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OLDER PEOPLE AS CARE GIVERS AND THEIR ROLES IN FAMILY IN THE ERA OF ACTIVE AGEING: CASE OF THE CZECH REPUBLIC¹

In this paper I deal with the issue of care that older people provide to others. In the traditional paradigm, older people are being perceived as recipients of care, but there are new views that show that they are also important providers of care, especially for those of younger age. This text focuses on the purpose for the three major social roles of older people—the role of grandparents, the role of care giving, and the economical role, as well as the intensity with which older people perform these roles. It also describes the balance of these roles and the effects this harmonization brings for the well-being of the older person. As the primary source, the data SHARE 2010 for the Czech Republic is being used. The results showed significant activity of the older people in the intergenerational family solidarity. Most of older people babysit their grandchildren, approximately one-third of them provide personal and practical assistance to other individuals. All such care, whether it be for grandchildren or for other relatives, is often quite intense. The data indicated traditionally higher participation of women in care. A surprising finding from the analysis, though, is the minor effect of the care on well-being of the care giver.

Key words: older people; SHARE; grandparents; active ageing; Czech Republic; role overload.

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Introduction

European Year for Active Ageing and Solidarity between Generations 2012 stressed the importance of economic activity and the economic contribution of older people to European societies. Activity is underscored not only because of the financial benefit state budgets, but in the broader sense. Already in the 50's it was identified as a major factor of successful ageing (Havighurst and Albrecht 1953), having a significant impact on well-being of an individual (Rowe and Kahn 1997). In line with this rhetoric I will focus on the social role that older people meet. Specifically, I will discuss three major roles - that of grandparents, care giving, and workers. I will highlight the interdependence of roles with older people in the Czech Republic, as a sample of Central and Easter European Countries. It serves as a good example because it is a country with a traditionally high female employment and intergeneration solidarity aimed especially towards the younger generations. In the times of socialism, such solidarity used to compensate for the unavailability of goods and services.

Thus I do not focus my attention on the support that older people receive, but rather on the one they themselves provide. Active ageing is not just about productivity, but about strong and active commitment of individuals in all areas of society and social networks during ageing (*Active* 2002), including family which remains of key importance for older people (Walker 2002b). In the debates about meeting needs of the ageing population, family is generally being looked at as care-giver for older people who require the assistance of others. The role of older people, however, is much broader, and intergenerational solidarity transfers flow in both directions. Older people abandoned by their children can be considered to be one of the myths about ageing (Connidis 2009). The relationship between grandparents and adult children and grandchildren constitutes an important part of coping with ageing (Sýkorová 2007) and the grandparent role in European society is still essential and relatively common (Hank and Buber 2009), although it undergoes a significant transformation (Arber and Timonen 2012). Even childless and single older people do not have to live outside a family ties but can be part of family as children, siblings, nieces/nephews, aunts/uncles, etc. Family life always, not only that of older people, contains both continuity and change. It brings about transformation of relationships in the context of ageing: some of them perish while new ones get created. For example, widowhood can bring a reorganization of family ties in favor of spending time with extended family, i.e., with grandchildren. Substitution of lost activities and relationships with some new one, e.g. volunteering after retirement, finding a new close relationship after widowhood, ... was basically a pricipie of activity theory (Havighurst and Albrecht 1980). Moreover, underscoring activity, frequent in public discourses, and improving health, paradoxically, may limit investment of

older people in their grandchildren in favor of traveling, volunteering and other activities (Rossi and Rossi 1990: 198) which we typically associate with the Third Age (Laslett 1991). So far we know very little about the extent to which the roles of grandparent on the one hand, and that of active ageing — either in the sense of economically active or in the sense of enjoying leisure time — on the other, are in conflict with each other or are rather complementary. This paper, therefore, is to be another contribution to the debate on work-family life balance later in life.

Intergenerational solidarity typically flows from older generations to younger ones (Bengtson 2001), therefore the role of older people as caregivers cannot be overlooked in the debate about harmonization of work and family life. Variety of those for whom older people care is quite diverse. It could be a spouse, one's own parent or a spouse's parent, less frequently also other relatives (e.g. siblings). Furthermore, as Vidovičová (2011) showed on example of Czech cities, neighborly ties also constitute an important source of support. The specific form of such support is extremely diverse, varying from occasional provision of advice or fetched groceries to daily twenty-four hour care to ensure personal hygiene, food, and meeting other basic needs of a disabled one. We thus can assume that the level of conflict of care-giving role of older people with their other roles would vary depending on the exact form of assistance provided. Due to lack of information about the interconnectedness of the aforementioned triad of social roles, in the paper I devote attention to basic findings of participation of older people in fulfilling particular roles, as well as those who combine some roles. Only in the later part will I focus on the intensity of the exercise of these roles and on the impact of this potential overload with roles on well-being of an individual.

Theoretical Context

The traditional paradigm in social gerontology, sociology of ageing as same as in social policy understands older people as care recipients, such as those in need (e.g. Cumming and Henry 1961; Havighurst and Albrecht 1980). More recent studies², however, often perceive older people as a resource, as those who contribute, give and provide. The cause of this paradigm shift is to be comprehensively searched for in the transformation of society towards postmodernity or late modernity (Beck 2004; Giddens 1991) where increasing life expectancy, together with efforts to reduce state spendings, emphasis on consumption (Gilleard and Higgs 2000), family transformation (Bengtson 2001), and other

² Bengtson et al. (1997) labeled these theories as third generation theories.

related changes bring about alteration of forms of ageing. As result of the above changes, one can perceive older people as contributors on all levels: on social level, as workers and contributors to the state budget; on mezzo level, as active members of the community; and on micro level, as essential elements of intergenerational solidarity, thus as care providers in families. Being a working grandparent caring for parents and/or spouse then presents a considerable challenge. Such an accumulation of roles, however, is by no means marginal in today's society (Hagestad 2006), yet it is not given much attention.

