



Gender (In)Equality over the Life Course

Evidence from the Generations & Gender Programme

Edited by Anne H. Gauthier, Irena E. Kotowska and Daniela Vono de Vilhena

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Introduction

Anne H. Gauthier and Irena E. Kotowska

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Women's rights and gender equality have been at the centre of political attention since the 1970s: First, with a focus on women's participation in the labour market and then, subsequently, with a focus on work-family reconciliation. The challenges for policy-makers have been large, such as how best to support the participation of women in the labour market, including mothers with children, how to ensure equal pay for equal work, and how to encourage fathers to be more involved in domestic work and childcare. Demographic research has also given attention to the topic of gender equality in paid and unpaid work in the past few decades. Importantly, it has revealed that while progress towards gender equality in paid and unpaid work has been observed, women continue to be disadvantaged in the labour market, and men's participation in unpaid work has been very slow to change. In other words, the so-called 'Gender Revolution' is still incomplete (Esping-Andersen, 2009; Goldscheider et al., 2015).

Gender (in)equality in paid and unpaid work is, however, only part of the story. Patterns of gender (in)equality in other domains of life, such as family formation and dissolution, fertility decisions, and health and wellbeing, are also crucial to monitor and understand. In other words, a special gender lens is essential to recognising changes in today's societies. The task for scientists is not to include gender in their statistical analyses as a simple control, but to fully understand how and why women and men differ in their life course trajectories, and what consequences these have for their health and wellbeing. This special gender lens is needed to understand family changes and related social norms.

The collection of articles included in this Discussion Paper captures the state-of-the-art research in this field. They present in a condensed version the key findings, theories and remaining questions regarding gender inequality across multiple domains of life. All of the articles also draw their empirical evidence

from data from the Generations and Gender Programme (GGP). GGP is a social science research infrastructure devoted to the study of the life course and family dynamics. In the following section, we expand on the GGP and the role that it has played in supporting demographic research on gender. We then provide a summary of the key demographic trends of the past decades and their theoretical and empirical advances.

› The Generations and Gender Programme as a research infrastructure

The GGP is a research infrastructure that has been in operation since the early 2000s. At its core is the Generations and Gender Survey (GGS) which collects cross-nationally comparable data on individuals aged 18-79-years-old through the use of a common survey questionnaire. Its archive currently includes data from more than 20 countries in Europe and beyond. Moreover, it occupies a unique place in the landscape of research infrastructures, especially in view of its focus on gender.

The study of gender in demographic research, however, is not new. Already in the 1990s, the Fertility and Family Survey (FFS) introduced an important innovation in deciding to collect data on demographic behaviour and values from both men and women aged 18-49. This was in contrast to previous studies where data on fertility decisions, contraceptive use and family formation was usually restricted to women, and often to just married women. Therefore, the FFS was innovative in making it possible for researchers to contrast and compare men's and women's experiences with regard to topics like fertility intention, gender division of unpaid work and family formation.

The GGS, which succeeded the FFS, further expanded this area of research by extending the age range to the full adult life, by introducing a prospective element to follow respondents over time, and by strengthening its focus on gender even more. For the first time, researchers had the empirical databases to study the dynamics of family formation and dissolution for both men and women, and their patterns of association with the gender division of paid and unpaid work, gender attitudes, patterns of caregiving and receiving, etc. In turn, it became possible to study topics such as the intention to have a child depending on the level of gender (in)equality in the couple, or to shed light on different employment trajectories among men and women, their connections with childbearing and childrearing and their effects at older ages. To study this from the perspective of both men and women was key to bringing new insights to this topic.

The other key element lied in the cross-national comparability of the data and the ability to study the experiences of men and women across national contexts. Up until then, several theories and insights in family demography were based on single country studies, especially the United States or a western European country. The FFS and the GGS made it possible to test the validity of these earlier findings on a larger set of countries, again pushing the boundaries of research. In particular, the GGS is the only cross-nationally comparative panel survey for several central and eastern European countries. This makes it possible to answer important questions such as why the association between gender equality and fertility is not the same across countries, and why loneliness among men and women is different in eastern and western Europe. It is here that one has to explore complex linkages between individual-level behaviour and attitudes, and the macro-level context.

› The gender-related developments of the past decades

Together, the articles included in this Discussion Paper cover three key societal developments that have taken place in the past decades across the industrialised world, all with a major gender component.

