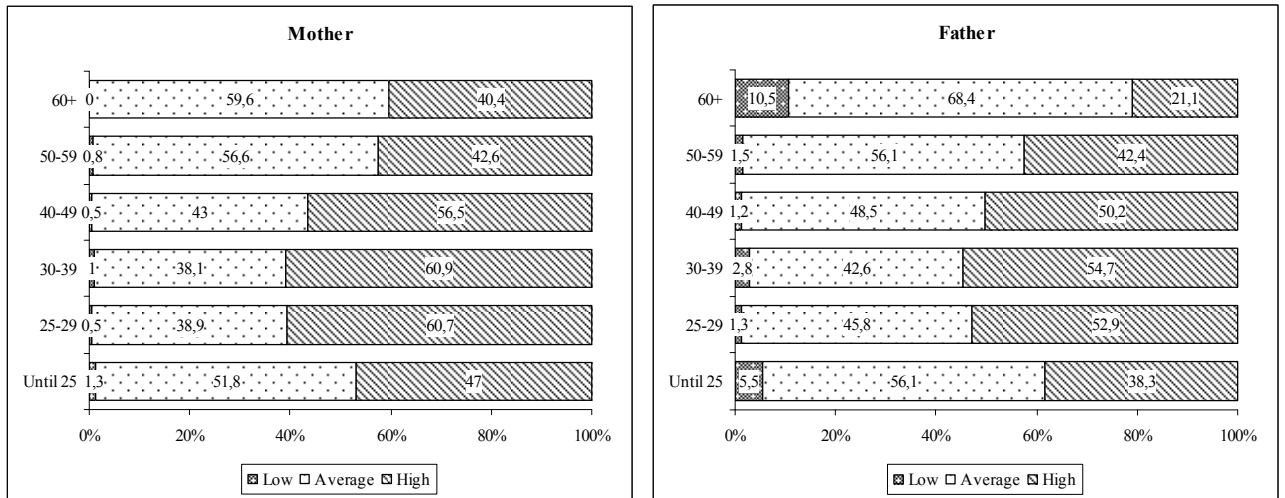
and average solidarity levels with father are even more insignificant. The percentage of low solidarity with father is three times higher than with mother.

Figure 3.1. Upward flow: solidarity (structural, association, affectional) with mother and father by gender of respondents (percentage)



Solidarity by age. The highest levels of solidarity with mother and father are in 25-49 age groups (with father the percentages are lower) (Figure 3.2). This tendency could be explained in two ways. Higher solidarity in 25-29 age group could be explained by the fact that the period to become independent has expanded in Lithuania, so the solidarity with parents in some cases is not only useful, but also necessary for young people. The trend towards increased period to become independent was acknowledged by many researched in different countries. Björnberg and Latta (2007) studying intergenerational transfers in Swedish society noted that nowadays for young adults it takes longer to get establish both on the labour market and on the housing market. Another explanation – all these age groups (25-29, 30-39 and 40-49) are bind with childcare responsibilities. Of course, solidarity level with mother in these age groups is higher as a grandmother is more common and available force of childcare providers.

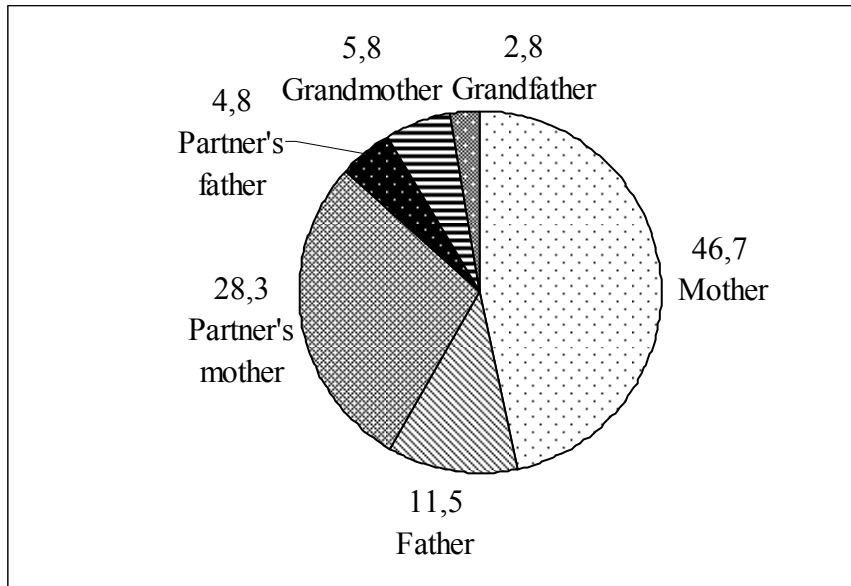
Figure 3.2. Upward flow: solidarity (structural, association, affectional) with mother and father by age of respondents (percentage)



From the Figure 3.3 it is evident that maternal line is much stronger in the division of childcare responsibilities than paternal one. From the familial network of childcare providers⁵ (other childcare providers are not included into analysis) the largest input into help related to childcare is received from mothers (almost half) and partner's mothers (28,3 %). Besides, namely 30-39 age group receives most of help from other generations, what determines higher level of solidarity in this age (Annex1).

⁵ Question: Do you (also) get a regular help with childcare from relatives or friends or other people for whom caring for children is not a job? If yes, from whom do you get this help? Code up to 5 persons in the table below using the List of Providers and Receivers. List of Providers and Receivers: 1 – partner/ spouse, 2 – mother, 3 – father, 4 – mother of R's partner/spouse, 5 – father of R's partner/spouse, 6 – son, 7 – daughter, 8 – step-son, 9 – step-daughter, 10 – grandmother, 11 – grandfather, 12 – granddaughter, 13 – grandson, 14 – sister, 15 – brother, 16 – another relative, 17 – friend, acquaintance, neighbour, colleague, 18 – other person, 19 – an organisation or a company.

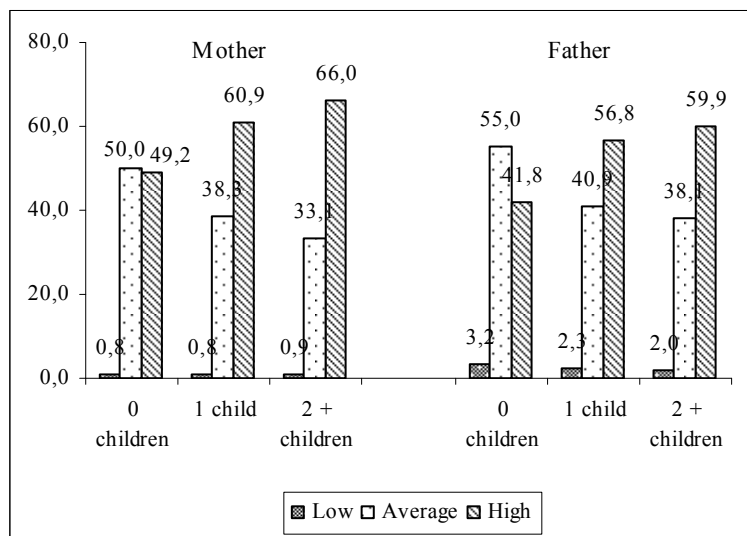
Figure 3.3. Downward flow: help in childcare received from family network (percentage)



Solidarity by partnership. Paradoxical, but higher levels of solidarity with parents are slightly more specific for respondents who have a partner rather than lonely ones, though we could foresee the opposite effect (Annex 2). This could be affected by age of respondents age: most of respondents having partners fall into 30-39, 40-49 age groups (age groups, characterized by higher solidarity with parents) (Annex 3). Contrariwise, respondents not having partner fall into youngest and oldest age groups.