We tend to typically associate resolving the work – family life balance with middle age (Vohralíková and Křížová 2009), while it becomes more and more often an issue in later age as well. Most recently, Vidovičová (2014) drew attention to the need for a new conceptualization of family policy in the context of ageing society, namely to the need to see older people as part of family, thus implied need for reconceptualization of family policy. We know only a little about the conflict between work and private life that is experienced by people who do not have children in their family structure (Waumsley et al. 2010:4). As these authors point out, such people may experience conflict between work and other aspects of their lives, current methods of measuring the conflict between work and family life, however, are not capable of capturing it. This complaint can well apply also to older people.

When thinking about work - family life balance of older people, one has to take into account all the different aspects. In the context of family, older people act both in the role of grandparents when they in various ways care for their grandchildren, but they also may, if necessary, support their children and their families financially or through practical help; they can also provide an increased care to their loved ones with special needs. Many have to care for a spouse, or, owing to increasing longevity, for their parents or the parents of the spouse, i.e., for individuals in advanced age. Impacts of caring for old-old on employee career trajectory were studied, among others, by Principi and Perek-Białas (2011). Moreover, the term work should not be understood as just paid job, an employment, but also unpaid work and activities in a broader sense, including leisure and other activities of the Third Age (Laslett 1991; Walker, Maltby 2012), especially considering the dominance of the concept of active ageing in both public and professional discourse (Petrová Kafková 2013; Walker 2002a). While Burgess (1950) described ageing as a “role-less role,” now it seems that rather than lack of roles, current issue for older people is cumulation of roles, management and harmonization of several important social roles. This is so because postmodern times means new role expectations and new society pressures for the ageing. In advanced age, the risk of role overload becomes acute; it means that “the stress generated within person when he either cannot comply or has difficulty complying with the expectations of a role or a set of roles” (Goode

1960). We do not know much about experiencing and coping with congestion of roles which older people experience. Relatively unknown is also the extent of accumulation of roles in population of older people.

There are many studies that show the significance of the role of grandparents in the family. Increased longevity, hand in hand with transformation of family, means more and more frequently an experience of coexistence of multiple generations. Having parents alive longer into adulthood has become almost a norm (Ferring et al. 2009). At the same time, family structure is changing from the shape of a pyramid to that of a beanpole, when more generations live together while each of them has less members (Bengtson and Martin 2001; Bengtson 2001). Which in turn means that there are fewer caregiver in case of need. And significant diversity of family arrangements only reflects the diversity of society (Connidis 2009). Especially in Europe, people typically become grandparents later, and to smaller number of grandchildren; nevertheless, they enjoy this role longer and in better health (Arber and Timonen 2012). Intergenerational relationships thus undergo fundamental transformations, and even though there is in Europe a considerable diversity with respect to frequency and intensity of grandparental care for their grandchildren, their help is quite common (Igel and Szydlik 2011). Grandparents are the greatest informal caregivers for their grandchildren (Goodfellow and Lavery 2003); in the family framework, grandparenting is also the most important social role of older members (Szinovacz 1998). As Reitzes and Multran (2002) have discovered, older people typically consider their grandparent role to be more significant than that of a worker. Goodfellow and Lavery (2003), in their Australian study of grandparents helping working families, show a positive influence of care for grandchildren on grandparents' well-being. Developing a relationship with their grandchildren and adult children reinforces positive self-image of the ageing and this becomes an important part of coping with ageing (Sykorova 2007). Similarly, King and Elder (1998) show a positive influence of the relationship with the grandchildren on self-efficacy of the grandparents. Very intensive care or even taking over the parental role, however, has adverse effects on physical health of grandparents and can be stressful for them. Moreover, it typically applies especially to families at risk of poverty, where the middle generation fails caring for the children due to pathological behavior, whether criminal activity or drug addiction (Bengtson 2001; Burnette 1999; Horner et al. 2007). But even less intensive care reduces opportunities for grandparents to spend time with friends, to relax, to spend time with spouse and time devoted to oneself (Jendrek 1994), i.e., for activities that resonate with the image of the Third Age (Laslett 1991).

In the Czech context, one should be reminded of high intensity of intergenerational solidarity in the period of socialism. Housing shortage, as well as lack of all goods increased dependence of young families on parents and their social

capital. Working obligation alongside with only a short maternity leave meant intense participation of young women in the labor market, whereas care for children and the household of young families was often taken over by grandmothers (Možný 1991, 1999).

Gender plays vital role in intergenerational relationships not only in the care of the younger generations but also in the care for the oldest generation. Women are in close contact with parents more often than men, thus being more likely the ones to care for them (Schans and Komter 2010; Wood 1994). According to Tošnerová (2001), in the Czech environment, women, usually daughters, account for three-quarters of those caring for the elderly. And daily assistance in old age from close relatives, i.e., children and spouse, is also the most preferred by the Czechs (Nešporová et al. 2008). Given these attitudes of both the needy and caregivers, many older Czechs provide help of various intensity to their spouse, to their parents, to their spouse's parents, or to other relatives (Kuchařová 2002; Možný et al. 2004; Veselá 2002). Some studies indicate that approximately 40% of caregivers are older people aged 65+ years (cf. Wenger et al. 1996). Meyer (2012) in his qualitative study from the USA shows that care for the old-old is often provided by women who also work and at the same time help their children with the care of grandchildren. For these caregiving women it usually requires the need for flexibility in working hours and often the inability to (financially) prepare for their own old age.

