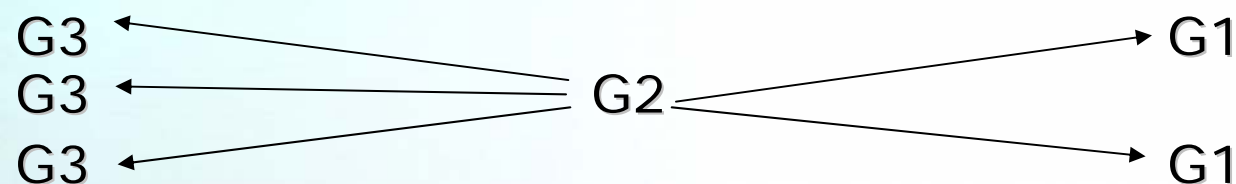# Context (1)

- The strength of intergenerational relations is fundamentally connected to the frequency of family contacts between generations.

- Factors, such as the geographical proximity and the relationship quality between family members, explain largely the importance of these contacts. Both health and disability also affect, to a certain extent, the frequency of the relations.

- Although research has shown that these two factors do not determine significantly the frequency of contacts, they are key factors in gerontological research.

- Thus, perceived health and the presence of a disability deserve a more detailed exploration in order to understand intergenerational relations.

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Context (2)

- The GGS surveys provide the frequency of contacts between three generations selected as follows: the respondent (G2) with a least one of his surviving parents (G1) and one of his adult children (G3) who is not living with him or her.

- Also, variables about perceived health and disability are available for G1 and G2 generations.

```
G3 ←                    → G1
G3 ←        G2 ←
G3 ←                    → G1
```

- In the context of a larger study on grandparenthood based on French GGS survey (ERFI), this study uses the standardized French dataset and, when possible, compares the results with those obtained from the German standardized dataset.

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Project Goals

- First, to underline the differences between the frequency of contacts with G1 generation, according to its health level while controlling for G2 generation's gender, age, health, proximity, relationship quality, work status, number of children and grandchildren, etc.

- Secondly, to study the frequency of contacts with G3 generations with the same controls, according to the frequency of contacts between G1 and G2 generations.

- Finally, to identify and characterize some groups whose health and family relations are both weak, then establish links between family relations and public policies.

