

Responsiveness to Increasing Parental Needs: The Role of Normative Beliefs and Relationship Quality

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The increasing diversity and complexity of family ties has been accompanied by a shift in normative commitments. Processes of individualization, secularization and emancipation have brought about a shift from economic and instrumental interdependencies to a more affective orientation in families, with a greater emphasis on individual needs and personal happiness (Hareven, 1995; Lewis, 2001). Though relationships between parents and children are founded on a sense of obligation, there is considerable variation in expectations about what adult children should do for aging parents (Finch & Mason, 1990; Gans & Silverstein, 2006). Filial support giving is increasingly individualized, subject to negotiation, and strongly dependent on the history of the parent-child relationship. The purpose of the present study is to examine the conditions under which norms of filial obligation motivate supportive behavior. Following Silverstein et al. (2006), we argue that filial obligations are necessary but not sufficient conditions for manifest solidarity.

Norms of filial obligation are socially shared and have a normative component. They reflect the cultural climate in which people live, and are shaped by the generosity of welfare state provisions. The expansion of institutional and home care for the elderly in northern and western European countries has decreased the economic and practical need for family support (Esping-Andersen, 1999). In their ranking of countries from most individualistic to most familialistic on the basis of family obligation norms, Kalmijn and Saraceno (2008) report such a north-south gradient, but also point to the relatively familialistic position of Germany and Austria. Daatland and Herlofson (2003) report weaker support for filial norms in Norway, England, and Germany than in Spain and Israel.

Our study focuses on the Netherlands, a country with a well-developed system of formal care for the elderly, and which ranks high in terms of individualistic values.

These characteristics make the Netherlands particularly interesting for studying the connection between norms of filial obligation and support giving. Given its extensive public support system, Dutch adults have the option not to follow through on norms. Presumably then, support giving in the Netherlands is strongly individualized, implying that the quality of the parent-child relationship rather than norms of family obligation determine support giving.

The study is based on longitudinal multi-actor data from the public release file of the Netherlands Kinship Panel Study, the Dutch participant in the Generations and Gender Programme. The respondents are 777 adult children and a randomly selected father ($N = 292$) or mother ($N = 485$). We examine responsiveness to increasing parental needs, indicated by widowhood and a decline in health between T1 (2002-2003) and T2 (2006-2007).

We address the following research questions. (1) Do norms of filial obligation motivate intergenerational support behavior? (2) Is the quality of the parent-child relationship a stronger predictor of upward generational support than norms of filial obligation? (3) Is the responsiveness to norms of filial obligation greater in the event of increased parental needs?

Our work is informed by two hypotheses. The **normative solidarity** hypothesis suggests that responsiveness to increasing parental needs is governed by norms of filial obligation. Adult children who strongly endorse such norms are most likely to respond to parental needs by providing support. The **individualization** hypothesis suggests that adult children do not respond to norms of filial obligation and that support giving to parents with increasing needs depends on the quality of the parent-child relationship. The better the quality of the relationship, the more likely adult children are to respond to parental needs by providing support.

We improve on previous work in four ways. First, to unravel the roles of norms of filial obligation and relationship quality in the provision of support to parents, we include both measures in the analyses. Our premise is that a set of motivations guide support giving to parents: norms of filial obligation, feelings of affection, and the desire to reciprocate investments received in the past. Whereas previous work on filial responsibility has also considered reciprocity considerations (Klein Ikkink et al., 1999), to our knowledge no study has examined norms of filial obligations in conjunction with the quality of the parent-child relationship.

Second, we use longitudinal data. Previous work showing that norms of filial obligation are positively associated with providing support to parents (e.g. Klein Ikkink, Van Tilburg, & Knipscheer 1999; Stein et al., 1998) is largely based on cross-sectional data (but see Silverstein et al., 2006 for an exception). To examine whether normative beliefs are predictive of behavior, longitudinal data should be used.

Third, we use multi-actor data. We use adult children's reports of filial obligations, support provision, parental partner status, and parents' reports of health. If only data from adult children are used (as for example in the study by Silverstein et al., 2006), responsiveness to increasing parental needs might be over-estimated. To be consistent, adult children providing support are likely to report a decline in parental health (and those who are not providing support are likely to report good parental health). Using data on health provided by parents provides a stronger test of responsiveness to needs than data collected among adult children only.