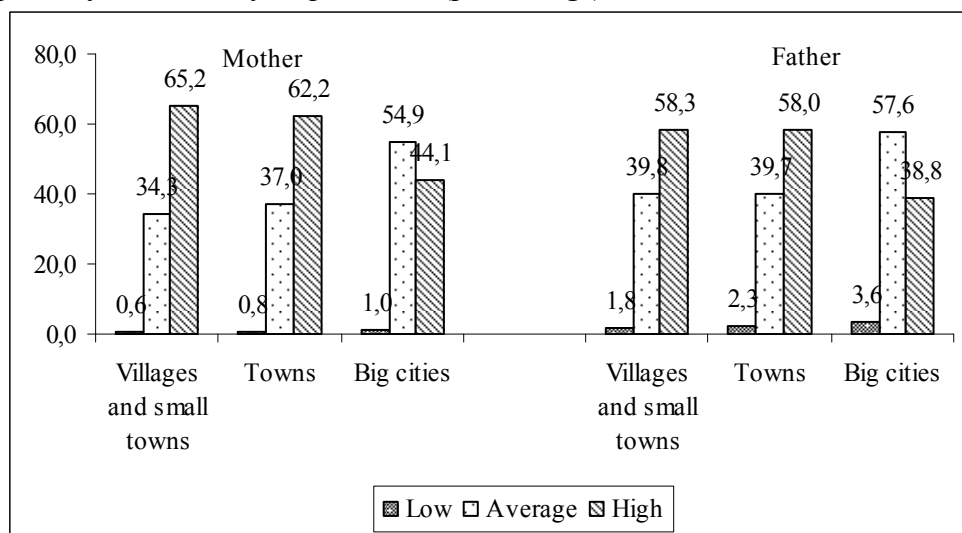
Solidarity by number of children. With the number of children the solidarity level increases (Figure 3.4). It seems that childcare responsibilities implicate into more frequent contacts and higher solidarity, what is especially visible in relationships with father. When men do not have any children, the percentage of average solidarity is higher than low or high solidarity, when they become grandfathers – the level of high solidarity with his father prevails (Figure 3.4).

Figure 3.4. Upward flow: solidarity (structural, association, affectional) with mother and father by number of children of respondents (percentage)



Solidarity by place of residence. Respondents living in villages and small towns, in towns⁶ have more solidarity than in big cities living respondents (Figure 3.5). This could be influenced by the fact that in smaller residences parents of the respondents also live nearby, what is a premise of more frequent contacts.

Figure 3.5. Upward flow: solidarity (structural, association, affectional) with mother and father by place of residence of respondents (percentage)

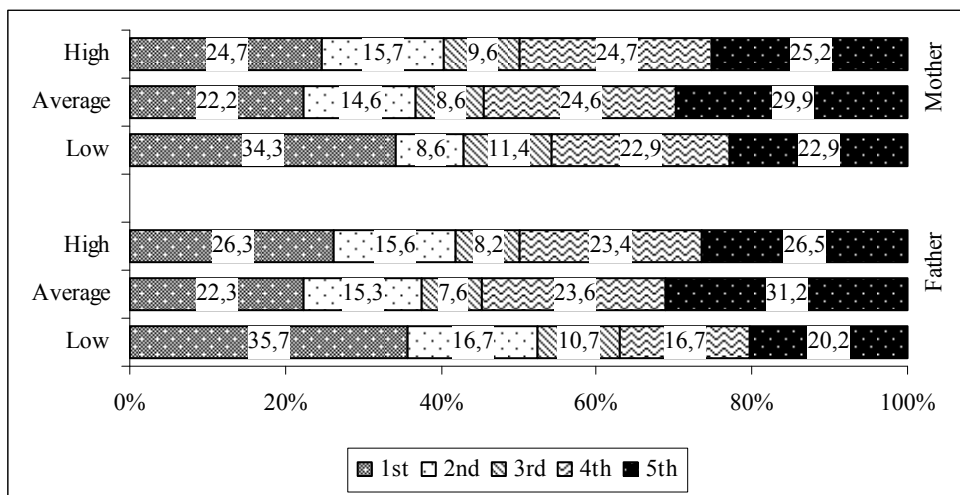


Solidarity by education. The data does not show any bigger differences by education level (Annex 4). All solidarity levels are compounded of secondary education as the biggest group of education attainment. However, in the columns of average solidarity with mother and father the percentage of higher education are bigger than in other levels. The lowest numbers of higher education are specific for respondents belonging to low solidarity group.

⁶ Villages and small towns= up to 10 000 people, towns = 10 000 – 100 000 people, big cities = more than 100 000 people.

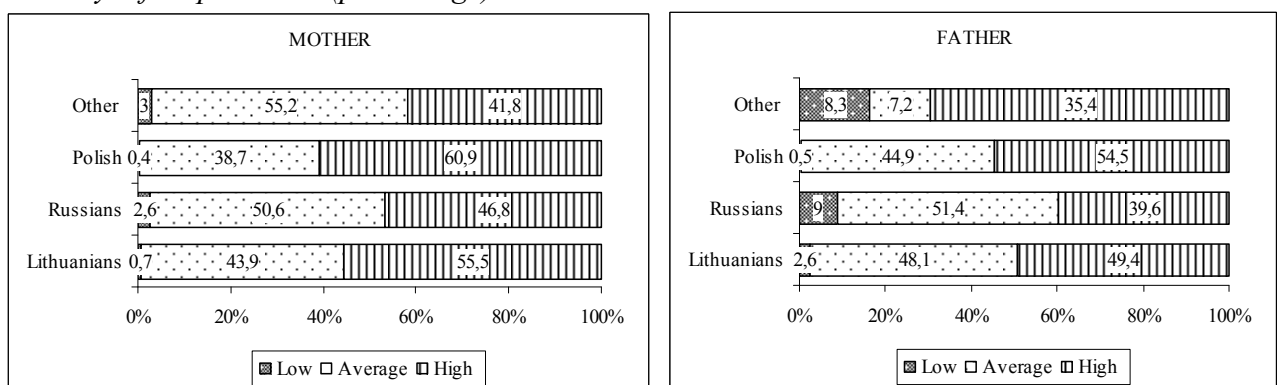
Solidarity by income. Even greater noticeable differences can be seen from the following figure, regarding income and solidarity level (Figure 3.6). In the group of low solidarity, the biggest percentage of respondents is between those who have lowest income (this refers to solidarity with mother and father). In average and high solidarity group there is distribution between lowest (1st quintile) and highest income (4th and 5th quintiles) groups. 2nd and 3rd quintiles comprise just a small part of low, average and high solidarity. The biggest percentage of respondents, having highest income, is between those who are characterized with average solidarity. Besides, the percentage of respondents having highest income is bigger for a group of average solidarity with father rather than for a group of average solidarity with mother.

Figure 3.6. *Upward flow: solidarity (structural, association, affectional) with mother and father by income quintiles of respondents (percentage)*



Solidarity by ethnicity. Highest solidarity levels with mother are more specific for Lithuanians and Polish. The highest proportion of high solidarity with father is observed for Polish and other ethnicities (Figure 3.7).

Figure 3.7. *Upward flow: solidarity (structural, association, affectional) with mother and father by ethnicity of respondents (percentage)*



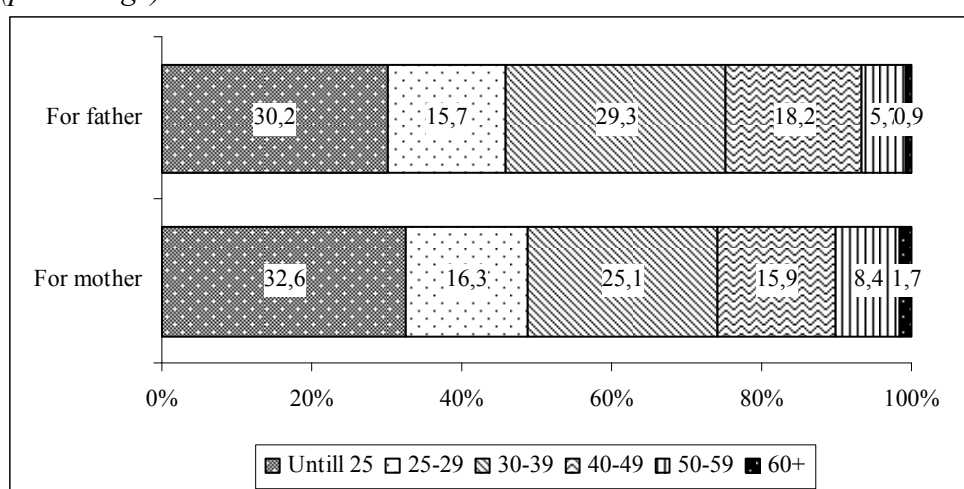
Hence, the solidarity levels vary by different socio-demographic characteristics. The second question regarding the downward intergenerational flow – what is the functional support provided

for parents? GGS data base enabled to check two types of support – emotional support and help on personal care.

