Taking health into account in the analysis of intergenerational relations: A comparison of France and Germany
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.
Context (2)

- The GGS surveys provide the frequency of contacts between three generations selected as follows: the respondent (G2) with at 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.
- 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.
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.

Source: standardized data - GGS France (2005)
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.
**RESULTS : Distribution of G2 age groups and gender**

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

![Bar chart showing age groups by gender and country](chart.png)

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

- **Germany**
  - Male: Mean age 53.3
  - Female: Mean age 52.4

- **France**
  - Male: Mean age 55.1
  - Female: Mean age 53.2

**Mean age by gender and country**

- Male
  - Germany: 53.3
  - France: 55.1

- Female
  - Germany: 52.4
  - France: 53.2
RESULTS: Frequency of contacts between G1 and G2, according to disability/no disability of G1

Frequency of contacts with mother

<table>
<thead>
<tr>
<th></th>
<th>France Disabled mother</th>
<th>France Non disabled mother</th>
<th>Germany Disabled mother</th>
<th>Germany Non disabled mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>8</td>
<td>34</td>
<td>26</td>
<td>34</td>
</tr>
<tr>
<td>Weekly</td>
<td>2</td>
<td>37</td>
<td>22</td>
<td>37</td>
</tr>
<tr>
<td>Monthly</td>
<td>7</td>
<td>23</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>Annually</td>
<td>1</td>
<td>18</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>No contact</td>
<td>10</td>
<td>28</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Frequency of contacts with father

<table>
<thead>
<tr>
<th></th>
<th>France Disabled father</th>
<th>France Non disabled father</th>
<th>Germany Disabled father</th>
<th>Germany Non disabled father</th>
</tr>
</thead>
<tbody>
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<td>Daily</td>
<td>9</td>
<td>38</td>
<td>28</td>
<td>32</td>
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<tr>
<td>Weekly</td>
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<td>44</td>
<td>21</td>
<td>20</td>
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<tr>
<td>Monthly</td>
<td>10</td>
<td>32</td>
<td>29</td>
<td>35</td>
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<tr>
<td>Annually</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>No contact</td>
<td>2</td>
<td>10</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
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</tr>
</tbody>
</table>

Source: standardized data - GGS France and Germany (2005)
Results: Daily or weekly contacts by G2 with disabled mother or father (G1)

- 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.

Source: standardized data - GGS France and Germany (2005)
Results: Distribution of daily or weekly contacts, according to G1 disability/no disability and the geographical proximity (FRANCE)

- 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.

Source: standardized data - GGS France (2005)
Results: Distribution of daily or weekly contacts, by G2 according to G1’s disability/no disability, the geographical proximity and G2 gender (FRANCE)

- 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).

Source: standardized data - GGS France (2005)
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.
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?