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H. FRANCOVÁ

CARE FOR AGEING PARENTS FROM GENDER ASPECT

Історичний розвиток Європи створив патріархальну структуру сім'ї, в якій за залежними членами сім'ї завжди доглядали жінки. Із зміною громадських економічних умов змінюється стратегія та поведінки членів сім'ї у тому числі розділення роботи по господарстві.

Историческое развитие Европы создало преобладающую патриархальную структуру семьи, в которой за т. наз. зависимыми членами семьи всегда ухаживали женщины. В контексте развивающихся общественных и экономических условий меняется стратегия и образцы поведения членов семьи в том числе и разделение работы по домашнему хозяйству на дело женское и дело мужское. В этой статье я принимаю во внимание современные социальные теории и пытаюсь схватить характерные черты человека, который – в «наше» время - ухаживает за стареющим членом семьи. Моё внимание сосредоточится на том, какие различия в процессе ухаживания появляются в зависимости от джендера, т. е. как сегодня заботятся о членах семьи женщины и как мужчины; остаются их роли одинаковыми или они отличаются?

Europe is related to patriarchal family structures, thus the woman has always been the traditional provider of care for dependent members. In the context of developing social and economic conditions, the strategies and patterns of behaviour of individual family members change as well as the distinguishing of works into the so called man and woman ones. The goal of this text is to underpin the profile of the caring person in the context of different theories.

In spite of growing spectrum of social services providing care for ageing citizens, the actual persons cared for prefer the model of family care. In the Western European civilization circle, it is the historically primary model bound to the key institution of Western Christian society – the family. The current civilization and particularly the future claims of the ageing population create growing pressure on the needs of care for old people, and one of the basic questions is of course what style of care will be applied, developed and supported in the future. It is however sure that the society will approach the family to assume the obligation of care for their seniors more and more frequently for psychosocial, economic and demographic reasons.

Europe is related to patriarchal family structures, thus the woman has always been the traditional provider of care for dependent members. In the context of developing social and economic conditions, the strategies and patterns of behaviour of individual family members change as well as the distinguishing of works into the so called man and woman ones. The goal of this text is to underpin the profile of the caring person in the context of different theories, to point out gender differences in provision of care and to focus on the types of work that the caring persons perform with regard to gender roles.

The care for an old person in the family can have very different forms. It is not only informal family care, but also combination with professional care provided in the form of paid services in home environment (home care) or occasional forms of care and help like e.g. respite care with which the society provides for occasional substitution of the caring family member in his or her duties he or she has assumed. Three degrees of care can be distinguished from the point of view of intensity and urgency of needs the senior requires. The first degree consists in important, but less time, physically and psychically demanding supportive care including e.g. financial support, repairs in the households, transport to the doctor's. The second degree of family help consists in impersonal care. It includes activities related to chores, most frequently the following ones: cook, tidy, wash out. The third and most demanding degree of care is personal care. Such activities, physically and psychically demanding, related to intimate care for the respective person, require almost incessant presence of the caring person. Přidalová [6] quotes foreign studies stating that three quarters of the

caring persons are women, the most frequented group consisting of adult daughters (33 %). The term "caring adult children" is substituted by authors of further studies by "adult daughters" because they are the ones assuming the essential part of obligation towards old parents. Although the number of men caring for depending relatives is objectively lower, they do not constitute negligible share, according to Tošnerová [10]. According to Horowitz and Harrris [6], such situation arises most likely if the son is the only child, if a sister is missing in the sibling constellation or if the son is geographically closest from all the siblings to the parents. So if there is no other possibility, the man assumes the role of primary care provider. Harris has further recorded in her qualitative study of caring sons that they assumed for example the main responsibility even of the care for demented parents. Besides, it happened in situations surpassing usual family circumstances in which men are usually urged to perform the care provider role, i.e. they had sisters and the sisters lived close to the parents. Ironically, their statements also show the perceived "naturalness" of that duty, which you possibly would expect rather in women. Tošnerová [10] even points out the reports of changing ratio of men and women in care provider role. She states the results of the survey made by the American National Association of Family Care Providers, according to which 56% of women and 44% of men care for their relative at present. She submits also surprising results of the inquiry made by the Czech Statistical Bureau in 2001, showing that the most frequent model of mastering care for an old person in the household is sharing of that commitment by both the man and the woman. 50% of families being in such life situation stated coincidently that both partners care equally for the dependent senior. The general view of care provision can be distorted by the fact that some researches focus only on the so called primary care providers, i.e. on those who carry the greatest share of care on their shoulders. But also the ignored secondary care providers provide appreciable support, helping the main care providers and naturally also the dependent relatives in different forms. Adult sons play a significant part among such "additional" care providers, being 52% according to Stone [6]. Other substantiation of lack of objectivity of the results can be also the fact that some social researchers go on reproducing cultural rootedness of caring women, focusing their studies only on women/daughters, without giving sufficient space to caring sons and their mastering and living the situation.