- *Changes in gender norms and work-life reconciliation policies:* The past decades have seen major changes in societal norms regarding gender roles,

such as a greater acceptance of women's labour force participation, including women with young children. The changes have been large and have simultaneously fallen short of complete equality. For example, across the countries having fielded a Generations and Gender Survey, more than 50 per cent of respondents agreed or strongly agreed with the statement 'a pre-school child suffers if his or her mother works', thus denoting the persistence of traditional gender attitudes. The cross-national differences remain large with figures exceeding 70 of per cent of respondents in countries such as Georgia, Hungary and Russia, and less than 20 per cent in Estonia, Norway and Sweden.¹

In addition to these societal changes in the perception of women's roles, there has also been a greater expectation of men's involvement in housework and childcare. But here again, the changes have been slow with women in most countries continuing to shoulder the bulk of housework. And yet, as shown in the article by **Trude Lappégård**, the way couples share paid and unpaid work, and how satisfied they are with it carry large consequences on women's ability to stay in the labour market, on their health and on their desire to have more children. Furthermore, men's participation in unpaid work tends to vary within countries across socio-economic groups. This suggests complex interactions between social norms regarding gender roles and the actual gender division of paid and unpaid work among couples.

These changes in gender norms and related behaviours have also been accompanied by major institutional changes in the support of dual-earner families. In the past decades, governments across the industrialised world have put measures in place to better support the reconciliation of work and family life including parental leave, childcare provision and cash support. These measures are essential, especially to prevent mothers' discontinued labour force participation and the so-called motherhood penalty. But here again, the differences between countries continue to be very large. Similarly, increasing attention has been given in several countries to measures which encourage and support men to become engaged fathers, but still differences between countries are remarkable.

- *Lower fertility and changing family dynamics:* Across the industrialised world, total fertility rates have declined below two children per woman. On the one hand, this trend can be seen as a major societal accomplishment in having provided men and women with the ability to decide when and if they want to have children. However, as the contribution by **Mieke C. W. Eeckhaut** and **Megan M. Sweeney** reminds us, the access and use of modern forms of contraception remain unequal across countries. Instead, reliance on traditional methods remains a reality for a non-negligible percentage of women in parts of eastern Europe and central Asia.

On the other hand, the decline in fertility rates have also highlighted major obstacles to having children. Lack of governmental support, gender inequality and economic uncertainty are some of the factors that are preventing some couples from having an additional child. As **Letizia Mencarini** points out, gender equality and gender equity appear to go hand-in-hand with higher fertility. In contrast, in countries where women carry the dual burden of paid and unpaid work, fertility is lower. The relationship between gender equality and fertility remains, however, complex and reveals strong country differences.

In addition to lower levels of fertility, the dynamics of family formation and dissolution have changed rapidly in the past decades. Non-marital cohabitation has become a widely shared form of partnership/union in the life course of men and women, and union dissolution has largely increased. In turn, patterns of re-partnering have also changed. As **Martin Kredl** and **Zuzana Žilincíková** point out in their contribution, the experience of partnering has a strong gender dimension. In particular, the presence of children at home appears to reduce the likelihood of women re-partnering in many countries.

- *Longer lives, care and wellbeing:* The increase in life expectancy is another major development of the past decades. It has not only increased the time span when older adults can contribute to paid and unpaid work, but it has also fundamentally changed the relationships between generations. And again, this carries an important gender dimension. In their article, **Valeria Bordone** and **Bruno Arpino** document how the changes in life expectancy, combined with changes in the aver-

age age at childbearing, have affected the percentage of older adults who experience grandparenthood and at what ages they do so. This has important implications, especially since grandparents are an important source of childcare in many countries. In turn, this contribution by grandparents has a direct influence on their daughter's labour force participation.

If older people can benefit from a longer life, and a longer life without health limitations, it remains that the experience of loneliness and depressive mood continues to affect the quality of life of many older adults, especially women. The contribution by Thomas Hansen and Britt Slagsvold carefully documents this and reveals major differences between eastern and western European countries, with a much higher prevalence of loneliness in eastern Europe. And while a combination of cultural, demographic and institutional factors could explain these regional differences, it remains a major societal challenge.

The changes in families and individual life trajectories have been very large in the past decades and have had large consequences for other domains of life, including health and wellbeing, the relationships between generations, etc. At the same time, and as the contributions in this Discussion Paper will show, a gender perspective is crucial to adequately examine these demographic changes. Similarly, the availability of cross-nationally comparable data is essential to monitor and study gender inequalities. It is here that data from the GGP have played an important role and have helped pushed the frontier.

In closing, we would like to thank the contributors of this Discussion Paper for their work, and the support of Population Europe in making this possible.

Footnotes

¹ Source: GGP wave 1 consolidated data, retrieved online from the NESSSTAR interface on 24 November 2018.
<http://ggpsurvey.ined.fr/webview>

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Does Gender Equality Affect Fertility Decisions in Europe?

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- Gender equality affects fertility decisions in Europe, but it depends on what you mean by gender equality, your gender, how many children you have and whereabouts you live.
- The role of gender equality on individuals' fertility decisions can only be properly studied if information is available on what men and women think about gender equality (i.e. gender ideology), what they consider fair for men and women (i.e. gender equity), and what they are actually doing in terms of tasks and time spent on paid and unpaid work. It is also key to measure how these perceptions and behaviours change over time, together with information on individuals' reproductive behaviour. The Generations & Gender Survey (GGS) is one of the few cross-national and longitudinal datasets that makes this possible.
- Fertility can increase as a result of policies aiming at improving gender equality.
- Ensuring continuity of longitudinal cross-national surveys, like the Generations & Gender Survey (GGS), is of key importance to advance understanding of and to promote gender equality.