Functional solidarity: emotional solidarity by gender. The analysis of emotional support⁷ represents the distribution by gender: daughters provide more emotional support for mothers (daughters – 66,5 % sons – 33,5 %) , while sons – for fathers (daughters – 42,7 %, sons – 57,3 %).

Functional solidarity: emotional solidarity by age. For mother and father most of emotional support givers are in the age group until 25 years, also a bigger group is from 30 to 39 years (Figure 3.8).

Figure 3.8. *Upward flow: emotional support given to mother and father by age of respondents (percentage)*



If look at the whole network of emotional support givers, it is clear that most of emotional support is given to other people (friends, neighbours etc.) or partners rather than to parents (Figure 3.8). Parents and other family members remain in lower positions of preferences. This tendency hypothetically could be explained by the fact that family with other members (except a partner) is rather perceived as arena of social care and monetary exchanges than a sphere to share feelings. Emotional dimension is consigned for others: friends/colleagues/neighbours and partners.

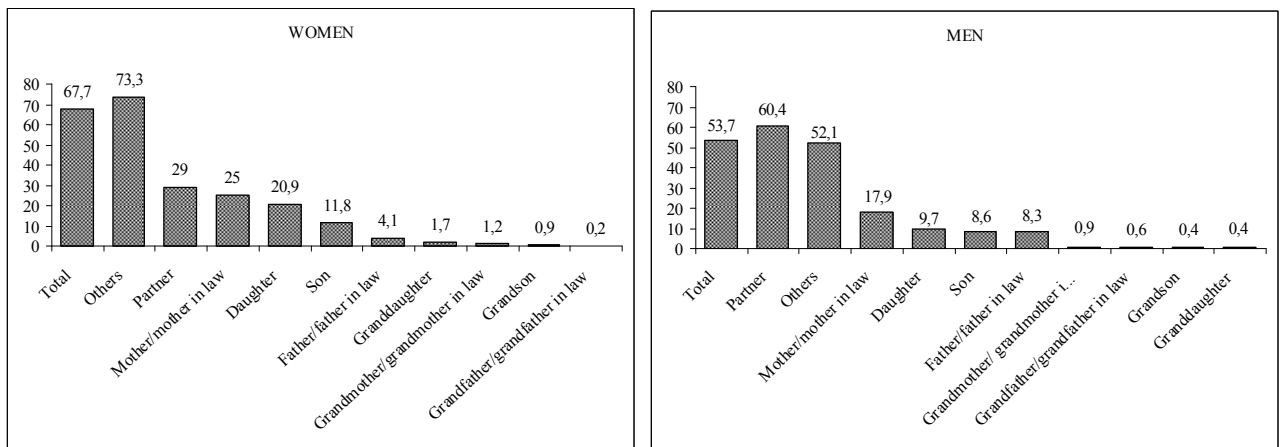
Gender differences appear again: women most of emotional support bestow for others, while men – for their partners. In general women provide more emotional support than men. Hegemonic model of masculinity could be an explanation of this tendency. The survey ‘The Crisis of Male Roles in Lithuania’ conducted in year 2002 revealed that both Lithuanian men and women largely support traditional norms of hegemonic masculinity, ‘based on heterosexuality, economic autonomy, being able to provide for one’s family, being rational, being successful, keeping one’s emotions in check and not doing anything considerable emotional’ (Tereškinas 2004: 38).

⁷ The question: *Over the last 12 month, has anyone talked to you about his/her personal experiences and feelings? If yes, who was it? Record up to 5 persons in the table below using the List of Providers and Receivers (footnote 5).*

Plausible, that in such context man have less skills than women to express the need to receive emotional support, to speak about their feelings, but as we see from the Figure 3.8, they do not reject to be in role of emotional support providers for their partners and other people (friends, neighbours, etc.).

In sum, exchanges of emotional support in the flow *children* → *parents* do exist, but mother remain in the 3rd position, father – in 6th position in the network of emotional support givers. These positions are the same for women and men, but women’s percentages of emotional support provided for parents are much higher. Grandmother and grandfather remain in the last positions of emotional support givers’ network (Figure 3.9).

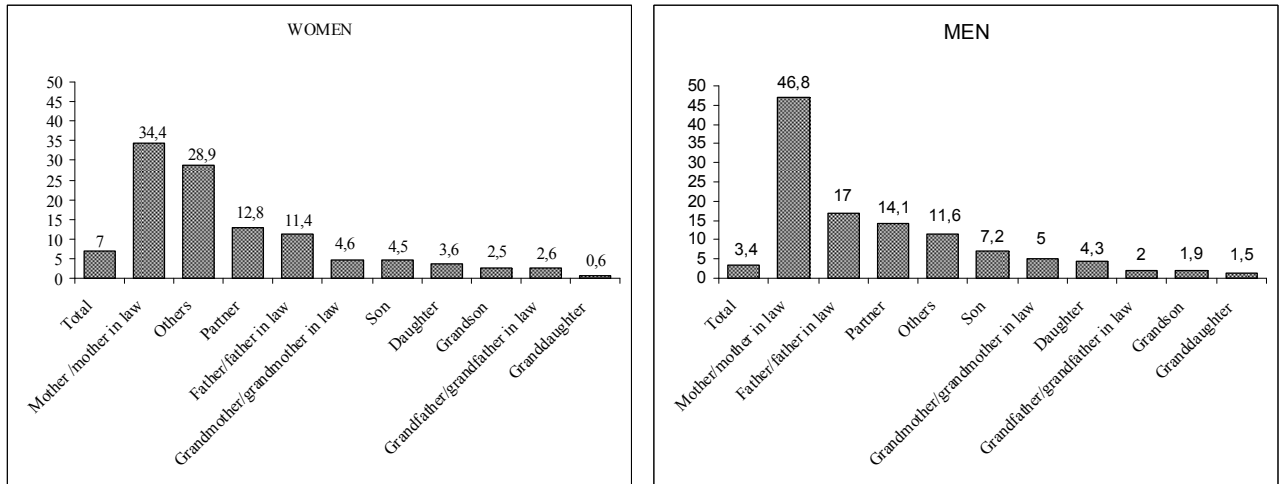
Figure 3.9. *Upward flow: emotional support givers by gender (percentage)*



Functional solidarity: personal care givers by gender. The data about help on personal care given over 12 month (for persons in need)⁸ shows some gender differences in distribution of care (Figure 3.10, Annex 5). Both women and men as the primary care receivers designated mother/mother in law. In other positions of the network of given care women indicated other people, then partners, fathers/ fathers in law and grandmothers/ grandmothers in law. Men less support provided for other people, in the second position appeared fathers/ fathers in law, partners and only then “others”.

⁸ Question: *Over the last 12 month, have you given people regular help in personal care such as eating, getting up, dressing, bathing, or using toilets? Do not include the care you may have given to small children. If yes, whom have you helped? Record up to 5 persons in the table below using the List of Providers and Receivers (footnote 5).*

Figure 3.10. *Upward flow: personal care givers by gender (percentage)*



In general men provided twice less help in personal care than women (women – 7 %, men – 3,4) (Annex 5.). Women most of help provided in 50-59 age group, for mothers/ mothers in law – in age 40-59, for fathers / fathers in law – in 30-39. Men most of help provided in 30-49 age group, for parents – in younger age groups than women (30-49). These gender differences might be related to different traditions of care: men care provide primary for parents while women’s network is much wider, they provide care for other persons as well, what they can perform in older ages. Grandparents receive most of help from granddaughters and grandsons of the youngest age group (18-29) (Annex 5).