The economic activity of older people then creates a social role that is in the public discourse increasingly gaining importance. Although we cannot flatten the concept of active ageing to mere productivity, increase of retirement age³ together with government-supported employment of persons in pre-retirement age brings a situation where economic activity is a commonplace for individuals that we have come to refer to as young old. And even though the declared importance of work for Europeans declined in recent years (Halman et al. 2011; Halman 2008), in modern society, a sustainable job was almost indispensable means for obtaining full membership in society (Gorz 1999), and retirement was seen as loss of this important social role resulting in the exclusion of older people (Walker 2007). And although Gilleard and Higgs (2000) show that in

³ In the Czech Republic, the reforms of the pension system started in 1996 and affect individual born in 1936 and later. For older generations, retirement age was 60 for men and 57 for childless women. For women with children, the retirement age was reduced by one year for each raised child, all way down to 53 years for women with five or more children. Since the reform, retirement age increases by two months for each subsequent year of birth. Beginning from 1977, retirement age unifies for men and women regardless of the number of the children raised. This year of birth will reach retirement in age of 67. Upper limit of the retirement age is not yet defined. The length of compulsory insurance for old-age pension increases too, from 25 to 35 years (Starobní 2011).

postmodern society, identities are increasingly shaped by consumerism, busy ethic is still dominant in society (Ekerdt 1986) and to a large extent accepted (Tomasik and Silbereisen 2013).

However, to be economically active may represent an economic necessity for some of the ageing. On a macro level, this seems to be supported by an item “Employment” in Active Ageing Index (Zaidi et al. 2012), where the highest employment rate in the older age categories are in those European countries that are relatively least developed. On a micro level, the major impact is to be attributed to gender, where women typically leave the labor market earlier than men and fulfilling active ageing in terms of productivity less (Tomasik and Silbereisen 2013). Tomasik and Silbereisen (2013: 21) interpret this as a reflection of selective optimization strategy, where women usually devote more to their caring role, which could limit their resources or engagement with demands of active ageing.

Therefore, I will use an example of the Czech Republic to first describe what roles older people exercise and to what extent they are affected by combination of these roles. Then I will focus on the impact of the provision of intensive care at the well-being of older people. Based on the above theoretical framework for this research interest, I formulated the following hypotheses:

H1: The marital status affected more men than women in the intensity of taking care of grandchildren.

H2: Women face the need to reconcile the caregiving and economic roles more often than men despite or because women leave the labor market earlier than men.

H3: Accumulation of several intensely demanding roles negatively affects the well-being of older people.

H4: Subjective well-being is negatively affected by high intensity of the caregiving role.

Data and Results

The aim of this paper is therefore to present for consideration the importance of several factors: the intensity of care of older people for their grandchildren, parents, and other loved ones, and also the degree of their economic activity, and especially the interconnection of these roles. I see help of older people to younger generations, i.e., their grandparent role, as initial. I will be interested in answering the question, whether and how intensively grandparents babysit their grandchildren. Further, I will seek to answer whether older people care for someone else, and also what is their economic activity. In doing so, I will use data from the Survey of Health, Ageing and Retirement in Europe (SHARE)

for the Czech Republic, namely the fourth wave of 2010 (data collection took place in the Czech Republic 2010/2011), which is currently the latest available. SHARE survey focuses on the population older than 50 years, which is a border line well suited for the study of grandparenthood, especially because people with less education typically undergo transitions to grandparenthood earlier due to having children at an early age (Herlofson and Hagestad 2011). Upper limit of 70 years is a reflection of near zero economic activity of the Czech men and women in their 70's (*Důchodci* 2012). SHARE is an international panel survey of health, socio-economic status and social and family networks of Europeans aged over 50 years. Interviewing takes place face to face (for details, see <http://www.share-project.org/>). The sample defined by myself includes 4269 respondents, of which 57% are women. The average age of respondents is 61 years (standard deviation 5.6 years, median 61 years), slightly higher proportion of older respondents (59% in the category 60–70 years) over younger respondents (50–59 years). A higher proportion of older respondents probably also brings a higher proportion of retired respondents (62%), whether due to old age or disability. For further details on basic socio-demographic structure of the sample used, see Table 1.

Table 1. Baseline socio-demographic characteristics of the respondents

		%	N
Sex	women	57	2428
	men	43	1841
Age	50-59 years	41	1761
	60-70 years	59	2508
Education	elementary	20	662
	apprentice	41	1354
	high school	29	957
	tertiary	11	361
Economical activity	retired	62	2615
	economically active	38	1603
Family status	married	70	2394
	other	30	1016
Total		100	4269

Note: Totals in each category may not equal the total N or 100% due to missing responses or rounding.

Source: SHARE 2010.

Imbeddedness of Older People in Family Networks and Social Roles

Changing demographic family structure and increasing life expectancy mean that the coexistence of four generations is becoming more common, as mentioned above. In our sample, 27% of older people have living mother and 12% father. Unfortunately, our data does not account for parents of the spouse. It is logical that often these are younger old, but even among 60-to-70-year-old respondents, 15% still have living mother and 3% father. At the same time, approximately half of the respondents state that the health status of their parents is bad (61% of respondents reported poor health of mother and 46% of father), which may involve the need to provide them with regular help and care. This is evidenced by the finding that the respondents are in relatively close contact with their parents. 54% of respondents maintain weekly personal contact with parents (the same with mother and father), 18% are in daily contact with their mother and 11% with their father. Only a proportion of respondents therefore belongs among the oldest living generation in the family.