Fourth, we attempt to avoid gender biases in our measures of social support. Many studies reporting that daughters provide higher levels of support to parents than sons, have looked at typically feminine tasks such as cooking and cleaning (Calasanti,

2003). We incorporate forms of support such as transportation, looking after bills and finances, showing interest, and providing advice that are not gender-specific.

Method

Sample

This study uses data from a sample of matched non-coresiding parents and adult children aged 50 and over drawn from the main sample of the Netherlands Kinship Panel Study. The adult children are the primary respondents (anchors) who were drawn from a random sample of private addresses in the Netherlands. In addition to computer-assisted face-to-face interviews, primary respondent data were collected by means of self-completion questionnaires. During the interviews, extensive information was gathered about the anchor's relationship with a maximum of eight family members (parents, siblings, children). Permission was asked to send self-completion questionnaires to, among others, one randomly selected biological or adoptive parent. We restricted our analyses to parents and children who were not living in the anchor's household to avoid patterns of support and contact being confounded with coresidence.

Measures

Support is a sum score (range 0 – 10) based on five items. Two kinds of instrumental support (helping in the household and with odd jobs), two kinds of emotional support (showing interest and giving advice), and financial support (a monetary or material gift of 500 euros or more) were assessed. The answer categories were 0 “not at all”, 1 “once or twice”, and 2 “several times” in the past three months.

Four items with response options ranging from 0 “strongly disagree” to 4 “strongly agree” were used to measure filial obligations (range 0 – 16): “Children should look after their sick parents”, “In old age, parents must be able to live in with

their children”, “Children who live close to their parents should visit them at least once a week”, and “Children should take unpaid leave to look after their sick parents”. These items were designed to assess general norms and not the expectation of one’s own behavior.

To assess relationship quality, children were asked: “How would you describe your relationship with your [father/mother]?”. Answer categories varied from 0 “not great” to 3 “very good”.

Analyses

We carried out multiple regression analyses to predict the provision of support to aging parents at T2. Given that mothers are more often recipients of intergenerational support than fathers, we performed the analyses for mothers and fathers separately. We controlled for the support level at T1, implying that the regression coefficients indicate change in support to parents over the intervening period (3 to 4 years). A positive coefficient indicates an increase in support, whereas a negative coefficient indicates a decrease in support. Model 1 incorporates the determinants of support giving. Model 2 incorporates interaction terms to test whether increased needs and child’s gender moderate the conversion of normative beliefs into support.

Results

The table shows unstandardized regression coefficients for predictors of Wave 2 support to aging parents. Model 1 shows a positive association between Wave 1 support and Wave 2 support, suggesting stability of support provision over time. Adult children who more strongly endorsed filial norms provided increasingly more support to both fathers and mothers. Better relationship quality was linked to increasingly more support to fathers but not to mothers. Parents in poor health at

Wave 1 received increasingly more support. A change in health status for the worse was also associated with increasingly more support. In general then, adult children respond to parents' decline in health by providing greater levels of support. Mothers who were single at both Wave 1 and Wave 2 or who were no longer partnered at Wave 2 received increasingly greater amounts of support. Fathers' partner status showed no associations with support from their adult children. Older children provided more support than younger children, a finding that is probably attributable to their having older parents with greater needs. Daughters provided increasingly more support to their fathers and mothers than did sons.

Interaction terms between filial obligations and parents' needs and child's gender were entered in Model 2. As the table shows, these interaction terms did not reach levels of significance in the data on support to fathers. Two interaction terms were significant in the data on support to mothers. Adult children were less responsive to their filial norms when mothers reported a decline in health. Furthermore, in providing support to mothers, daughters were less responsive to their normative beliefs than sons.

Conclusion

One of the novelties of our study is that both normative and affective determinants of upward intergenerational support were examined. This dual focus reflects the changes in kin relationships that have been accompanying changes in economic conditions, labor market arrangements, government provisions, laws, and cultural climate (Allen, 2006). Culturally prescribed obligations to provide help are open to negotiation, and support expectations tend to be individualized within kin relationships.

Our results show that, notwithstanding processes of individualization, secularization and emancipation in the Netherlands, upward intergenerational support is guided by norms of commitment to aging parents. Adult children who more strongly endorsed norms of filial obligation provided higher levels of support to their fathers and mothers. This finding is in line with the normative solidarity hypothesis. Evidence in favor of the individualization hypothesis was visible only with regard to fathers. Relationship quality was a predictor of support to fathers but not to mothers.