› Introduction

Does gender equality affect fertility? Recent studies suggest that it does, though the relationship is not necessarily linear, and thus, not straightforward. Empirical evidence differs for men and women, also according to the number of children they already have, and in which country they live. These differences come about, first, because the extent of equality in the outcomes for men and women in areas such as education, employment, wages, participation, health – all of which define the overall gender equality – are not all the same across countries. Second, the prevalent gender ideology, i.e. what is considered appropriate for men and women, may not all be the same across countries. Third, gender equity, which is the perceived fairness of treatment for women and men, according to their respective needs, may also differ.¹

An important aspect lies in the fact that gender equality has both macro and micro components. The macro perspective refers to the institutions that a society provides in order to ensure equality across genders, and this means infrastructure, such as

childcare provision, and national policies ensuring that men and women are treated on equal terms concerning education, work and careers. The micro perspective refers to the family sphere, as there can be no gender equality if there is no equal sharing of household tasks. This is an important insight because during the 1960s and 1970s, when the male breadwinner model was salient, fertility was also high. This might have been because there was no mismatch between what people considered appropriate roles for men and women (i.e., gender ideology), and the gender division of paid and unpaid work, which both followed a traditional model. Consequently, a successful transition to an egalitarian society characterised by gender equality depends not only on the macro perspective (i.e., diffusion of institutions at the national level that gives), but also the micro levels, where the latter would imply an increased willingness of partners to share household tasks. In other words, the diffusion of gender equality will necessarily depend on the prevalent gender ideology that one observes among men and women.

Crucially, gender ideology may be closely linked to long-standing and deeply rooted cultural differences

across countries. At the same time, it is important to keep in mind that, despite the relatively widespread transition towards egalitarianism, there will be heterogeneity at the micro level. A society dominated by the male breadwinner idea may still have individuals and couples that have rather strong gender egalitarian attitudes. Likewise, gender egalitarian societies may also be made up of some couples that subscribe to the male breadwinner idea. Gender ideology and gender equality in the private sphere do not necessarily go hand in hand. What is truly considered and reported as the appropriate domestic roles, does not automatically correspond to the actual division of housework. This suggests that couples will differ in the combination of gender equality in attitudes and the actual division of household work. This is an important element, because even in highly egalitarian societies, some will nevertheless have very conservative attitudes towards gender roles. The key question is whether this combination of 'declared' and 'acted' gender equality has an impact on childbearing decisions.

Ideally, in order to appropriately delineate the effect of gender equality on individuals' fertility decisions, we should have detailed reports on what men and women in reproductive age think about gender equality (i.e. gender ideology), what they consider fair for men and women (i.e. gender equity) and what they are actually doing in terms of tasks and time spent on paid and unpaid work, and, one should have this information longitudinally – together with information on their reproductive behaviour. Whereas such an ideal data set does not yet exist, the Gender and Generation Surveys (GGS) comes close, recording not only information about the actual gender sharing in different activities, but also respondents' capabilities and agency, and respondents' attitudes regarding gender roles, rights and responsibilities. Here I review two comparative studies based on the GGS that take into account the aspects discussed above. But before doing so, I will first discuss the aggregate patterns of gender equality and fertility by using readily available data.

› Gender equality as a driver of fertility

Among all countries in the world, fertility is lower where socio-economic development is higher. One of the general empirical regularities in the process of demographic transition – i.e. the passage from high mortality and high fertility to low mortality and low

fertility – is indeed the negative association between fertility and socio-economic development. However, when looking towards the most developed countries in the world (many of them European), the relationship appears to have turned positive (Myrskylä et al., 2009). This new pattern in the fertility-development association is attributed to the changing relationship between female employment and fertility, which has also become positive. This means that fertility is now higher, among the most developed countries, where women also have higher employment rates.

This new pattern is recent, but has an intuitive explanation: Fertility tends to decline when women enter the labour market in large numbers, but begins to increase again when the society moves towards gender equality (McDonald, 2000; Esping-Andersen, 2009). In other words, as women enter the labour force in increasing numbers, countries are prompted to introduce family policies that support parents in reconciling work and family, which favour higher gender equality and bring about higher fertility. Thus, gender equality seems to be a crucial element in observed fertility dynamics (Myrskylä et al., 2011). Equal outcomes for men and women in both the public and private spheres are an important driver behind the positive upswing in fertility among the most developed countries. In fact, countries ranking high in development, as measured by health, income and education, but where gender equality is lagging behind, continue to see declining, or very low, fertility. Countries rarely reach advanced levels of socio-economic development without the large-scale participation of women in the labour force (Esping-Andersen and Billari, 2015; Goldscheider et al., 2015). However, attitudes and new behaviour often precede policy reforms. Where expansion of female labour force participation takes place, but institutional infrastructure and cultural traditions are not ready to accommodate women who both work and have children, fertility will remain low.