If we focus on the presence of younger generations in the family we find that 72% of respondents in my sample have grandchildren. The proportion of grandparents logically increases with age; whereas between 50-59 years old it is 57%, in the group of those aged 60-70 there is a 27 p.p. more (difference of $p < 0.05$). Starting a family at an older age and number of children generally smaller for individuals with higher education is probably the explanation almost linear relationship between the proportion of grandparents and education (80% elementary school vs. 53% tertiary, $p < 0.05$). Number of grandchildren is distributed fairly evenly among respondents: 18% of grandparents has one grandchild, 24% have two grandchildren, 17% have 3 and 4 grandchildren, and 23% have 5 or more grandchildren. This reflects long-term preference for a two-child family in the Czech Republic. Number of grandchildren logically increases with the age of the respondent, so while only 15% of the 50-to-59-year-olds have 5 or more grandchildren, among 60-70 years old it is 27%. Number of grandchildren also decreases in relation to education: 35% of grandparents with primary education have one to two grandchildren, while among those with tertiary education it is a whole 63% (difference $p < 0.05$). Others have more grandchildren.

The coexistence of multiple generations, however, does not necessarily mean living in the same household. A multigenerational cohabitation is not currently in the Czech Republic too common, which is a significant change from the socialism era, when young families often remained at their parents' home at least for some time after wedding as a result of a significant housing shortage (Možný 1999). Currently, only 17% of respondents live in the same household or home with adult children, i.e., the middle generation. Even less frequent is living with

parents; even though respondents often report that the health status of the parents is not good (as I have shown above), only 7% live with their mother, and only 5% share household with their father.

Intergenerational relationships and helping the family, however, are only part of the social roles of older people today. Due to the higher retirement age, we cannot overlook yet another important and also very time-consuming social role of current older people, which is their economical activity. Among the 50-to-59-year-old people, there are 78% economically active, whereas out of the 60-to-70-year-olds, it is 10%. Part-time jobs are not too common in the Czech Republic (Šťastná 2007) and in the surveyed sample they apply to 19% of economically active. 11% of those work 20 hours a week, whereas full-time in the Czech Republic is 40 hours a week. The people aged 60–70 years work part-time significantly more often (41%) probably because for them it is a form of maintaining economical activity beyond retirement age. In the Czech Republic, working pensioners are predominantly those with higher qualifications and those with elementary education for whom work is an economical necessity due to low income (Rabušic 1996; Vidovičová 2012). Women prefer part-time jobs slightly more than men (23% vs. 14%, $p < 0.05$).

Older People as Care Providers

The first look at the data thus shows that older people are part of multi-generational family ties, and that many of them are also economically active which in turn limits their time available for other activities, whether care giving or leisure ones. Now let's see the proportion of older people who fulfill their grandparent and other care-giving roles, and its intensity. In order to find out whether grandparents babysit their grandchildren, the respondents were asked the question: *During the last twelve months, have you regularly or occasionally looked after your grandchild(ren) without the presence of the parents?* In total, 60% of Czech older people look after their grandchildren. The 50-to-59-year-olds do so slightly more frequently than older grandparents. Likewise, there is a higher proportion of economically active baby-sitting grandparents than those in retirement (66% vs. 57%, $p < 0.05$). Among the grandparents looking after their grandchildren, there is therefore a significant portion of those who, besides taking care for their grandchildren, also have to cope with their own work activities; and as already mentioned above, these are primarily full-time jobs.

If we focus on gender variability, from Table 2 it is evident that women look after their grandchildren more often than men, which corresponds to the traditional division of roles. The difference, however, is surprisingly small, although statistically significant (62% vs. 54%, $p < 0.05$). During the period of socialism,

the Czech environment was characterized by high involvement of women in helping young families. Možný (1999) speaks in this context about endless parental role of women. In other words, their parental role has not ended with the separation of their own children, but continued in the form of assistance to young family and in the upbringing of grandchildren. Hasmanová Marhánková (2013) shows that the current female seniors, participating in senior centers, while still considering the role of grandparents important, they nevertheless refuse to be labeled as „full-time grandma.”

Surprisingly little difference between the proportion of caring of grandchildren men and women can be explained by the influence of marital status. For men, it turns to a world of difference in the proportion of careers between married and those outside marriage (61% vs. 35%, $p < 0.05$); whereas for women, the difference is considerably lower, although still statistically significant (66% vs. 59%, $p < 0.05$), which is in accordance with H1. The women look after their grandchildren practically regardless of their own marital status, while male caregivers consist primarily of those who are married. I therefore consider it safe to believe that it is often the joint custody of a married couple.

Table 2. Proportion of older people looking after their grandchildren and giving care

		Care for grandchildren	Care outside household	Care within household
Total		60	35	8
Age	50-59 years	66*	38*	6*
	60-70 years	56*	33*	9*
Sex	men	54*	34	7*
	women	62*	36	9*
education	elementary	53*	31*	9
	tertiary	65	45*	8
economical activity	retired	57*	32*	9*
	economically active	66*	40*	6*
family status	married	64*	35	8
	other	53*	36	9

Note: In some cases, for ease of reference in the table, only extreme categories are listed.

* $p < 0.05$.

Source: SHARE 2010.

Babysitting grandchildren, however, is only one caring role of older people. No less than 35% of respondents reported caring for a person outside the

household, usually a mother or a child, but in many cases it is also a help to a neighbor. This care-giving role was queried by the question: *In the last twelve months, have you personally given personal care or practical household help to a family member living outside your household, a friend or neighbor?* The 50-to-59-year-olds provide care slightly more than older ones (38% vs. 33%, $p < 0,05$). The proportion of those providing care this way is differentiated neither by gender nor by marital status. However, the factor that does have an influence, is education: among the more educated, there is a higher proportion of providing assistance outside their household (tertiary 45% vs. elementary 31%, $p < 0,05$). As in the case of babysitting grandchildren, care in another household applies to a higher proportion of economically active than retirees.