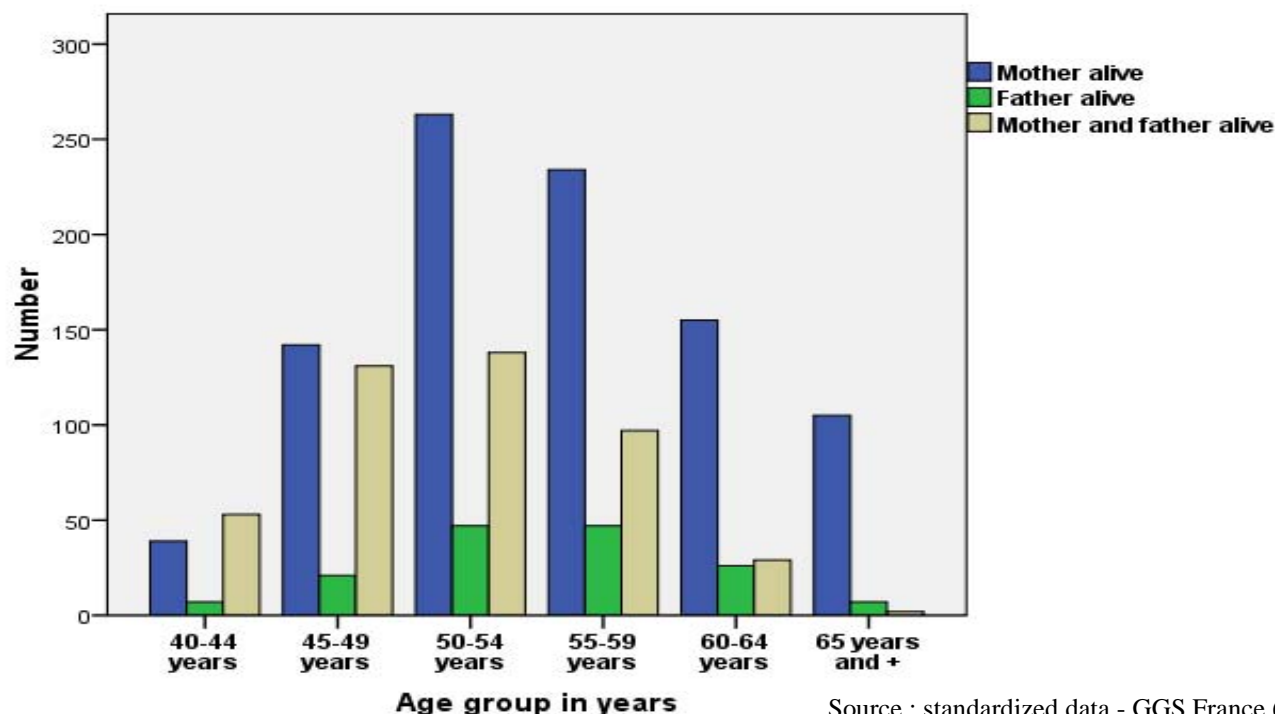# FRENCH DATA

There are 1543 respondents, aged 40 to 80, corresponding to the definition given in the context. Unweighted data relate to 633 men and 910 women.

Number of respondents by age according to their surviving parents - FRANCE

Source : standardized data - GGS France (2005)

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GERMAN DATA

There are 795 respondents, aged 40 to 80, corresponding to the definition given in the context. Unweighted data relate to 319 men and 476 women.