Despite the appeal of this argument, studies empirically testing this link have found mixed results. One important reason for this stems from the fact that there are many ways of measuring gender equality. An overall measure of gender equality is usually built up over a range of factors, all indicative of certain aspects of equality between genders. This feature is easy to see in Figure 1. Here we first find the association between the level of fertility in all European Union (EU) countries and the general EU Gender Equality Index (EU-GEI; as already found in Mills,

2010). In addition, we have plotted the various components used to construct the overall Gender Equality Index. These are six specific indices, which constitutes measures of equality between men and women in core life domains, such as work, money, knowledge, time, power and health. Both the overall GEI and the domain indexes assign scores for EU Member States on a scale between one for total inequality and 100 for full equality.

If the general GEI shows a clear, but weak positive association with fertility, two of its specific domains, time and power, have a much steeper slope and therefore a stronger association. The time domain measures gender inequalities in allocation of time spent doing care and domestic work and social activities. The domain of power, instead, measures gender equality in decision-making across the political, economic and social spheres. As such, it captures the representation of women and men in national parliaments, government and regional/local assemblies, corporate boards of the largest nationally registered companies and national Central banks, research-funding, media and sports organisations. The fact that the time and power dimensions are both positively associated with fertility is of interest. It means that fertility is higher in those societies where, on average, men and women, to a greater extent, share household work and care.

Next, fertility is higher when women have a stronger say in political decision making and have a stronger influence in the governance of companies, i.e. they have greater power in pushing for policies that ease the burden for women in terms of their time use on care activities, hence, facilitating fertility.

➤ Within countries: Different gender equality dimensions and fertility

The patterns we see in Figure 1 prompt the question whether different gender (in)equalities matter for men and women's childbearing decisions. Also at micro level, whereas the majority of studies have only focused on the spheres of employment and family work, there are others trying to consider different dimensions of gender equality. A comparative study (Neyer et al., 2013) using countries from the first wave of the GGS, together with similar surveys², tested the impact of three dimensions of gender equality on individual fertility intentions. These dimensions were the capacity to form and maintain a

household, the capabilities and potential for agency, and gender equality in family work.

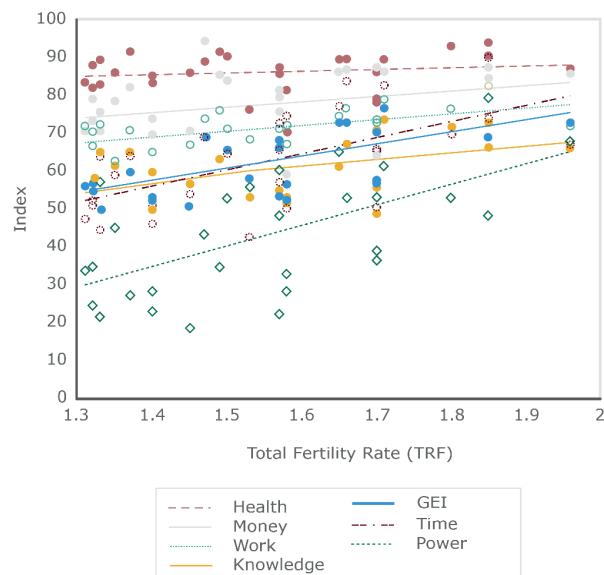


Figure 1: Gender Equality Index and its specific indicators in 28 European countries, 2015.

Source: EIGE - The European Institute for Gender Equality.

The results of this study show that the relationship between gender equality and fertility intention is indeed a complex one, with different significant dimensions, that both differ for men and women, and for childless couples as opposed to those who already have children. For instance, the capacity to maintain a household by means of one's own full-time employment is essential for childless women and men's intentions to have a child within the next three years. Instead, once they have become parents, the positive effect of such employment on childbearing intentions disappears for women, while it remains positive for men, prompting the question why mothers still seem to be confronted with having to choose between either maintaining their employment (and thus their capacity to maintain their household) or opting for a(nother) child, while fathers do not.

In contrast, difficulties to make ends meet tend to lower both women and men's childbearing intentions in the same way when they have already one child. This indicates that economic aspects are important for childbearing intentions, but the picture can be fully understood only with information also on the causes of economic difficulties, since gender differences come about when it can be distinguished between economic capabilities or limitations incurred through one's own employment situation, through the partner's employment and through the perceived joint financial situation of the household.

Finally, they also found that a more gender-balanced division of household and care work tends to support childbearing intentions, but not in the same way when women are compared with men. For women's intentions, their partners' engagement in household work matters, while for men, their satisfaction with the division of household work (be it equal or not), matters more than the actual sharing. The differential results of the actual sharing and of the satisfaction with it for women and for men, and by parity, underline the importance of distinguishing between gender differences and gender inequality: Only if gender differences are indeed perceived as gender inequalities, can we then expect depressing effects on fertility.