Findings showed furthermore that the responsiveness to norms of filial obligation was weaker in the event of a decline in mothers' health, and insensitive to a decline in fathers' health. Apparently, mothers receive help regardless of socially-shared expectations that mothers should be cared for in times of need. Results also indicated that mothers who became single received more support than partnered mothers. Among fathers, partner status made no difference in terms of the level of support. Taken together, the findings suggest that adult children perceive their mothers to be more vulnerable than fathers, and respond by providing help. Apart from norms of filial obligation, relationship quality mattered for the provision of support to fathers. We conclude that supporting older fathers is more strongly individualized than supporting older mothers.

Gender differences were not only visible in the parent generation. Daughters generally provided higher levels of support to their parents than sons. Findings showed furthermore that with regard to supporting their mothers but not with regard to supporting their fathers, daughters were less responsive than sons to norms of filial obligation. Apparently, norms of filial obligation have a stronger motivational component for sons than daughters. Sons seem to provide support to their mothers because they feel such behavior is expected of them. Daughters seem to be less

sensitive to social prescriptions, perhaps because they take support provision for granted, are more likely to have organized their daily schedules to incorporate support giving tasks, or are intrinsically motivated. An appeal to social duties and responsibilities seems to work for sons.

Author's Note

This paper is based on data from The Netherlands Kinship Panel Study (NKPS), which is supported by the 'Major Investments Fund' of The Netherlands Organisation for Scientific Research (Grant 480-10-009). Financial and institutional support for the NKPS also comes from the Netherlands Interdisciplinary Demographic Institute (NIDI), Utrecht University, the University of Amsterdam, and the University of Tilburg. The paper was written in the context of MAGGIE (Major Ageing and Gender Issues in Europe), a program of research funded through the sixth framework program of the European Commission (grant number 028571) and in the context of MULTILINKS (How demographic changes shape intergenerational solidarity, well-being, and social integration: A multilinks framework), a program of research funded through the seventh framework program of the European Commission (grant number 217523). Work on the paper was carried out while the first author was a fellow at the Netherlands Institute for Advanced Studies in the Humanities and Social Sciences (NIAS) in Wassenaar.

Unstandardized Regression Coefficients Predicting Adult Child's Provision of Support to Non-Coresident Fathers (N = 292) and Mothers (N = 485), in Wave 2

	Fathers		Mothers	
	Model 1	Model 2	Model 1	Model 2
Upward support in wave 1 (low-high; child report)	0.52***	0.53***	0.45***	0.45***
Filial obligation norms in wave 1 (weak-strong; child report)	0.09*	0.07	0.07**	0.16**
Relationship quality in wave 1 (not great-very good; child report)	0.40**	0.40**	0.11	0.11
Parental health in wave 1 (good-bad; parent report)	0.48**	0.45**	0.35**	0.34**
Change in parental health between wave 1 and wave 2 (better-worse; parent report)	0.39*	0.90*	0.29*	1.09**
Parent unpartnered between wave 1 and wave 2 (ref=continuously partnered; parent report)	-0.26	2.17	1.63***	3.11**
Parent partnered between wave 1 and wave 2 (ref=continuously unpartnered; parent report)	-0.10	-0.88	-2.13~	1.12
Parent unpartnered in wave 1 and wave 2 (ref=continuously partnered; parent report)	0.05	0.62	0.52**	0.50
Parents ever divorced (parent report)	-0.45	0.43	0.07	-0.10

	Fathers		Mothers	
Education of parent (low-high; parent report)	0.12	0.13	0.09	0.08
Age of child (child report)	0.03*	0.03*	0.03*	0.02*
Daughter (child report)	0.49*	0.01	0.59***	1.49*
Child partnered (child report)	-0.39	-0.45~	0.24	0.22
Education of child (low-high; child report)	0.08	0.07	-0.06	-0.06
Change in parental health * norms		0.10		-0.17**
Parent unpartnered between wave 1 and 2 * norms		-0.51		-0.29
Parent partnered between wave 1 and 2 * norms				-0.74
Parent unpartnered in wave 1 and 2 * norms		-0.12		0.00
Parents ever divorced * norms		-0.16		0.04
Gender of child * norms		0.10		-0.19*
Adjusted R^2	0.297	0.301	0.312	0.324

~ < $p < 0.10$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