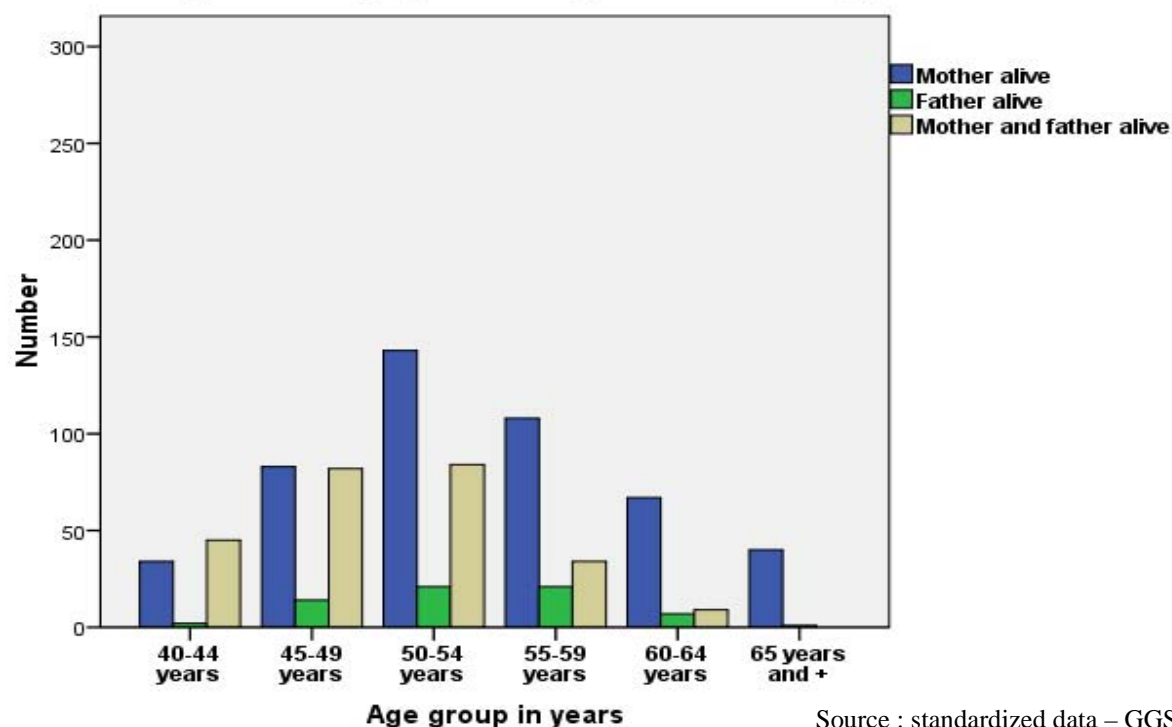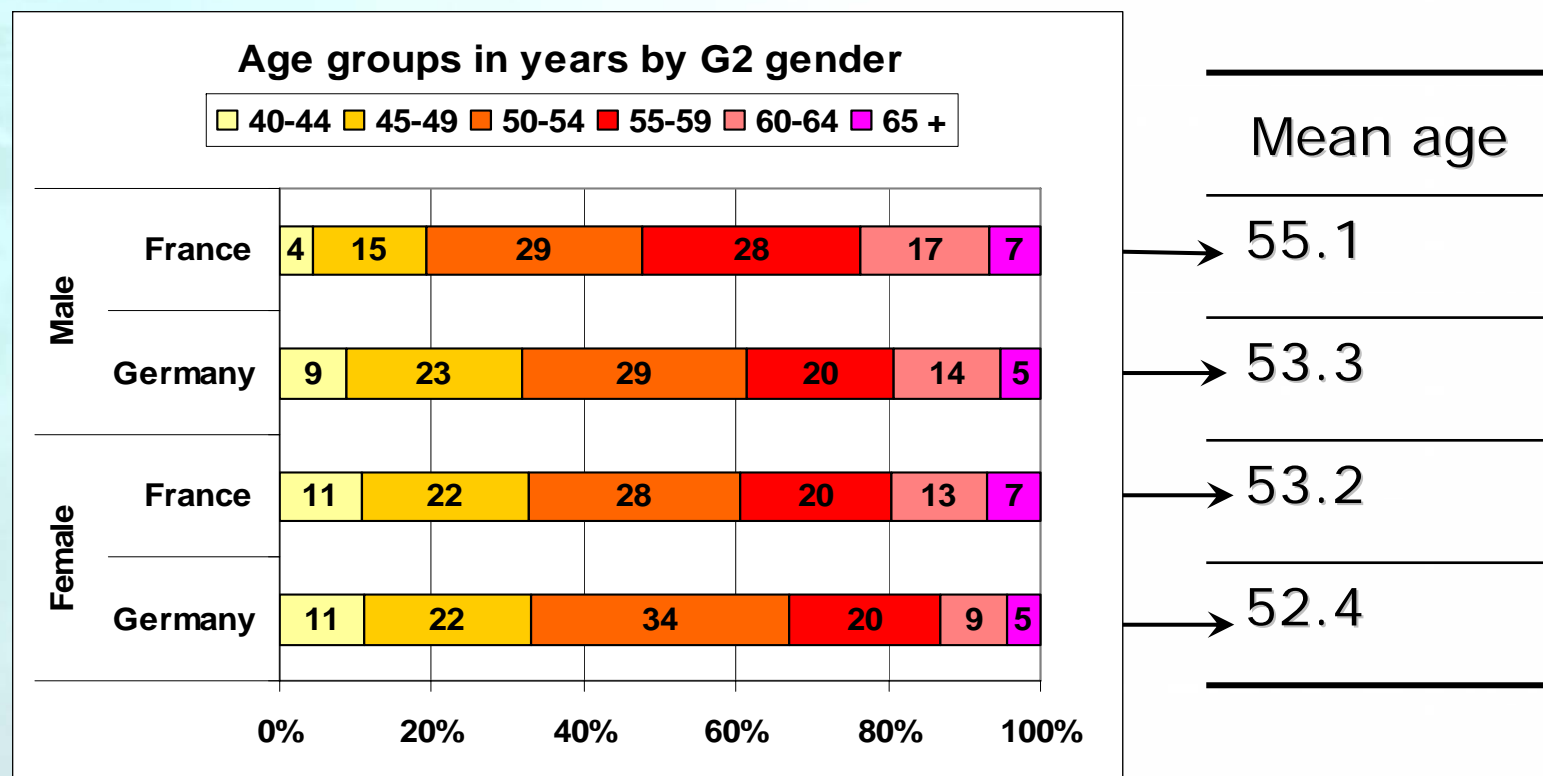Number of respondents by age according to their surviving parents - GERMANY

Source : standardized data – GGS Germany (2005)

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RESULTS : Distribution of G2 age groups and gender

Age groups in years by G2 gender

□ 40-44　□ 45-49　■ 50-54　■ 55-59　□ 60-64　■ 65 +

		40-44	45-49	50-54	55-59	60-64	65 +	Mean age
Male	France	4	15	29	28	17	7	55.1
	Germany	9	23	29	20	14	5	53.3
Female	France	11	22	28	20	13	7	53.2
	Germany	11	22	34	20	9	5	52.4

0%　20%　40%　60%　80%　100%

Source : standardized data - GGS France and Germany (2005)

- The age structure of G2 is younger for Germany than for France, especially for men.