➤ The mismatch between gender ideology and actual gender equality matters for fertility

The cross-country comparison suggests that higher gender equality may very well lead to higher fertility. There are important dynamic elements in this process: As a country moves towards the dual-earner egalitarian society, leaving behind the traditional male breadwinner model, a potential mismatch may arise between gender equality (i.e., the actual sharing taking place across genders) and gender ideology (i.e., the attitudes regarding the appropriate roles, rights and responsibilities of women and men in society). Suppose, for instance, women develop a more egalitarian ideology regarding gender roles and gender relations within the couple, but men lag behind in fulfilling women's expectations in that they do not equally share household tasks. Inasmuch such discrepancy affects partnership satisfaction, fertility may indeed become lower (Mencarini and Sironi, 2012; Aassve et al., 2014). The extent of the mismatch has three key elements: The speed in which women change their gender ideology, the speed in which men adjust and follow suit, and finally, the extent in which policy and institutions can change in order to cater to gender equality. Since the drivers for these three factors are complex and path dependent, one would also expect countries to differ in their path towards 'women's revolution'.

In most countries, there will be a transitional phase, when gender ideology is changing and fertility will become lower. But some societies may change policies and their institutions more quickly than others, thereby avoiding severe fertility decline. The

idea that a mismatch between gender ideology and gender equality might affect couples' decision-making with regard to childbearing, and hence drive overall fertility levels, is not new (McDonald, 2000, 2013), but, has rarely been tested empirically. A recent analysis (Aassve et al., 2015) on a sub-set of European countries based on the GGS, in which information concerning gender ideology and sharing behaviour at the household level is available at two waves of repeated observations³, shows how a couple's typology (defined by the consistency between gender attitudes and actual gender housework-sharing), differs in the rate of fertility progression from one point in time to another. Indeed, couples who are gender equal in attitudes, and also have a higher level of sharing of household chores, are more likely to have a second child. In contrast, but consistent with the underlying hypothesis, couples that diverge in terms of attitudes and actual division of household labour, are associated with lower fertility. The pattern is not symmetric however. Couples where both partners have traditional gender attitudes, and who are consistent in terms of the unequal sharing of household work and care (i.e. the male breadwinner couples), are also less likely to have a second child – at least in the countries considered in the study.

➤ Conclusion: Promoting gender equality for sustaining fertility?

The empirical results discussed above derive from a limited number of countries and portray a limited cross-sectional picture of the long process of 'gender revolution'. It is undeniable that a complete empirical test of the theoretical argument of how gender equality affects fertility decisions would require longitudinal comparative data for many time periods. For this reason, securing the continuity of longitudinal cross-national surveys, like the GGP, is of key importance. However, the results so far are particularly interesting from a policy point of view. Gender equality, or rather, the consistency between gender equality and gender ideology, becomes salient only when considering the birth of the second child. In other words, a lower progression to second births is prompted by inconsistency between attitudes and sharing. This is a relevant result in terms of fertility behaviour, since it is well-known that one of the fundamental drivers of low fertility is the lack of progression from the first to the second child. This also brings support to the argument that fertility tends to increase when mothers do not have to bear a dispro-

portionate part of the household work in conjunction with caring for children.

Since low fertility in Europe is driven by relatively high rates of childlessness and a low rate of parity progression from one to two children, these findings strongly suggest that fertility can increase as a result of policies aiming at improving gender equality. The Nordic countries serve as good examples. Over the last decades, very few of their policies were targeted directly at increasing fertility. Instead they were meant to improve gender equality. With it, both men and women changed in terms of gender ideology, and with appropriate policies and institutional change, they are now world leaders in gender equality. Avoiding low fertility seems to have come about as a positive by-product. In the end, in order to understand long-run fertility differentials, it may be more important to put more effort into understanding the drivers behind gender ideology and the process in which societies are able to implement policies to enhance gender equality. Here social norms, context and historical path dependencies undoubtedly play important roles.

Footnotes

¹ For a definition of gender equality, equity and ideology see: Mencarini, L. (2014). Gender Equity. In A.C. Michalos (Ed.), *Encyclopedia of Quality of Life and Well-Being Research* (pp. 2437-2438). Dordrecht: Springer; and Mencarini, L. (2014). Gender Role Beliefs. In A.C. Michalos (Ed.), *Encyclopedia of Quality of Life and Well-Being Research* (pp. 2476-2477). Dordrecht: Springer.

² They are surveys from the mid-2000s GGS for Austria, Bulgaria, France, Germany, Georgia, Norway, Romania, Russia and comparable surveys for Hungary, Italy and the Netherlands.

³ The countries with such information are Bulgaria, Czech Republic, France, Hungary and Lithuania.