Even Matthews [4] focused on the question whether sons actually play such a marginal role in the care for their parents. In the statements of her respondents, brother-sister sibling dyads she found out continuous underestimation of men activities, both by the sisters and by the brothers themselves, although it was evident that the men participated in the care relatively essentially. But their care consisted mostly in traditional man works provided in spurts or in regular visits related to talks and emotional support to dependent parents, which was evaluated as something secondary and not so meritable as the actual personal care and household chores. The fact that both siblings underestimated the value of contribution of brother's help does not mean that men do not help their parents; they only do it in a way that is not considered as "real help". Matthews states that such underestimation of man engagement and related to rejection of other (= "manly") way of solution of the situation (e.g. one of the respondents offered his sister to pay a nurse who would help their parents with personal care and hygiene; she rejected such help because the offer did not constitute acceptable solution of relational responsibility for her) can provoke withdrawal and passivity in the men. The above stated so called gender differences have become the topic of further studies. Gender differences can be seen e.g. in the strategies with which women and men integrate care provision into their further work or in the types of activities performed by care providers with regard to gender roles. Women often assume responsibility for tasks including personal care and emotional support. Bartoňová [1] states the results of OECD studies and Jenson and Jacobzone, which monitored the mutual share of task types. The individual categories of acts were represented as follows: personal care (women 34%, men 18%), emotional support (women 33%, men 23%), preparation of food (women 40%, men 19%) and household chores (women 36%, men 15%). Such tasks required almost daily activity; men, to the contrary, performed more the tasks related to household maintenance (43% men, 19% women), and the difference in the ratio of tasks between men and women in other categories (transport, accounts and banking, shopping and general control of situation of elderly persons) was lower than 8%. The above stated shows that men copy man gender role of family provider by performing rather support care. They help particularly with financial and transport matters (transport to the doctor's and to the hospital, payment of fees, filling out forms, administration of movable and immovable assets) and perform tasks at home that are too physically demanding for women.

Horowitz, Finley, Gerstel or Gallagher do not stress early socialization but broader social context based on different positions and relationships of men and women. First and foremost it is about traditional perception of man and woman roles. The care for another person is included in the circle of household chores; it is related to certain caring and nursing skills and includes preservation of relational relationships. Women dominate those activities and they are traditionally attributed to them as something they are better at

than men, something more natural for them. Women are attributed the ability to care as something natural and unquestionable [6] . That confirms also the assumption of Tošnerová that women are automatically considered congenital care providers, and therefore the burden of care for an ill family member lies predominantly on them [10].

As Parsons proclaimed, the strict division of roles has besides unambiguously positive influences. The restriction of number of roles in a couple only to one role for each of the partners in the family eliminates competition and rivalry. They could have negative impact on the solidarity in family, thus impairing the relationships between man and woman. Možný quotes Parsons directly: "If the success lines of man and woman are segregated and cannot be directly compared, there is less space for development of jealousy, feelings of inferiority, envy etc." [5]. From the point of view of Topinková [9], household chores constitute one of the main parts of social construction of woman identity in the society. This assumption justifies its status of unpaid work. The problem consists in the fact that we view that activity as any other work, but at the same time we perceive it as a part of woman nature, particularly as a part of her role in marriage and in family. That "justifies" its unpaid character, with regard to the complementary role of the man-family provider who engages particularly in paid work. If we transfer that definition of social construction of woman identity in the society into practice, we find out that the care for an ill family member as household chore is assigned to the woman who will perform it without claim to pay, willingly, with love, regardless from age and health condition, with commonplace natural to women. At the same time we consider legitimate that, like for other chores, no qualification, knowledge and skills are needed for care provision.