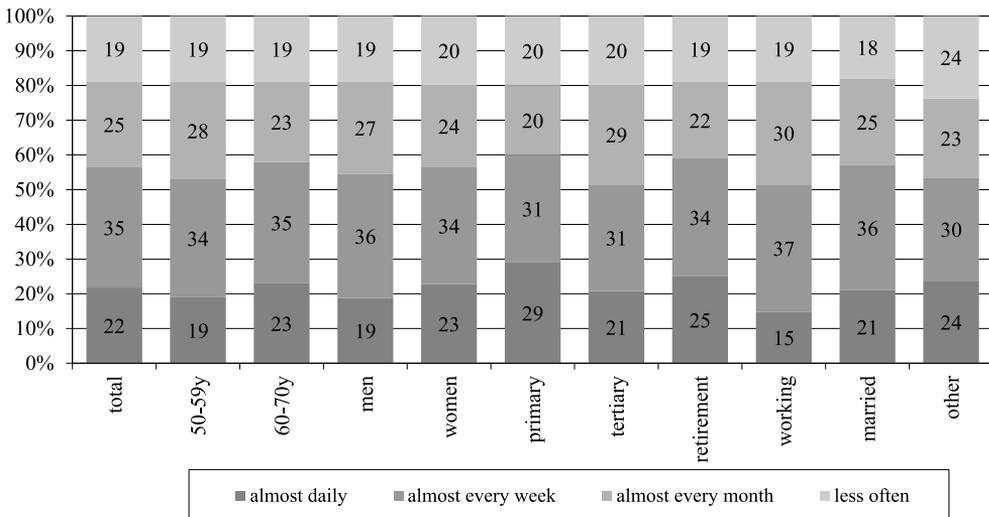
In addition to these two types of care, SHARE data examined whether the respondent cares also for someone with limited self-sufficiency in their own home. This type of intensive care was operationalized as follows: *Is there someone living in this household whom you have helped regularly during the last twelve months with personal care, such as washing, getting out of bed, or dressing? By regularly we mean daily or almost daily at least three months. We do not want to capture help during short-term sickness of family members.* Taken together, such an intensive care is provided by a minimum older people, namely 8%. Nevertheless, due to the intensity of care and the psychological demands (Baumgarten et al. 1992), the proportion is by no means substantive. According to the monitored characteristics, the proportion of care givers essentially does not vary. Some differences are statistically significant, substantively, however, almost negligible. In more than half of the cases, the care recipient is the spouse; the care of the mother or other relatives is less frequent. According to the results, such intense care is more often provided by the retirees and 60-to-69-year-olds, nevertheless, there are also 6% of caregivers among the economically active. The harmonization of work and care for the caregiver may then pose a significant burden regardless of whether the caregiver fulfills any other nursing roles mentioned above.

The fact of care itself does not give too much information about the burden that the exercise caregiving role presents for older people. We can get a better idea if we know how intensive such care is, respectively, what is the frequency with which it is performed. The intensity of looking after grandchildren was assessed with a question: *On average, how often did you look after the grandchild(ren) in the last twelve months?* Four possible variants of answers were available: almost daily, almost every week, almost every month and less often. The very first glance at Figure 1 shows that older people exercise their grandparent role quite intensively, with 22% of them watch their grandchildren almost every day and another 35% almost every week. If we define intensive care as the category almost every day and almost every week, then such a care

applies to more than half of the respondents. Men and women almost do not differ in the intensity of babysitting the grandchildren. In comparison with the proportion of caring grandparents, we can observe an interesting effect. While there is a larger proportion of babysitting grandparents among those aged 50–59, older grandparents give care somewhat more intensely (intense care 58% vs. 53%, $p < 0.05$). Similar situation can be observed in case of education, where people with only primary education and apprenticeship watch their grandchildren more intensely than educated older people. The same applies for economic activity, too.

The size of residence also has a certain effect. Grandparents living in big cities watch their grandchildren in fewer cases, and those who do, do so with less intensity than those living in villages. A possible explanation may be not only greater access to services for parents with small children in large cities, but also a greater range of activities for older people, associated with narrowed understanding of the concept of active ageing mainly as participation in leisure activities (Hasmanová Marhánková 2013; Petrova Kafková 2013; Rossi and Rossi 1990). Although increasing life expectancy and improving health in later life give room for more years spent with the grandchildren, the emphasis on activities and leisure time can paradoxically reduce this time together in favor of volunteering, traveling (Rossi and Rossi 1990), as mentioned above.

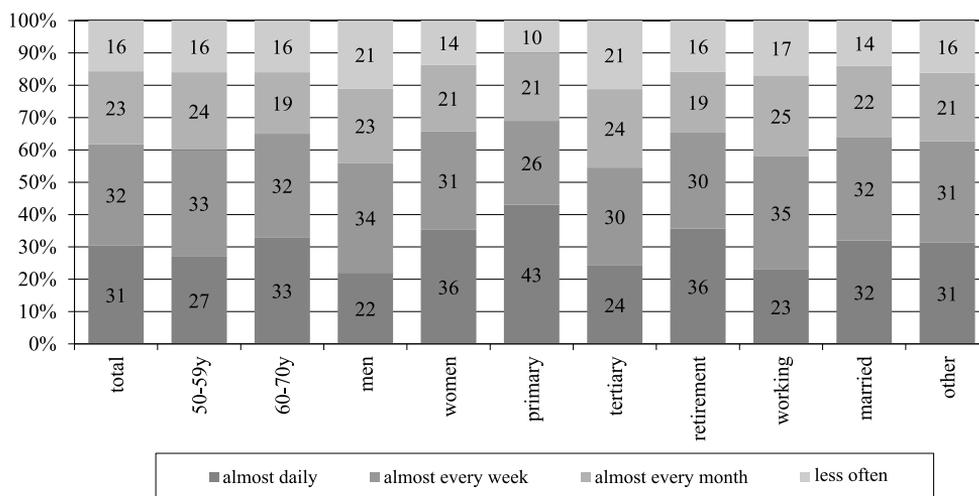
Figure 1. Intensity of babysitting the grandchildren (%)



Source: SHARE 2010.