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Gender Division Of Unpaid Work

Trude Lappégaard

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- Complete gender equality cannot be found in any country in either paid nor unpaid work. However, there is more gender equality in paid than in unpaid work.
- There is a strong link between how much time individuals spend in paid work and how much housework they perform. In this sense, the partner who has more time available outside of paid work will perform most of the housework, which is mainly women.
- Having children makes many women adjust their employment by either withdrawing or reducing work hours. This results in a more traditional division of unpaid work inside families.

› Introduction

The relationship between men and women is changing. Scholars characterise this process as an ongoing gender revolution in the public and private sphere (Goldscheider, Bernhardt and Lappégaard, 2015). The gender revolution is a process divided into two parts. The first part relates to women's extensive participation in the labour market, and the second part to an increase in men's participation in domestic duties (Goldscheider et al., 2015). The first part of the gender revolution, with increasing female participation in the labour market, challenges the traditional breadwinner model by putting pressure on women to be self-supporting and increasing the costs of remaining at home (Lappégaard, Goldscheider and Bernhardt, 2017). A consequence of the first part of the gender revolution is that it puts pressure on men to contribute more at home. The second part of the gender revolution, with men's increasing involvement in the private sphere, has not been as widespread as the first part. One reason for this is that it has not been a result of similar powerful incentives as women's entry into the public sphere (i.e. a salary) (Lappégaard et al., 2017).

Besides being a widespread phenomenon in modern societies, so far, no high income country has completed the first part of the gender revolution. This also includes the Nordic countries with high proportions of female employment. In most countries where the gender revolution is occurring, the first half of the revolution has advanced more than the second

half (Kan, Sullivan and Gershuney, 2011; Altintas and Sullivan, 2017). Consequently, most countries still face a gap between equally sharing economic responsibilities in the public sphere and equally sharing domestic duties (Lappégaard et al., 2017). This gap is often referred to as the 'second shift' (Hochschild and Machun, 1989). The gender revolution theory argues that the first part of the gender revolution, with a large gap between the responsibilities of men and women in the public and private sphere, results in a weakening of the family. However, the second part of the gender revolution, with a smaller or no gap, will result in a strengthening of the family (Goldscheider et al., 2015).

Several of the theoretical explanations of the gender division of unpaid work links partners behaviour in the public sphere with their behaviour in the private sphere, combining the two parts of the gender revolution. According to the time availability perspective, the partner who spends less time doing paid work is the person expected to perform more housework. In other words, the partner with the most available time will do most of the housework (Brines, 1993). The relative resources approach postulates that more housework is expected to be performed by the partner who earns less. The idea is that, as housework is something that most want to avoid, the gender division of housework is a result of negotiations between the partners where the one that has the most resources does the least (Presser, 1994). The third theoretical perspective is the economic dependency model. According to it, one may ex-

pect more housework performed by the partner who earns relatively less. This is similar to the relative resources approach, but with more focus on the economic dependency between the partners: The higher the dependency, the higher the share of housework (Sørensen and Lanahan, 1987).

In addition to these perspectives, the division of housework is also explained by the gender ideology and gender practice approaches. The idea is that partners' division of housework is a reflection of their gender role attitudes (*the gender ideology perspective*) and a confirmation of their gender identity (*the doing gender perspective*). The latter means that in order to strengthen their gender identity, men will avoid housework and women will perform housework.

A complete gender revolution, with couples dividing paid and unpaid work equally, is a political goal in many European countries. The Nordic countries have pushed more than other countries to achieve this with specific policies designed to support female employment and change the gender roles within the family. Which family models actually exist in different societies? To answer this question, we need GGS (Generations & Gender Survey) data which provide comparative data from different contexts.

› Typologies of work-family arrangements

A study by Kitterød and Lappégård (2012) created a typology of work-family arrangements among dual-earner Norwegian couples with young children based on data from the Generations & Gender Survey (GGS). Using detailed information about the way dual-earner couples allocate paid and unpaid work (Figure 1), they identified four different types of couples: Two characterised as more equal sharing of unpaid and paid work within the couples and two as more traditional. The *Neo-Traditional* type describes

couples that have moved away from the traditional male breadwinner-female homemaker model, but she works less than her male partner works and conducts the larger part of the domestic duties. This type constitutes almost a quarter (24%) of the couples in their sample. The *Gender-Equal Light* type is similar to the *Neo-Traditional* type, but less extreme in gender disparities of paid and unpaid work. This type constitutes the largest proportion of the sample, a 34%.

The last two couple types could be described as somewhat gender equal and refer to 42% of the couples in the sample. In both types, partners work full-time, but they differ in how unpaid work is organised. Among the *Generalised Gender-Equal* type (24%), both partners work full-time and most housework and childcare tasks are shared equally, while among the *Specialised Gender-Equal* type (18%) both partners work full-time, but unpaid work tasks are not shared equally. Although both partners work full-time in these two types, the authors stress that women, even here, tend to work somewhat less than men (Kitterød and Lappégård, 2012). Although the Nordic countries are often described as the most advanced in the process towards a complete gender revolution, this study provides evidence that in the Nordic countries, they are also far from a situation with complete gender equality, either in the public sphere or in the private sphere.