As Brody observes, the caring women (i.e. both daughters and daughters-in-law) are together characterized by fundamental acceptance of the assumption that the role of care provider for powerless and dependent persons in the family is woman role. They perceive themselves not only as the person who is responsible for supportive, impersonal and personal care, but they also feel responsible for the happiness and emotional well-being of old relatives and for the happiness and emotional well-being of the whole family, respectively. Such feelings have their roots in the earliest childhood when girls identify themselves with their mother through socialization and woman role learning and acquire their skills in order to be like their mother. The identification with their mother and acquisition of the contents of her role deepens even more when the woman becomes mother herself and learns to care for her small child. It is common to all caring daughters (but not necessarily to daughters-in-law) to have certain feeling of debt towards their mother and to give her back the service she gave them when they were small through caring for her [6].

Essential changes in bipolar perception of the contents of gender roles within the family and partner relationships occur in great degree thanks to the growth of women's employment. The natural and given character of man and woman role starts being challenged and at the same time the theses of their complementarity are messed up as well. With mass entry of women (and at the same time of women-mothers) into the sphere of paid employment outside home during the Seventies, the attention of "Western" sociology starts focusing on mechanisms how the "switching-over" between the roles of mother and working woman works. At the same time the question emerged how the expectations of women from husbands and fathers changed by that. That topic was a key topic for symbolic interactionism that put stress particularly on takeover of roles, distance from role, intra-role or inter-role conflict [3]. The above stated knowledge resulted in two dominant theories: first, the theory of increase and second, the theory of overload. Rubášová quotes the theories of Hochshild and Machung [7]: The theory of increase assumes that the more roles the individual ties up and is at the same time able to acquire, the more he is prepared to master successfully also other roles because the acquired experience and ability to react to changes and new impulses go on growing. On the contrary, the theory of overload, as its name suggests, is a little less optimistic: it works with the central concept of "tension in role" and understands accumulation of (often antagonistic) roles as "double burden". In connection with the phenomenon of "sandwich generation" when, in consequence of postponed marriages and births, the potential care providers will be confronted both with care for their small child and with care for their ageing parents, we could speak about "triple burden".

The authors stated below try to explain the different representation of sons and daughters in care for their parents with unequal position on the job market. Simerská [8] states that even in families with liberal approach to roles, the couple, when deciding which of the partners will take over bigger share of responsibility for care for children or a handicapped family member, often decides for the woman because it corresponds to the conditions of the job market. The job environment in our country is not helpful towards the family and confirms stereotypes. According to Sarkisian and Gerstel, the employment status and job positions, as well as the salary or self-employment structure markedly who is more suitable to care for dependent family members. A self-employed person or manager with high responsibility has not the time

space to care intensively for dependent parents in other way than by supply of money. If his salary is high and he provides for other family members with it, it would be illogical for him to give it up because of practical care for his ageing father or mother. If women, compared to men on the job market, are less paid and have lower chance for career development, it is evident that they are better candidates to take over the care for their family, while the man devotes his time rather to his job, providing the whole family colossus with funds.

If the man and the woman have the same conditions, both with regard to job and to family, they also provide the same extent of care to their parents. According to these authors, the unequal number of women and men in care for their parents can be explained by structural factors. Certain contrast consists in the results of an older study, according to which the fact of having a paid job is demonstrated by marked reduction of extent of help to parents in case of sons, while in case of daughters such fact does not have almost any impact on the quantity of care they provide their parents with [6]. That suggests that while for men, the job is sufficient legitimate excuse not to care for their parents, the same argumentation has not the same weight for daughters. Horowitz continued the researches mapping the differences between employed and unemployed women. The result consisted in the discovery that most employed women care for their old parents almost in the same extent as unemployed women, making only more use of formal services and engaging also other relatives into the care in comparison to them [6].