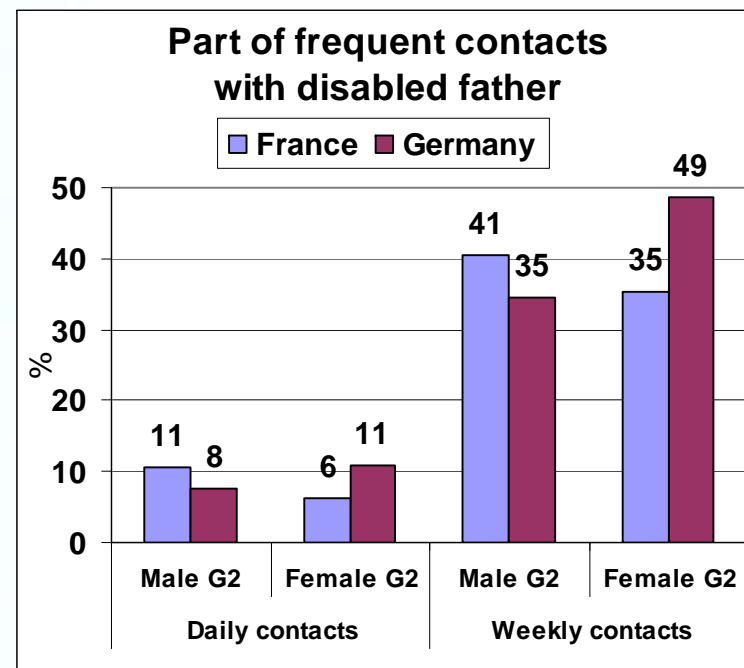*How generations and gender shape demographic change*
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Frequency of contacts with mother

Legend:
- Daily
- Weekly
- Monthly
- Annually
- No contact

	Disabled mother		Non disabled mother	
	France	Germany	France	Germany
No contact	8	2	7	1
Annually	26	22	28	27
Monthly	23	15	23	24
Weekly	34	37	34	37
Daily	10	24	8	11

Frequency of contacts with father

Legend:
- Daily
- Weekly
- Monthly
- Annually
- No contact

	Disabled father		Non disabled father	
	France	Germany	France	Germany
No contact	9	5	10	2
Annually	28	21	32	27
Monthly	18	21	20	29
Weekly	38	44	32	35
Daily	8	10	7	8

Source : standardized data - GGS France and Germany (2005)

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Results : Daily or weekly contacts by G2 with disabled mother or father(G1)

Part of frequent contacts with disabled mother

□ France ■ Germany

	Daily contacts		Weekly contacts	
	Male G2	Female G2	Male G2	Female G2
France	8	12	35	33
Germany	22	25	36	38

Part of frequent contacts with disabled father

□ France ■ Germany

	Daily contacts		Weekly contacts	
	Male G2	Female G2	Male G2	Female G2
France	11	6	41	35
Germany	8	11	35	49
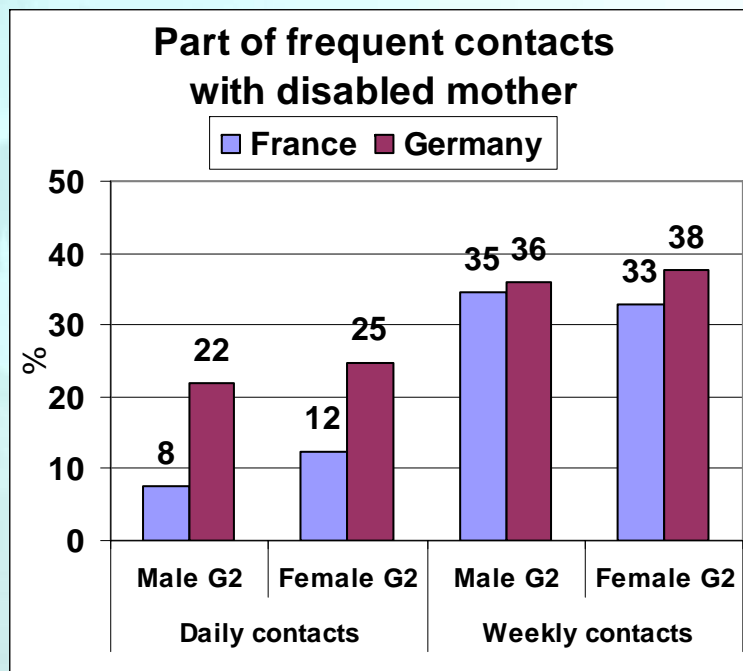
Source : standardized data - GGS France and Germany (2005)

- More frequent contacts in Germany than in France when mother and father are disabled (except for male G2).
- Daily contacts are less than half for disabled fathers than for disabled mothers in Germany, although they are quite similar in France.