There is indeed much variation towards achieving gender equality in terms of sharing household duties across Europe (Figure 2). How different mechanisms influence the sharing of housework among couples in eastern and western European countries is the question raised in the article by Aassve, Fuochi and Mencarini (2014). Using the different theoretical explanations of the gender division of unpaid work as their point of departure, the authors explored data from the GGS for nine countries in eastern and western Europe. First, they found support for the time availability argument in almost all countries included

Household tasks covered in the Generations & Gender Survey:

Preparing daily meals, doing the dishes, washing clothes, shopping for food, cleaning the house, and doing small repairs in and around the house.

Childcare tasks covered in the Generations & Gender Survey:

Dressing the children or seeing that the children are properly dressed, putting the children to bed and/or seeing that they go to bed, staying at home with children

Figure 1: Household and childcare tasks covered in the GGS.
Source: Own elaboration based on GGP data.

in the study. That is, full-time employed women perform less housework than other women do. Second, they found mixed evidence for the relative resources argument. That is, whether the ratio of partner's education attainment influenced division of housework was dependent on the gender context in the countries. In more gender-equal countries (all western European countries), the difference in partners' education attainment influences division of housework, while it has less influence in less gender-equal countries (Aassve et al., 2014). Interestingly, when women's income are on average high in comparison to men's income, women perform less household labour, but only in countries where women contribute little to household income. This means that in a country where dual-earner families are more common, e.g. Norway, there is no support for the economic dependency argument.

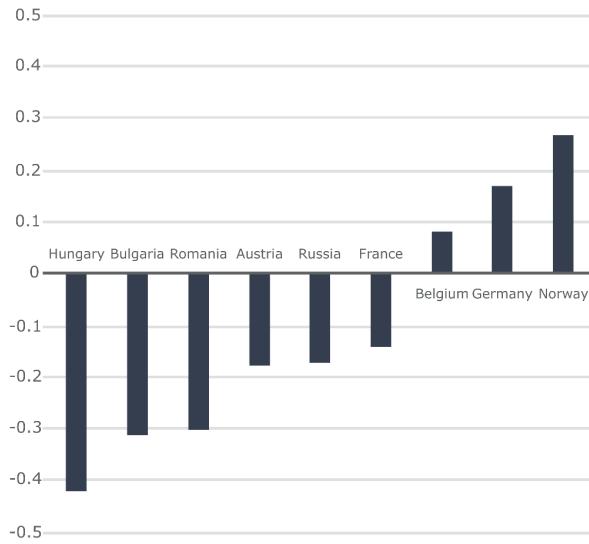


Figure 2: Gender equality in housework, the scale of answer from gender inequality (low values) to gender equality (high values).

Source: Aassve et al. (2014).

The study also shows clear support for the gender ideology argument, although with some interesting country variations. In general, the more widespread gender equal attitudes are, the higher the share of couples sharing unpaid work equally in a society. The *doing gender* argument was also tested. Only in Belgium, France, Romania and Russia, did the authors find that women who contribute substantially to the income of the household might experience an unbalanced gender division of unpaid work.

To conclude, the authors highlighted that there seems to be two pathways to unequal division of housework: One is when her earnings are very low,

and therefore, she is economically dependent. The other is when she earns more than her partner, and because she does more and he does less housework to reinforce their gender role (Aassve et al. 2014). An important message from this study is that most of the explanations for the division of unpaid work within the families depends on the context. However, the time availability argument holds true for all contexts. That is, the partner who has more time available outside of paid work will perform most of the housework.

» Does the birth of a child change a couple's division of unpaid work?

As it is well known, partners with children have a more traditional division of labour in the family than partners without children. A reasonable question is thus whether the birth of a child *per se* changes the division of unpaid work or whether it relates to other life changes, such working hours. This is the question raised in the articles by Régnier-Loilier (2009, 2015). The author stressed that childless couples may be significantly different from couples with children, both in their way of organising the household and in their family choices and values (Régnier-Loilier, 2009, 2015).

Studies looking into how children affect the division of labour in the family often stem from cross-sectional data. This study takes advantage of the longitudinal design of the GGS in France, which means that one may see whether division of unpaid work changes among the same couples between two time points – 2005 and 2009 – as a response to the eventual birth of a child or changes in employment. The overall picture in France is that women do by far most of the unpaid work, and this increases in families with many children and when having very young children. The study shows that a more unequal division of labour in housework occurs when a child was born between the two time points analysed, more so when couples went from having no children to having one child, than already having children in the first year analysed. Much of the change in the division of labour of housework is explained by her leaving the labour market or reducing her working hours. These findings are in line with results from the study by Aassve et al. (2014). It also shows that a birth of a child *per se* is not the reason for a more uneven division of labour in the family, but rather that women are more likely to reduce their working hours and

consequently take over most of the housework.