Lee et al., trying to grasp the causes of gender unequality in care for ageing relatives, tested the hypotheses based on preference of care from a child of the same gender and on intimacy of the relationship. She points out first that the recipients of help from children are mothers in most cases (and often also widows, which is consequence of demographic factors) and that this fact itself can predetermine why the care providers include more daughters. She works on the assumption that the relationship between mother and daughter is considered the strongest intergeneration relationship. Mothers can prefer daughters as care providers because their relationship is more intense and intimate compared to sons. Her research actually confirmed that although daughters dominate in care for both parents, in case of the father their representation is only slightly higher and the sons provide them with help in common life far more frequently than the mother. On the contrary, in case of the mother, the daughters dominate the care markedly [6]. The preference of the child of the same gender is surely a valid argument; Montgomery and Kamo even present the opinion that provision of personal care (bathing, changing clothes, hygiene in case of incontinence) to mothers by adult sons can be perceived as something unbecoming in the given culture, up to the border of tabooed incest, and therefore they cede it to daughters for whom the care for a naked woman body is somewhat more acceptable. But the accentuation of the character of the relationship is not so unambiguous. The emotional bond (and particularly the intimate relationship between the daughter and the mother) can be a strong predictor in decision making who will take charge of the care for her, but there is a number of studies (one of them see above) pointing out the households in which daughters provide their mothers with care although their mutual relationship is cold or even conflicting [6]. Daughters do not necessarily care for their parents only because they love them, but also because of strong loyalty towards their family, because of the feeling of duty or guilt, because of manipulation, and they provide care in spite of not having any intimate relationship to the dependent person.

The research from the period of 1798-1981, performed by the Harvard Development Laboratory, where families of Chinese and Irish ancestors living in the USA from the point of view of the factors influencing the takeover of care for a family member by another one. The research tries to bring a more compact picture of preferences and the actual practice; the researchers created models of families with the help of drawing family histories and genealogies. With such models, they tried to predict the form of the family that will take over its own family member into its care, on the base of a very low number of variables: marital status (single, married etc.), gender, location of children in the time of parent crises and cultural values mediating that process particularly with regard to the gender of the child who is expected to take over the role of care provider. On the base of their investigations, the researchers described three types of factors influencing the selection of care providers in the family; demographic imperatives (only child, child of preferred gender, the only child nearby) are the strongest, followed by preceding events (gradual urgent need, duty of reciprocity) and finally situation factors (the least difficulty, the highest motivation) [1].

It seems that the efforts to substantiate the higher representation of daughters in the care for old parents end in one point. The traditionally perceived role of woman – care provider is so strongly internalized that it lives its own life almost regardless from individual variations of attitudes, approach to employment or time accessibility. But the internalization of traditional roles does not mean that men do not feel relational responsibility and that they do not participate in the care for their old parents. In expressing their attitudes, women and men do not differ in perception of commitment towards their parents and they

agree on the generally shared moral norm that adult children should take care for their old parents and provide them with help adequately to their needs. But, in relation with stereotypes of man and woman roles, men can have different notion of how to fulfil that responsibility. Thus the gender membership is considered a given way to redistribute tasks, and if the commitment of care must be taken over, it is a good indicator who will do what. If we focus on types of work performed by care providers with regard to gender roles, we find out that there are differences between women and men in perception of what does it mean to participate in care: Men tend more to provide for personal care for their dependent parents by mediating services that substitute their direct engagement. Women often take over the responsibility for tasks including informal personal care and emotional support (such tasks require almost daily activity); men, on the other hand, perform more the tasks related to maintenance of house and garden, mediation of transport to the doctor's, administration of accounts and finances. The dominant model often overshadows less visible variations.

Finally, it can be stated that researchers focused a number of their projects pointedly on caring daughters, and if we know something about the path of the caring child, it comes usually from statements of women. Although the role distribution usually is asymmetric, the help of the man part of population cannot be neglected. If space is given to men who have taken over the commitment of care for their old parents, we can see that men are able to perform that role, they perform it with everything related to it, and if they are primary care providers, the way in which they experience that situation (psychical and physical load) does not differ from woman way of experiencing.

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Л.Т.ШЕВЧУК

ВПЛИВ СУЧАСНОЇ ФІНАНСОВО-ЕКОНОМІЧНОЇ КРИЗИ НА ЗДОРОВ'Я НАСЕЛЕННЯ

Аналізуються особливості впливу сучасної фінансово-економічної кризи на соціально-економічну ситуацію в країні та на індивідуальне і суспільне здоров'я.

Анализируются особенности влияния современного финансово-экономического кризиса на социально-экономическую ситуацию в стране и на индивидуальное и общественное здоровье.

The features of influence of modern financial-economic crisis on socio-economic situation in country and on individual and public health are analysed.

Важливою проблемою соціально-економічного розвитку регіонів стала сучасна світова фінансово-економічна криза, яка не змогла не вплинути на економіку України загалом і на стан