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Results: Distribution of daily or weekly contacts, according to G1 disability/no disability and the geographical proximity (FRANCE)

Frequent contacts with mother

- Disabled mother
- Not disabled mother

%

100

80 — 77   76

60

40

20 — 13   16

0

Less than 30 min.   Equal or more than 30 min.

Time distance between G1 home and G2 home

Frequent contacts with father

- Disabled father
- Not disabled father

%

100

85

80 — 73

60

40

20 — 15   8

0

Less than 30 min.   Equal or more than 30 min.

Time distance between G1 home and G2 home
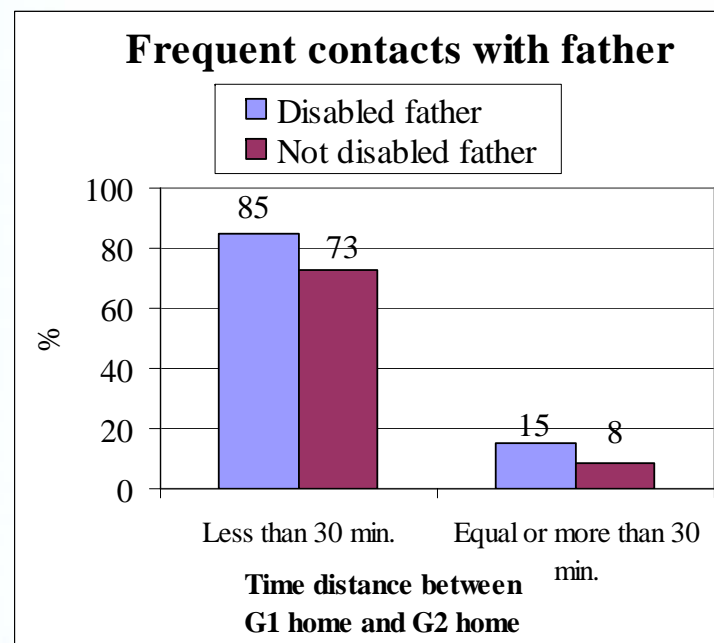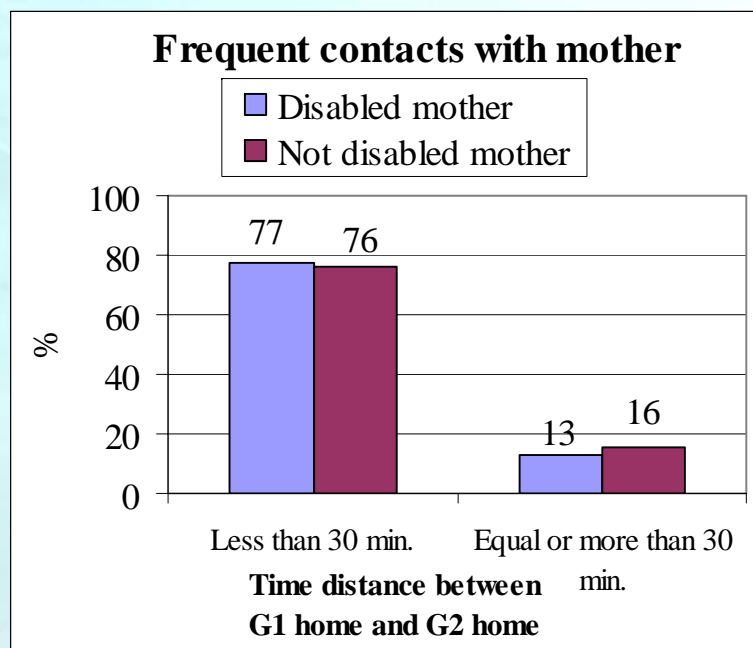
Source : standardized data - GGS France (2005)

- Children (G2) have more contacts with their disabled fathers than disabled mothers (G1), whatever the distance to them.
- The percentages of frequent contacts between mothers (G1), disabled or not, and their children are very similar.