In sum, the analysis of socio-demographic differences revealed that age is important characteristic, determining the solidarity level with parents. Gender is also one of most important characteristics: women have higher degree of solidarity than men; gender also plays a crucial role allocating function support: emotional support and help in personal care. Having children, what is also related to children’s age, is a warranty of higher levels of solidarity with parents.

4. A net downward flow from the older to the younger generations.

In this part the solidarity differences from opposite direction will be analysed. It is interesting that solidarity from parent’s point of view is lower than from children (Figure 4.1.). When high solidarity column from children’ perspective prevailed, in this case – the column of average solidarity is slightly higher.

Solidarity by gender and age. Higher solidarity level is more specific for males than for women and for older generation (50 and older) than for younger (Figure 4.1, Figure 4.2). Older parents are able to provide different forms of support for the children: financially, also in child caring so they have more frequent contacts.

Figure 4.1. Downward flow: solidarity (structural, association, affectional) with children by gender of respondents (percentage)

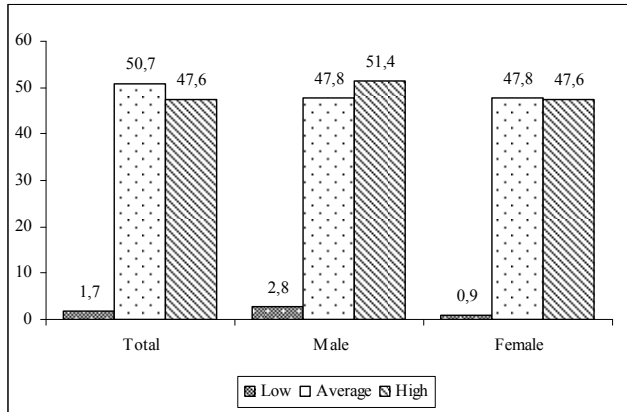
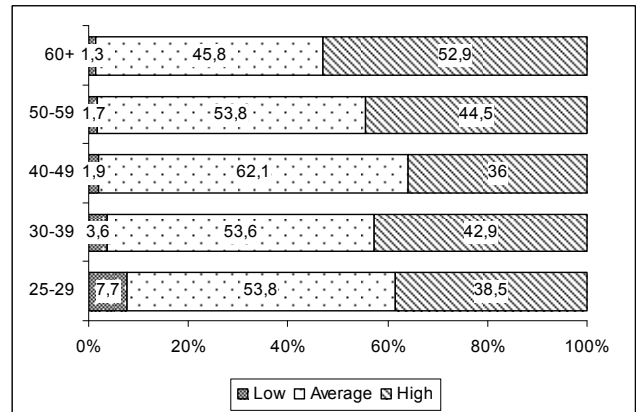


Figure 4.2. Downward flow: solidarity (structural, association, affectional) with children by age of respondents (percentage)

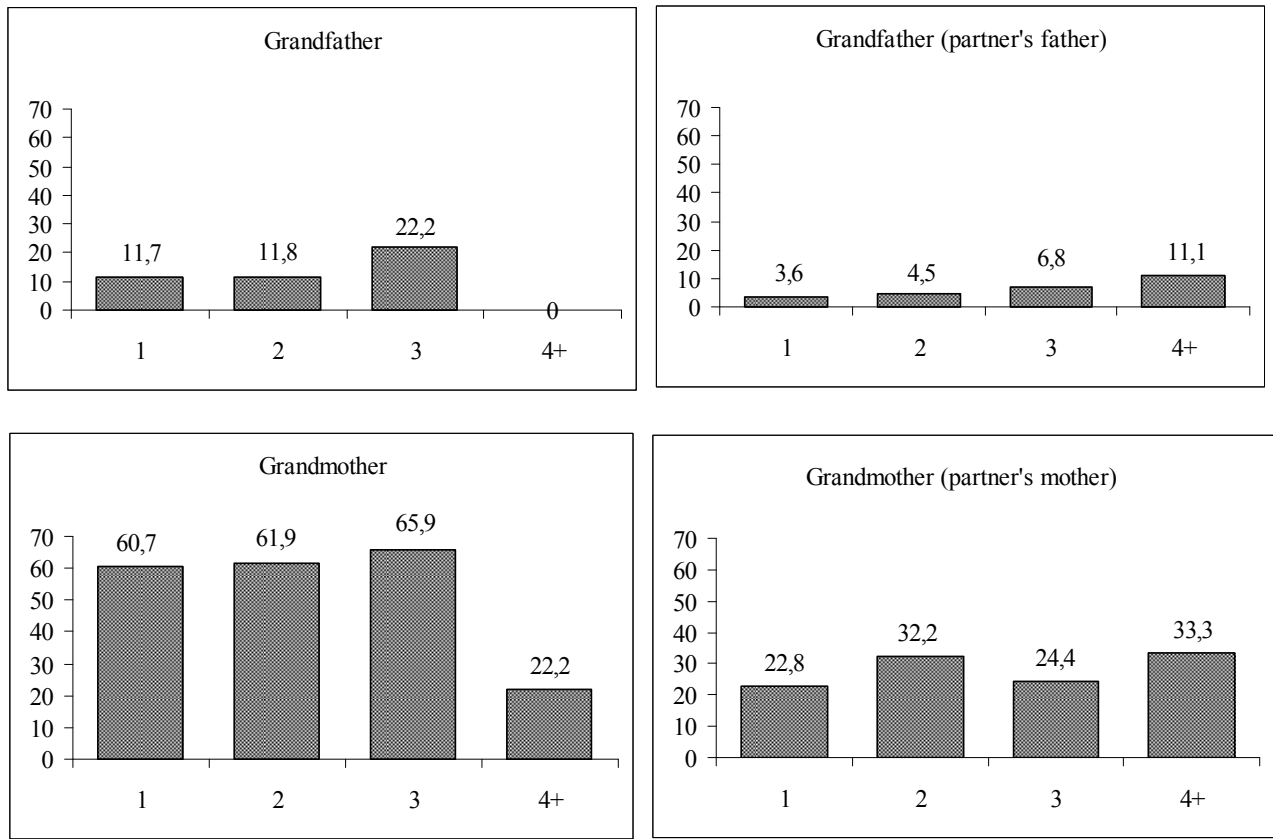


Involvement into child care responsibilities could be a plausible answer why men's solidarity with children is a little higher than female's. Women are participating more often in younger family's life, what could cause not only satisfaction, but also different tensions.

The following diagram shows gender differences in help provided with child care by grandfathers⁹ (Figure 4.3). Grandmothers almost 6 times more than grandfathers are helping in childcare (in 1 grandchild's case). As the number of grandchildren increases, so does the involvement into childcare (except partner's mother, whose involvement varies). A considerable value of grandparents to the family was acknowledged by many authors, some (Wilson 1987) founded that grandmothers are more important than grandfathers in continuity of support. It is especially important in Lithuanian context, where women's life expectancy at birth is noticeably longer than men's. The life expectancy at birth of Lithuanian men is shorter than women almost twelve years. In year 2006 life expectancy at birth for men was 65,31, while life expectancy at birth for women was 77,06 years (Demographic 2007). Hence, the likelihood to get help in childcare from grandfathers is not the same as from grandmothers not only because of norms related to gender issues, but also because of the differences in Lithuanian population age structure.

⁹ Number of respondents who answered the question: *How frequently do you help to look after you grandchild(ren)?* Possible answer: ___ times per W M Y (0 – does not help) .