Another role for which the frequency was inquired was the care for a close one living in a different household. SHARE data show that older people care for someone outside their own household even more intensely than for their own grandchildren. Nearly a third of respondents answered the question: *In the last twelve months, how often altogether have you given personal care or practical household help to this person?*, by saying that they provided care almost every day; another third almost every week. And while there is minimal difference between the care of younger and older respondents, men provide significantly fewer care than women (intensively care giving: 56% vs. 67%, $p < 0.05$). As in the case of babysitting grandchildren, caring for someone outside the household is more frequent with tertiary educated, whereas people with elementary education care more intensely. Unfortunately, the data do not provide detailed information on the form of such assistance, which may significantly vary in its temporal, physical, and mental difficulty. It could involve heavier lifting and larger shopping once a week, or regular assistance with physically demanding house work, or everyday care for personal hygiene. For the purposes of this text, however, the information provided by the SHARE data is sufficient.

Figure 2. Intensity of care for a person living in another household (%)



Source: SHARE 2010.

From the above it is clear that a significant proportion of older people regularly volunteer their time to care for their loved ones, whether grandchildren, parents or anyone else. At the same time increasing retirement age means that proportion of economically active caregivers is growing as well.

In order to determine how many older people are intensely involved in several of these social roles, I have created the index of intensive care, which takes the values 0–3. The index includes only intensive care, i.e., that grandchildren and/or a person's outside the household are being cared for almost every day or almost every week, or that the respondents provides personal care in their own home. The index value thus de facto indicates by how many people the respondent intensely cares. I am interested in concurrence of caring roles, especially but not limited to respondents' own economic activities, that can pose significant psychological and time-consuming burdens causing stress from the combined overload of multiple roles.

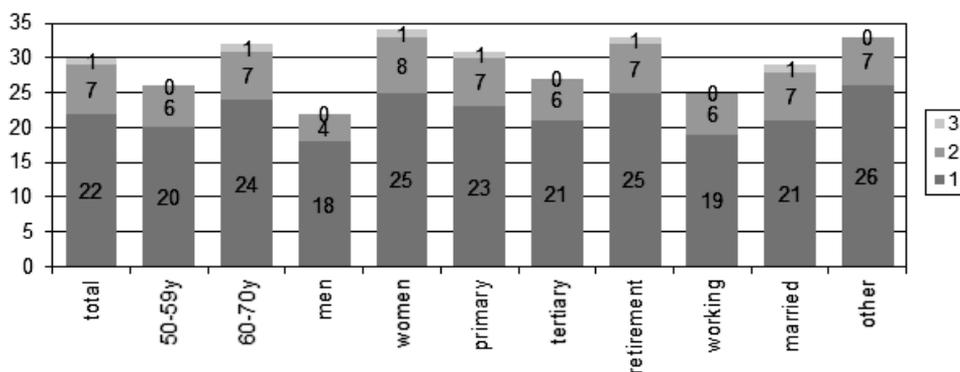
On Figure 3, we can see that most of older people currently do not provide intensive care for anybody. Nevertheless, almost a third (30%) which does struggle with intense care, is certainly not a negligible proportion. Moreover, 8% of these intensively care for more persons. Despite this relatively low proportion, a combination of economic activity and the need to care for a close relative is usually regarded as extremely difficult to tackle (Principi and Perek-Białas 2011). It applies, however, to 70% of intensive caregivers aged 50–59, but only to 10% of 60-to-70-year-olds, who provide intensive care-giving. Moreover, as we have seen above, in Czech environment, part-time jobs are not very common. And even though work periods and the need to care are related to a degree (Pearsons $r = 0.14$, $p < 0.05$), only 26% of those intensively care-giving work part-time, and these are especially those who provide personal care to a close relative living in the same household. They, however, do not tend to retire early any more often than the general population. Gender differences gain importance in the overall perspective, where out of economically active caregivers, 62% are women. Women also face the need to reconcile the caregiving and economic roles more often than men (H2) in spite of the fact that they typically tend to leave the labor market earlier than men.

Like in the case of intensity of care for a person outside one's own household, we registered a slight gender diversity in aggregate index, when there are 12% more of care-giving women than men, and 5% more of them care for more persons. A little more caregivers can also be found among older respondents, those retired and not living in a marriage. Which in fact helps to put together the pieces of a picture of a typical individual in an advanced age - as the age increases, widows in retirement become prevalent in the population. In this context, let me also be reminded that women usually evaluate their health as worse than men (Kalvach et al. 2008), and that the intensity of care-giving role can further deteriorate their health on one hand, and on the other hand it can limit the very possibility to perform these various social roles at all.

Older people in the Czech Republic are therefore active grandparents, they often provide personal and practical assistance to their loved ones, and

a considerable part of them perform these roles quite intensively. The current increase of the retirement age and employment promotion policies for older workers brings about increased opportunity for their involvement in the labor market. Only about a fifth of them work part-time. Nearly a third of older people intensively care for at least one person, and this applies to the entire quarter of the economically active. Accumulation of several intensely pursued roles is certainly not a unique experience, and is more common experience for those aged 50–59 than for older individuals.