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GGP

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Results: Distribution of daily or weekly contacts, by G2 according to G1's disability/no disability, the geographical proximity and G2 gender (FRANCE)

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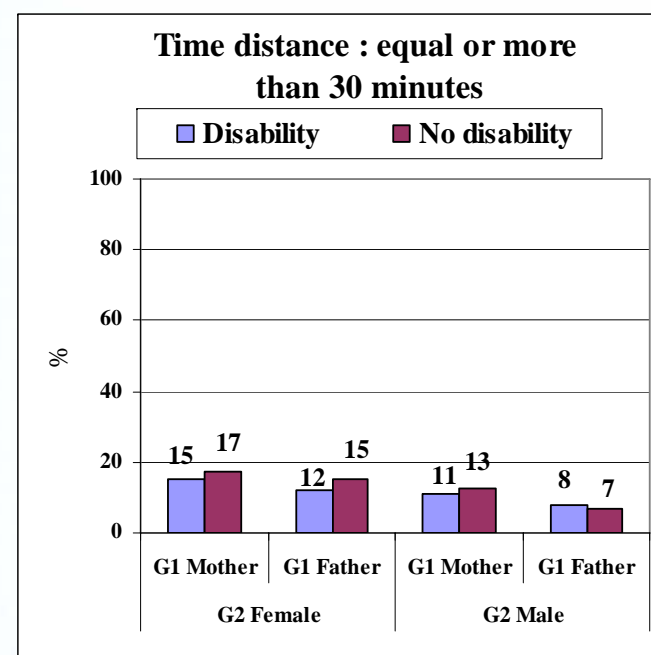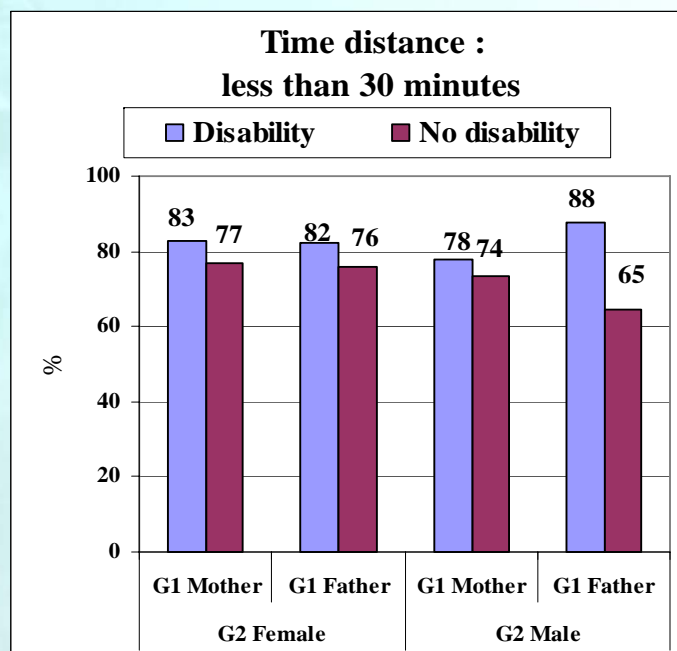
Source: standardized data - GGS France (2005)

- Compared to women (G2), men (G2) have more frequent contacts with their father than their mother when they are disabled, implying a sharp increase in the number of contacts compared when they are not disabled, when the distance to them is short (measured in length of time).

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POLICY IMPLICATIONS

- Policy implications are limited when looking at contacts between generations, these being more personal than public.

- However, poor health for members of G1 does not bring members of G1 and of G2 closer. This may reflect distance. Public policies, financial assistance for example, may eventually increase the frequency of contacts between G1 and G2.

- As we have observed that contacts between G1 and G2 are not so influenced by health status of G1 except for male G1, gender-oriented policies could be put in place. Women from G1 in poor health do not enjoy a greater compassion from individuals of G2.

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Future Breakthroughs

- Further analyses could assess the impact of G2's health status on their relationships with their parents (G1), especially if the latter have activity limitations.
- GGS data, being intergenerational, will permit us to verify additional issues, for example:
  - Would adult women having children at home be less prone to having fewer contacts with their parents, either in good or poor health, than those with no children at home?
  - How much would the presence of children at home decrease the probability of women becoming caretakers for their parents in poor health?
  - To what extent the number and the gender of both children and grandchildren become a key factor to avoid the isolation of grandparents?
  - Do higher frequencies of intergenerational contacts imply greater intergenerational transfers, either monetary or not?
  - What is the effect of the work status of the referee on the frequency of contacts with his/her parents?

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