Figure 4.3. Grandparents' help in childcare by number of children of respondents (percentage)

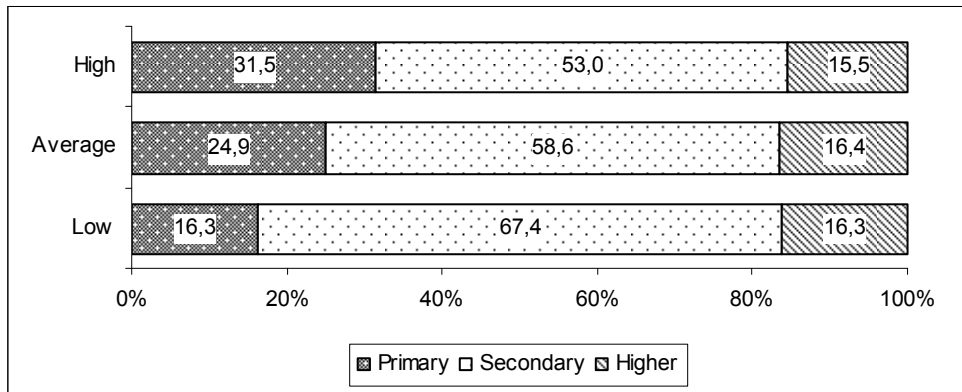


Solidarity by partnership. Understandable, that single parents has a little more of higher solidarity than those who have a partner, yet the difference is not significant statistically (Annex 6).

Solidarity by number of children. The results on differences by number of children, however, do not seem so logical: parents with one child have higher degree of solidarity than parents with two or more children (Annex 7). In order to answer to the question why it is so, additional researches exploring the interconnection of number of children and level of solidarity are needed.

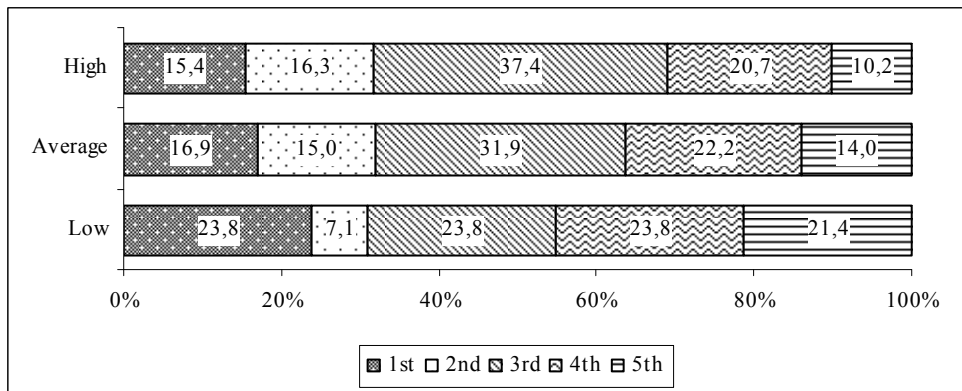
Solidarity by education. The differences by solidarity and education show that the percentage of primary education in high solidarity level is higher than in average or low solidarity levels. These results are opposite than from children's perspective. The group with higher education is slightly bigger in average level of solidarity, yet the differences are small.

Figure 4.4. Downward flow: solidarity (structural, association, affectional) with children by education of respondents (percentage)



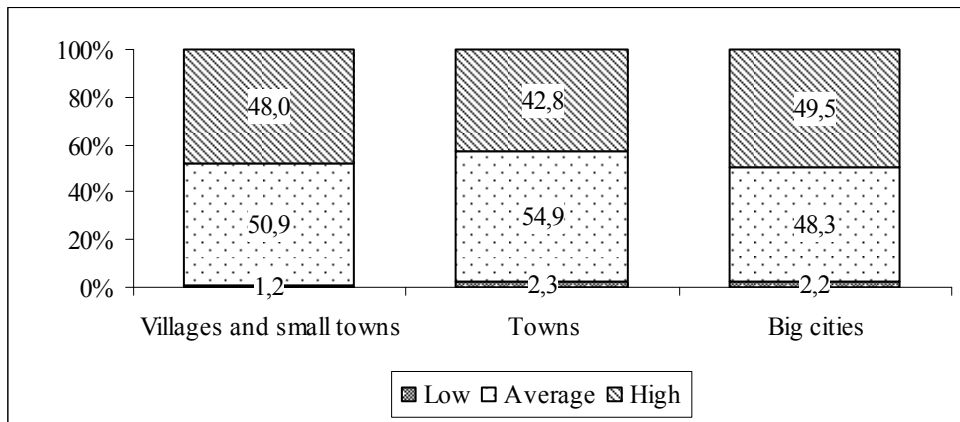
Solidarity by income. When the analysis from children’s perspective revealed most of respondents’ groups with highest (4th and 5th) and lowest (1st quintile) income, the analysis from parents’ perspective shows the biggest groups of respondents with income specific to middle class (3rd and 4th quintiles) (Figure 4.5). This refers to high and average solidarity columns. In the column of low solidarity level, besides 3rd and 4th quintiles groups, a group of respondents with lowest income is bigger than in other solidarity levels.

Figure 4.5. Downward flow: solidarity (structural, association, affectional) with children by income quintiles of respondent’s (percentage)



Solidarity by place of residence. The distribution of parents’ solidarity by place of residence is different than distribution of children’s solidarity by place of residence. The biggest percentage of high solidarity is between parents whom live in big cities. Villages and small towns come secondly and towns - lastly (Figure 4.6).

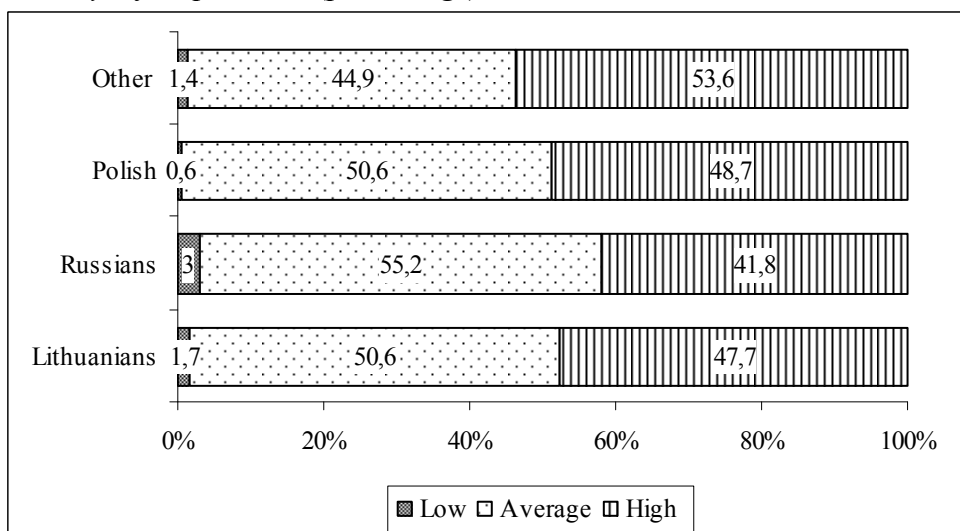
Figure 4.6. Downward flow: solidarity (structural, association, affectional) with children by place of residence of respondents (percentage)



Solidarity by health status. Parents' health¹⁰ might be important criteria influencing the frequency of contacts and the quality of relationships. The percentage of high solidarity is higher for the respondents with bad health (Annex 8). If parents experience any difficulties in personal care, children usually are one of the primary care providers.

Solidarity by ethnicity. Higher proportions of high solidarity with children are specific for Lithuanians, Polish and other ethnicities (differences are very small), smallest proportion of high solidarity with children is specific for Russians (Figure 4.7).