Figure 3. Index of intensive care – number of persons for whom the respondent cares intensively (%)



Source: SHARE 2010.

Legend: 1 – care intensively for 1 person; 2 – care intensively for 2 persons; 3 – care intensively for 3 persons.

Note: difference between 100% and what is shown on the graph for these characteristics means “0” – a person does not care intensively at all.

Effects of Intensive Care-Giving for Well-Being

So far I have dealt with particular social roles that older people perform, and their accumulation; now I shall look at the impact of accumulated of grandparental, caregiving and economic roles has on the well-being of older people. By well-being I refer primarily to primarily life satisfaction, which was operationalized in the questionnaire SHARE by the question: *On a scale from 0 to 10 where 0 means completely dissatisfied and 10 means completely satisfied, how satisfied are you with your life?* Due to the long scale variable I used the method of multiple linear regression for modeling the impact of care on satisfaction. Overall, I estimated the five models whose appearance is based on previous reflection of the literature. The first model includes three variables indicating the intensive care

provided, i.e., (1) intensive looking after grandchildren, (2) intensive care of a close relative in another household, and (3) personal care in one’s own home. The second model captures the sociodemographic characteristics of the respondent that in previous analyzes proved influential. The third model includes variables from both ones above. The fourth model includes only subjective health status of the respondent given the expected significant influence of health on life satisfaction. The fifth model then puts all the variables together. Based on the comparison of model selection criteria, the last model with the lowest BIC⁴ seems most appropriate. Still, this model explains only 16% of variations of life satisfaction. Even in this model, however, only three variables – education, marital status and subjective health are statistically significant, see Table 3.

Table 3. Resulting coefficients of multiple linear regression models

	model 1	model 2	model 3	model 4	model 5
Constant	7.236**	5.377**	6.302**	9.702**	8.528**
Intensive care for grandchildren (1=yes)	-.092		.044		-.038
Intensive care outside the home (1=yes)	-.172		-.169		-.166
Care in their own home (1=yes)	.068*		.057		.026
Age		.034*	.014		.008
Sex (1=men)		.034	.074		.093
Dummy education elementary		-.820**	-.833**		-.414*
Dummy education apprentice		-.587**	-.680**		-.429*
Dummy education high school		-.178	-.289		-.199
Married (1=yes)		.812**	.830**		.841**
Retired (1=yes)		-.303*	-.145		.228
Number of grandchildren		-.046*	-.054*		-.029
Subjective health				-.725**	-.685**
R2	.057	.265	.253	.371	.401
adjusted R2	.002	.067	.058	.138	.155
BIC	4431,2	3117,9	2290,9	4940,2	2114,5
N	3487	2228	1680	4174	1680

Source: SHARE 2010.

Note: * p<0.001, ** p<0.05.

⁴ BIC – Bayesian information criterion is criterion for model selection, it is based on the likelihood function.

All models show that apprentices and people with elementary education are less satisfied than (under)graduates. Similarly, married people are happier than divorced, widowed, or unmarried, and the effect of marital status is quite significant. In Model 1, which includes only caregiving role and the role of grandparent, statistically significant is the care in one's own household, where providing of this type of care reduces the well-being of older people by 7%. Model 2, including socio-demographic variables, shows primarily the impact of marital status and education. According to that model, living in marriage increases life satisfaction by 82%, and elementary education reduces well-being by 82% compared to tertiary education. These two socio-demographic characteristics retain greater influence on the well-being even with the inclusion of caregiving roles, as seen in the Model 3. Linear regression also showed the key influence of subjective health on well-being of older people. When including only health, then worsening health by one point decrease well-being of older people by 73%, as shown in the Model 4. With the inclusion of other variables, i.e., caregiving roles and socio-demographic variables (see Model 5), the impact of subjective health remains significant. According to this model, deterioration of health by one point causes decrease of well-being of older people by 69%. Even more significant, however, is marital status, since marriage increases the well-being by 84%. Statistically significant remains education, where higher education brings a higher level of well-being. Other variables, including intensive care roles, remain statistically insignificant.

The hypothesis (H3) assuming negative impacts of intensive caring for well-being of older people, was then refuted by a model created through multiple linear regression. It seems that subjective health, marital status and education of older people have greater influence than the mere fact of intense caring. The result is also affected by the fact that while in intensive care for grandchildren or a loved one living in another household is quite common among the older people, accumulation of such intensively pursued roles is relatively rare. A look at the average well-being of individual index of intensive care values also shows that a slight decrease in well-being occurs only at value three of index of intensive care, i.e., those who exercised vigorously three caregiving roles (Table 4). Even in this case, the difference is smaller than one would have expected, and the hypothesis (H4) about the negative impact of intensive caring for well-being cannot be clearly confirmed.

Table 4. Average well-being for the index of intensive care

Well-being	Value of index of intensive care			
	0	1	2	3
Mean	7.42	7.33	7.22	6.95
± SD	1.94	1.94	2.04	1.99

Source: SHARE 2010.

Conclusions

In the text, I focused on the contribution made by older people to families and to society in general, especially on the kinds of assistance and care they provide to others. I focused on three important roles of current older people, i.e., grandparent, caregiver, and economic, as arising out of both the transformation of ageing conditioned by postmodernity and by the second demographic transition (Van de Kaa 1987), and the dominance of activity in the public and professional discourse. Given the fact that the harmonization of work and family life of older people and their possible role overload is still an area in which little understood issue, this paper primarily provides initial insight into the issue. The analysis therefore begins with observing the proportion of older people performing particular roles and their socio-demographic characteristics. I further touch on the intensity with which they perform individual roles, and especially on the accumulation of these important social roles. Given the considerable demands of intensive simultaneous execution of more of these roles, I am also interested in the impact of this situation on the well-being of older people. I do so using the case of the Czech Republic as an example of Central and Easter European Countries.

All three monitored social roles have undergone considerable transformation in recent decades. Economic activity in old age is again supported by employment policies of European countries. In the context of the family, due to increasing life expectancy, the disabled and frail elderly need care often only at the time when their children are also in the older age. Besides that, in the European context, the help of older people to younger generations in the form of care for their grandchildren is quite common. Which may indicate that the older age, instead being a role-less period (Burgess 1950), which supposition was in agreement with disengagement theory (Cumming, Henry 1961), can become a period overloaded with roles present days. The performance and intensity of the roles identified herein would suggest that conclusion. If I look at different roles,

I can summarize that economical activity is significantly affected by age, which is logical result, and almost 80% of those aged 50-59 do work. Vast majority of them work full-time, since part-time jobs in the Czech Republic are rather rare. 72% of respondents are grandparents, and more than half (60%) also fulfill their grandparent role as babysitters for their grandchildren. Looking after grandchildren in many cases takes quite an intense form, when 57% of grandparents watch their grandchildren almost every day or almost every week. More than a third (35%) of older people provide practical or personal assistance for close ones living in another household. This care is even more intense than babysitting the grandchildren, because it is provided almost every day or almost every week by 63% of them. The last type of care analyzed was close personal care in one's own home. Although it is currently provide by only 8% of the older people, due to the high demands it is certainly not a negligible proportion.

The very fact of care and its intensity varies considerably by socio-demographic characteristics. My analysis confirmed the traditional gender disproportion in caring: women do care more frequently and more intensely than men; the differences, however, are surprisingly small. In the case of looking after the grandchildren, the little diversity in care of women and men is conditioned by marital status, when care-giving men are mostly the married ones. I thus suppose that it is probably joint babysitting provided by grandparents' married couple. In the case of grandparenting, an interesting effect occurs, when grandchildren are watched by a higher proportion of those aged 50-59 than those aged 60-70, although this care is less intensive. A similar effect applies to the education of older people when alongside with education, the proportion of caring grandparents increases, while at the same the intensity of the babysitting decreases. Overall, women face the need to reconcile (some) of the caring roles with their economical activity more often than men.

The effect of intense caring on the well-being of the care-giver, however, showed surprisingly low. I assumed that intensive care due to its mental, temporal, and physical demands would significantly reduce the well-being of the care-giver, and especially in the case of economically active, out of which a quarter provide such care. This hypothesis was not confirmed. Subjective health, marital status, and educational level of the respondent, rather than the care itself, has the greatest impact on respondents' well-being. Lower well-being, then, on average, is experienced by those who care intensely for at least three people, but even in such case the differences are not so essential.

If I were to summarize the findings described above, I can state that Czech aged 50-70 are active and prominent participants on intergenerational solidarity in the family. A significant portion of them provide practical and personal assistance to someone close; even more of them, within their role as grandparents, look after their grandchildren. This intense involvement has no significant effect

on their economic activity either by reducing the workload or by an attempt to take early retirement. Moreover, SHARE data analysis has not shown any significantly negative effect of care giving on well-being. The paper is just the initial study of the issue and as such has no ambition to know and understand exactly how the individual roles are experienced, implemented, what problems intense care brings to older people, and what strategies they opt for in order to cope with all their roles. The further research could concentrate on the cumulating of roles in the old age more deeply. Solving the issue of significance of particular roles to older people, whether they experience the role overload. The mutual relation of grandparent role and the role of “active ager” is necessary to solve. It is not obvious whether are the leisure time’s activities of older people in compliance with their grandparenting or whether these roles in conflict are.

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Ludzie starsi w roli opiekunów domowych jako aktywna starość: przypadek Czech

Streszczenie

W artykule zajmuję się zagadnieniem opieki, którą starsze osoby świadczą na rzecz innych. Zgodnie z tradycyjnym paradygmatem starsze osoby są postrzegane jako odbiorcy opieki, jednakże występują także sytuacje, kiedy są one również ważnymi wykonawcami opieki, szczególnie kierowanej do osób, które są od nich młodsze. Tekst koncentruje się na trzech głównych rolach społecznych pełnionych

przez osoby starsze: dziadków, opiekunów i roli ekonomicznej. Uwzględnia także stopień intensywności, w jakim pełnią one te role i opisuje związany z nimi bilans oraz korzyści płynące z ich 'zgrania' na rzecz dobrego samopoczucia osób starszych. Głównym źródłem są dane dla Czech pozyskane w ramach badania SHARE 2010. Wyniki wykazały istotną aktywność starszych osób pod względem międzypokoleniowej jedności rodziny. Większość z nich opiekuje się swoimi wnukami, a około 1/3 tej populacji świadczy zindywidualizowaną i praktyczną pomoc dla innych. Wszystkie rodzaje opieki, bez względu na to, czy pomoc dotyczy wnuków czy innych krewnych, w wielu przypadkach są dość intensywne. Dane wykazały, że udział kobiet w tej pomocy jest tradycyjnie wyższy. Jednym z zaskakujących wyników tej analizy jest niewielki skutek, jaki ten typ opieki wywiera na dobre samopoczucie samego opiekuna.

Główne pojęcia: ludzie starsi; SHARE; dziadek/babacia; aktywne starzenie; Czechy; odwrócone role.