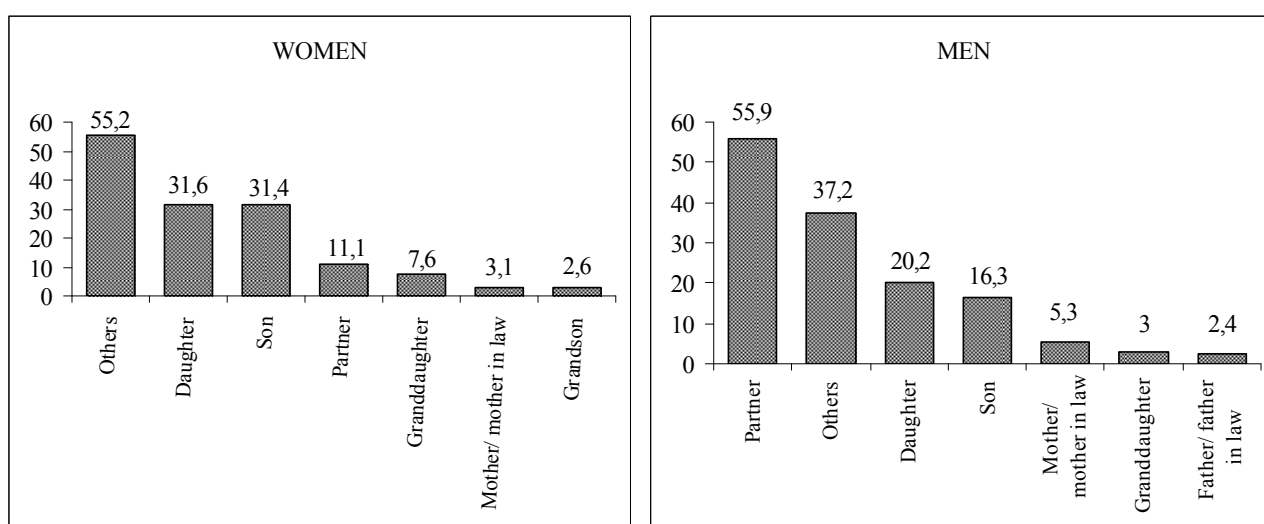
Figure 4.7. Downward flow: solidarity (structural, association, affectional) with children by ethnicity of respondents (percentage)



¹⁰ The variable "Health status" was constructed from the questions: 1. How is your health in general? Possible answers: very good, good, fair, bad, very bad. 2. Are you limited in your ability to carry out normal everyday activities, because of a physical or mental health or a disability? Possible answers: Yes, No. 3. Do you have any long-standing illness or chronic condition? Possible answers: Yes, No. Respondents who answered "bad" or "very bad" to the first question and "yes" to second and third questions, were attributed to "Bad health" category, the respondents who chose other answers – to "Good health" category.

Functional solidarity: personal care receivers by gender. The analysis of whole network of personal care receivers¹¹ shows that daughters and sons take 2nd and 3rd positions for mothers/ mothers in law, 3rd and 4th – for fathers/ fathers in law (Figure 4.8), so intergenerational support appears not in the first positions. The primary help in personal care men receive from partners, what is due to gender differences in life expectancy rate: as was mentioned above, women’s life expectancy is longer than men’s in Lithuania, so they are able to take care of their partners. Yet another explanation – traditional division of labour in the family where women takes carers role – also can not be neglected. Women the primary help in personal care get not from intergenerational exchanges and not from a partner but from other people (friends, neighbours etc.). Partners appear only in 4th position in the network of personal care receivers.

Figure 4.8. *Downward flow: personal care receivers by gender (percentage)*



As people receiving help in personal care amounts: N=46 respondents, it would be incorrect to make more significant conclusions or to check the differences by socio-demographic.

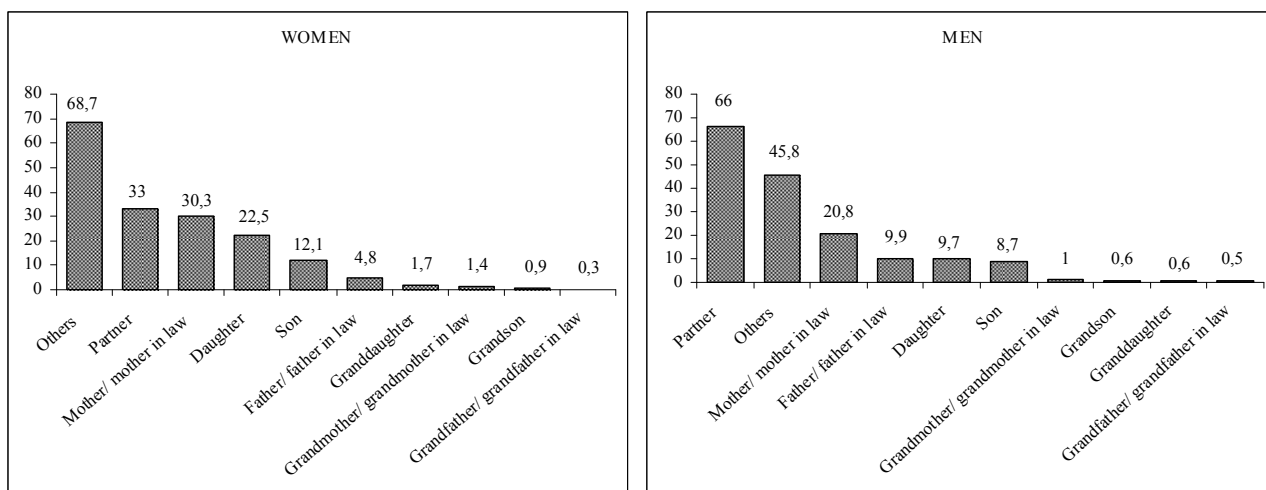
Functional solidarity: emotional solidarity by gender. Similar tendencies as with personal care can be observed in the results of another type of functional dimension of solidarity – emotional support¹². The following diagram (Figure 4.9.) shows that women most of emotional support received from others, while men – from partners, so intergenerational emotional support is provided less often. In third position emotional support is received from mothers/ mothers in law for women and men. Daughters and sons appear in 4-6th positions. Women received almost twice more support

¹¹ Question: *Over the last 12 month, have you (also) received such help with personal care from other people for whom providing such care is not a job? If yes, from whom did you get this help? Record up to 5 persons in the table below using the List of Providers and Receivers (footnote 5).*

¹² Question: *Over the last 12 month, have you talked to anyone about your personal experiences and feelings? If yes, to whom have you talked to? Record up to 5 persons in the table below using the List of Providers and Receivers (footnote 5).*

from daughters than sons. In general men received less emotional support than women and much less from daughters and sons than women. Again this relates to the normative/hegemonic model of masculinity and traditional roles attributed to men. Grandmothers and grandfathers appear at the end of the networks of emotional support receivers.

Figure 4.9. *Downward flow: emotional support receivers by gender (percentage)*



In sum, the solidarity level differs by socio-demographic characteristics in both directions. In general, the solidarity level is high in both directions, but when we consider the actual exchanges: social or emotional support (functional solidarity), preferences devolve either for partners, either for other people (neighbours, friends etc.). The data shows that having children or being grandparent intensifies intergenerational exchanges: the level of solidarity increases in reproductive age for children and in ‘grand parenting’ age for parents. Yet women still much more often take child carers’ role than men, in the networks of personal care providers they provide more help and provide and receive more emotional support than men.

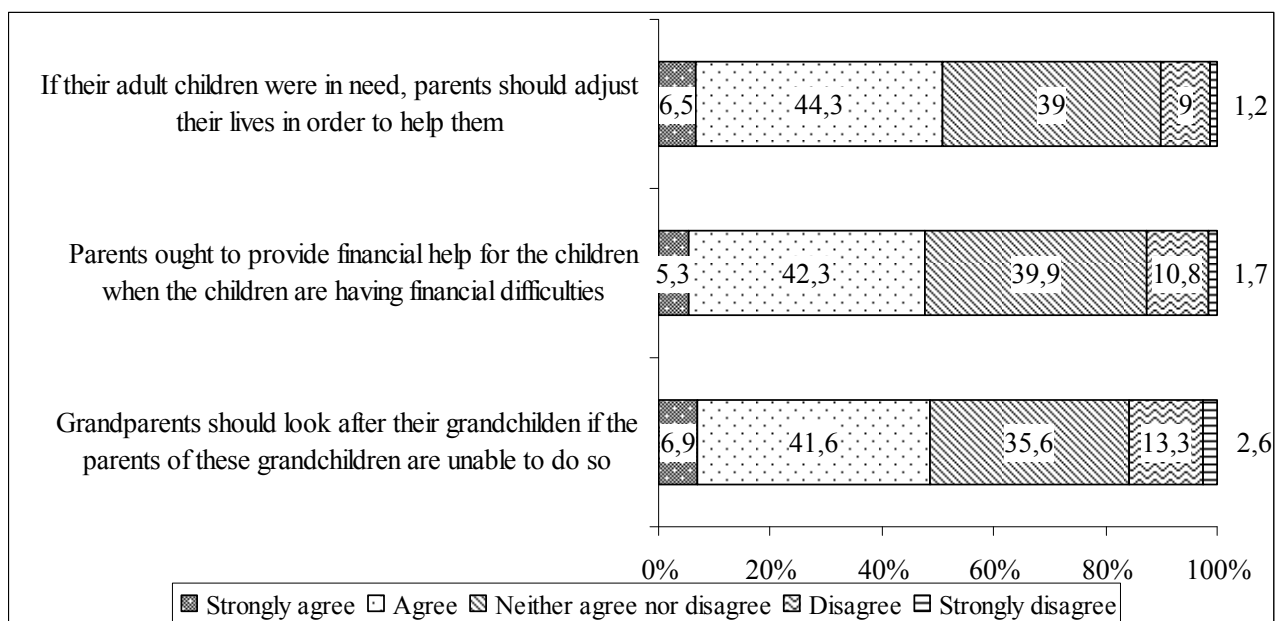
5. Attitudes towards intergenerational relations

The actual intergenerational exchanges might be strongly influenced by attitudes: who should care of whom. The GGS questionnaire includes questions blocks which help to evaluate the attitudes towards the downward flow¹³ and upward flow¹⁴.

¹³ To what extent do you agree or disagree with each of the following statements? A. *Grandparents should look after their grandchildren if the grandchildren are unable to do so.* B. *Parents ought to provide financial help for their adult children when the children are having financial difficulties.* C. *If their adult children were in need, parents should adjust their own lives in order to help them.* Possible answers: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

The data shows that in the net downward flow from the older to the younger generation around half of respondents agree on the statements that parents should adjust their lives in order to help children, parents ought to provide financial help for children and grandparents should look after their grandchildren (Figure 5.1). Yet a big part of respondents (up to 40 percent) neither agreed nor disagreed on the following statements. Such situation might be a reflection of values crisis in Lithuania when the old values, constructed in soviet era has been rejected, yet the new ones, constructed in market economy era has not been settled. In this case as a solution is to choose “neutral” answers – neither agree, nor disagree.

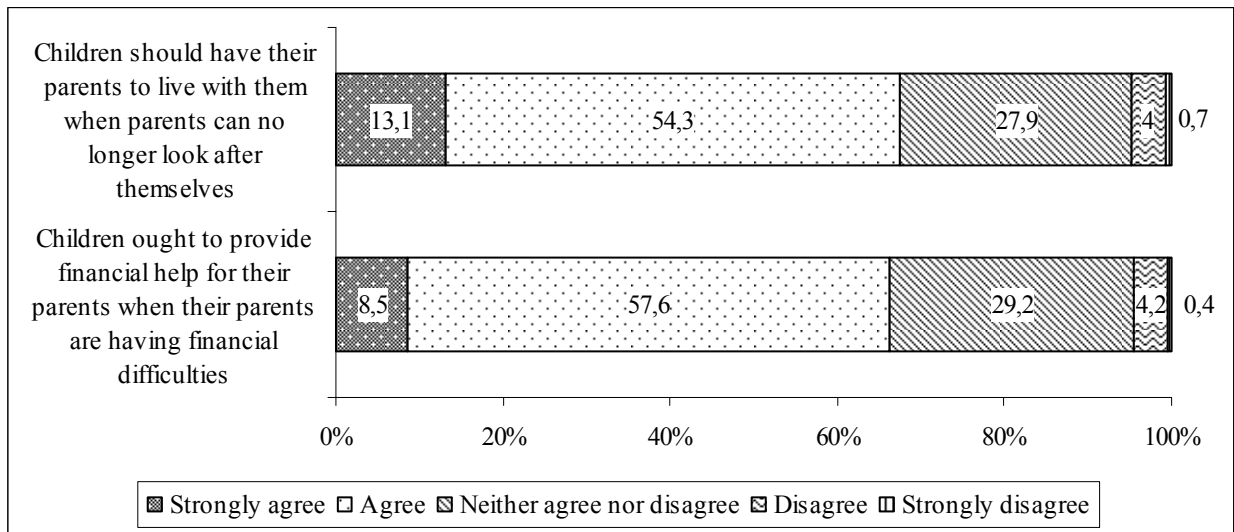
Figure 5.1. Attitudes towards downward flow (percentage)



The analysis of data from the opposite upward flow shows less percentage of neutral attitudes (Figure 5.2). More respondents agree on the statements that children should provide financial help for their parents when their parents are having financial difficulties, that children should have their parents to live with them when parents can no longer look after themselves.

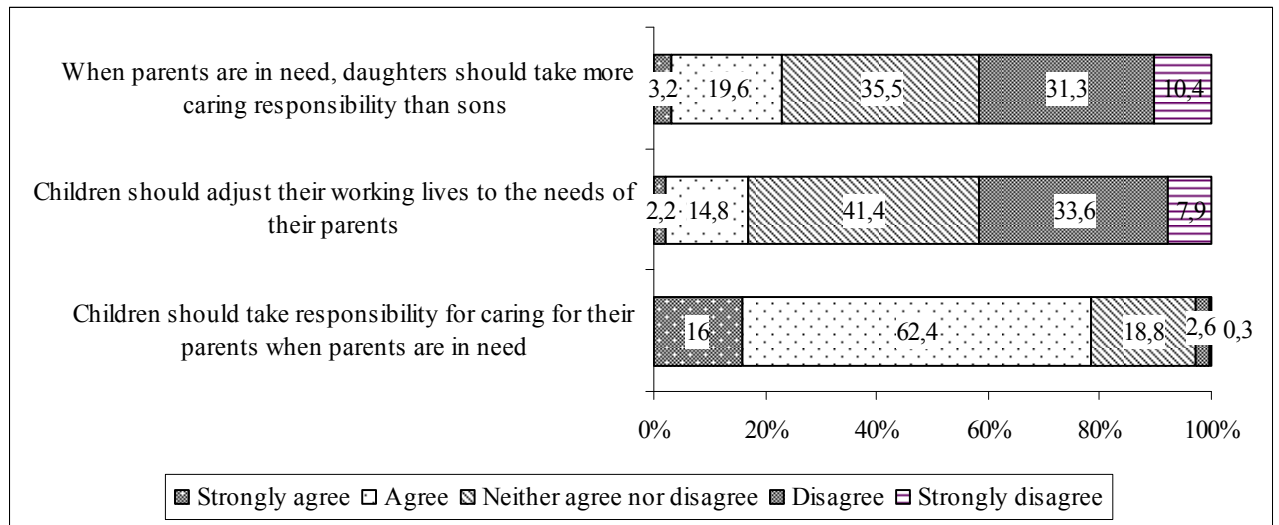
¹⁴ I am going to read some statements about who should take care of an elderly parent. I would like you to say to what extent you agree or disagree with them, choosing your answer from the card. A. Children should take responsibility for caring for their parents when parents are in need. B. Children should adjust their working lives to the needs of their parents. C. When parents are in need, daughters should take more caring responsibility than sons. D. Children ought to provide financial help for their parents when their parents are having financial difficulties. E. Children should have their parents to live with them when parents can no longer look after themselves. Possible answers: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree.

Figure 5.2. Attitudes towards upward flow (percentage)



With a general statement – that *children should take responsibility for caring for their parents when parents are in need* – agreed even 78 % of respondents (Figure 5.2). Yet with a statement related to more radical changes in life due to intergenerational responsibilities – *children should adjust their working lives to the needs of their parents* – the percentages of neutral position increases again and the percentage of those who agree decreases. The same tendency is noticed for gender based statement - *when parents are in need, daughters should take more caring responsibility than sons*. Neutral position is almost as big as of those who disagreed. The fact that only one third of respondents disagreed and only 10,4 % - strongly disagreed on this statements represents the roots of still common traditional model of labour division in the family and explains higher women’s involvement into caring responsibilities, discussed above.

Figure 5.2. Attitudes towards upward flow (percentage)



In sum, attitudes towards downward flow are controversial: though around half of respondents agreed on intergenerational support statements, a big percentage of neutral opinions might signify more individualistic values in Lithuania. Though the opinion that parent's duty in different ways to support children is still vital, plausible, that a number of respondents who think that individual instead of taking support from parents has to take responsibility for himself is growing. Attitudes regarding opposite direction flows shows higher agreement on statements and less neutral positions. Such results demonstrate higher expectations for children than for parents or grandparents and are really intriguing. The hypothetical statement could be that older parents do not have enough recourse to help their children, so the children can not have higher expectations. From 2005 to 2006 at-risk-poverty rate for an age group 50-64 increased from 17,9 to 18,3 and is much higher in rural areas than in urban (respectively 34 and 13,1 in year 2006) (Department of Statistics 2008). Considering high emigration rates in Lithuania another hypothetical question – maybe children are supporting their elderly parents financially? – can be raised. In order to see if younger generations are indeed supporting older ones, additional researches are needed.

Conclusions

Based on premises of solidarity approach, in the paper the features of intergenerational solidarity were analysed, the differences by socio-demographic differences and the attitudes towards intergenerational exchanges were revealed.

The results of GGS survey in Lithuania demonstrate very high level of intergenerational solidarity (comprising of structural, association and affectional dimensions) in both flows: upwards and downwards. Yet solidarity from children's perspective is higher than from parent's perspective. Gender and age are among most important characteristics determining solidarity differences. Having children is another important characteristic, intensifying intergenerational exchanges.

Even though the solidarity comprising of structural, association and affectional dimensions is very high, the results on actual (functional) exchanges show that most of help in personal care or emotional support are taken by non-generational networks: partners and other people. Regarding actual intergenerational exchanges a big input is received from grandmothers who are actively sharing child rearing responsibilities. The help received from grandparents increases with the number of children.

Attitudes towards intergenerational exchanges are very controversial: towards upwards flow - high percentage of neutral opinion, towards downwards flow - more percentage of agreement were noticed. Such controversial results could present changing values in Lithuania. From the other hand, it represents an intriguing imbalance: the bigger "pressure" in society is put on children rather than on parents.

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Annexes

Annex 1. *Help in childcare received from family network by age of childcare receiver's (percentage)*

	Total	Until 25	25-29	30-39	40-49
Mother	46,7	9,8	25	55,7	9,5
Father	11,5	3,1	24,6	64,4	7,7
Partner's mother	28,3	8,8	38,1	43,1	10
Partner's father	4,8	7,4	14,8	63	14,8
Grandmother	5,8	18,2	30,3	39,4	12,1
Grandfather	2,8	6,2	18,8	68,8	6,2

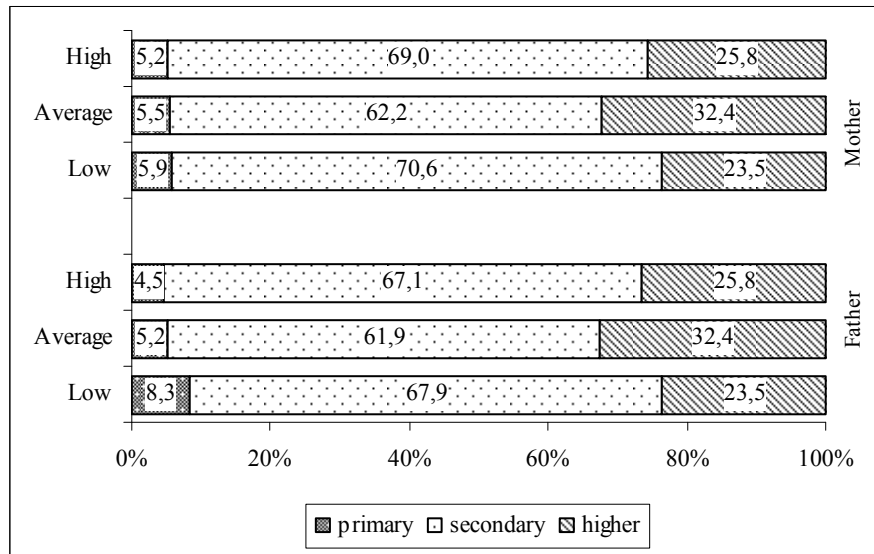
Annex 2. *Upward flow: solidarity (structural, association, affectional) with mother and father by partnership status of respondents (percentage)*

Solidarity level	Mother		Father	
	Has a partner	Does not have a partner	Has a partner	Does not have a partner
Low	0,7	1,1	2,5	3,7
Average	42,5	49,4	45,2	57,9
High	56,8	49,5	52,4	38,5

Annex 3. *Partnership status of respondents' by their age (percentage)*

	Until 25	25-29	30-39	40-49	50-59	60+
Has a partner	10,4	10,9	24,8	20,9	15,1	17,9
Does not have a partner	26,4	6,3	11,2	10,7	12,2	33,3

Annex 4. Upward flow: solidarity (structural, association, affectional) with mother and father by education of respondents (percentage)



Annex 5. Network help on personal care given over 12 last month by gender and age (percentage)

	Total	18-29	30-39	40-49	50-59	60-69	70-79
WOMEN							
Total	7	2,9	5,5	8,4	12,2	9,3	6,5
Partner	12,8	0	4,3	3,7	6,7	28,9	35,2
Son	4,5	0	4,3	4,1	4	7,3	5
Daughter	3,6	3,3	9	5,7	2,6	1,2	0
Mother/ mother in law	34,4	18,9	38,8	43	49	24,3	13,1
Father/ father in law	11,4	9	20,5	16,7	17,2	0	0
Grandson	2,5	0	0	1,2	3,8	4,9	3,2
Granddaughter	0,6	0	0	0	1,3	1,3	0
Grandmother/ grandmother in law	4,6	23	12,3	1,2	1,3	0	0
Grandfather/ grandfather in law	2,6	21,8	2,7	0	0	0	0
Others	28,9	26,9	16	31,8	24,2	34,7	43,5
MEN							
Total	3,4	1,7	3,8	3,9	6	3,5	2,6
Partner	14,1	0	6,6	7,9	7,1	36,4	78,2
Son	7,2	4,5	11	11,2	4,5	4,4	0
Daughter	4,3	5	3,3	7	3,8	3,8	0
Mother / mother in law	46,8	24,2	56,4	57	55,8	35,9	10,9
Father/ father in law	17	15,7	23,9	19,3	18,1	7,6	0
Grandson	1,9	0	0	2,3	3,8	3,8	0
Granddaughter	1,5	0	0	2,3	2,4	3,8	0
Grandmother/ grandmother in law	5	27,9	3,3	2,3	0	0	0

Grandfather/ grandfather in law	2	9	3,3	0	0	0	0
Others	11,6	28,3	6,4	9	11,7	8,2	10,9

Annex 6. Downward flow: solidarity (structural, association, affectional) with children by partnership status of respondents (percentage)

	Partnership status	
	Have a partner	Do not have a partner
Low solidarity	1,6	1,9
Average solidarity	51,9	48,8
High solidarity	46,5	49,3

Annex 7. Downward flow: solidarity (structural, association, affectional) with children by number of children of respondents (percentage)

	Number of children	
	1 child	2 + children
Low solidarity	4,1	2,7
Average solidarity	54,9	59,5
High solidarity	41,0	37,8

Annex 8. Downward flow: solidarity (structural, association, affectional) with children by health of respondents

	Health status	
	Bad health	Good health
Low solidarity	1,1	1,9
Average solidarity	47,8	51,5
High solidarity	51,1	46,5