To what extent the age of the youngest child influences the division of housework in the family was a question raised by Zabel and Heintz-Martin (2013). Using the GGS from Germany and France, this analysis contrasts the cases of East Germany, West Germany and France. The authors expected to find significant differences in the division of housework in these regions due to cultural dissimilarities and childcare availability. In France, the dual earner and external childcare models form the culturally dominant family norm. West Germany fits the description of a strong male breadwinner region, with low female employment rates and low availability of external childcare. East Germany, in turn, follows a similar model as France. However, the family model was not constructed culturally but motivated by socialist ideals. In line with Régnier-Loilier's (2009, 2015) results, Zabel and Heintz-Martin (2013) found that the transition to parenthood provides more uneven division of housework in all three contexts, but more so in West Germany than in East Germany and France. However, as children grow older, the unequal division of housework becomes less pronounced in West Germany as female employment rises again, while in East Germany and France, division of housework becomes even more uneven. The authors interpret the latter as couples trying to maintain an egalitarian division when becoming parents, but moving into more traditional gender roles over the years (Zabel and Heintz-Martin, 2013). That couples in West Germany experience more differences than in East Germany and France reflects stronger orientation towards a more traditional family model; limited access to childcare for very young children; and generally less gender equal attitudes (Zabel and Heintz-Martin, 2013).

» Conclusions

The relationship between men and women is indeed changing, and the division of unpaid work in the private sphere is largely a reflection of the division of paid work in the public sphere. When couples have children, it seems that women are the ones that make the most adjustments in their work situation, resulting in a more uneven division of labour in the family. Of course, there might be different reasons for why women make such adjustments. However, if the reason is structural and women withdraw from the labour market because of a lack of available and/

or affordable childcare, it becomes a political issue. If more gender equality in both the public and the private spheres were a political goal, making childcare available and affordable would be a natural answer to it.

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What Place Does Female and Male Sterilisation Have in the Contraceptive Regimes of Europe?

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- Contrary to the well-documented differences between East and West in the use of (modern) contraception, other aspects of the 'contraceptive revolution' in Europe have received far less attention, including the comparatively low reliance on long-acting and permanent methods.
- Low reliance on long-acting and permanent methods in Europe is mostly driven by the very low reliance on contraceptive sterilisation, especially in eastern Europe.
- Comparative research on contraceptive sterilisation benefits from the availability of standardised data provided by the Generations and Gender Programme. However, additional research on the broader context of sterilisation practices and policies is sorely needed to advance understanding of variability in the prevalence of female and male sterilisation across this region.

› Introduction

Globally, 63.6% of reproductive-aged women (15–49 years) in a cohabiting relationship or marriage use some method of contraception (United Nations, 2015). At 69.2%, contraceptive prevalence in Europe is above that in Africa (33.4%), Oceania (59.4%) and Asia (67.8%), but below that in Latin America and the Caribbean (72.7%), and Northern America (74.8%). This overall ordering masks some well-documented differences within Europe (and the other continents), most importantly, the East/West contraceptive divide. While in many eastern European countries less than 60% of reproductive-aged women in a cohabiting relationship or marriage use contraception, in most countries of 'the West', contraceptive prevalence (far) exceeds that level (United Nations, 2017). The East/West divide regarding the use of *modern* contraception is even wider, as contraceptive use in the West is made up mainly of modern methods, whereas traditional methods continue to play an important role in several eastern European countries (United Nations, 2017). With few exceptions, use of modern contraception exceeds 60% among repro-

ductive-aged women in a cohabiting relationship or marriage in the West, but remains (far) below that level in practically all countries in the East, where the share of contraceptive use being accounted for by modern methods ranges from a low of 15% to a high of 90%.

Much of this persistent divide in the use of (modern) contraception may be related to the timing of the contraceptive revolution, and hence the availability (and legal status) of modern contraception, compared to abortion. While the 'contraceptive revolution' of the 1960s and 1970s resulted in high contraceptive prevalence and near universal use of modern methods in the West (Frejka, 2008), abortion became freely available before the introduction of modern contraceptives in most eastern countries (David & Skillogianis, 1999; Serbanescu, Stupp & Westoff, 2010). Thus, the combined use of withdrawal and abortion was established in the latter region well before the contraceptive revolution got under way, after the collapse of the authoritarian regimes (Westoff, 2005; Frejka, 2008).

While this East/West divide in the use of contraception – particularly modern contraception – has been well-documented (see, e.g., Dereuddre, Van de Velde & Bracke, 2016), other aspects of the ‘contraceptive revolution’ have received far less attention. One important example is the place of sterilisation – which is the most commonly used method of contraception worldwide (United Nations, 2015). In this text, we will describe the prevalence of contraceptive sterilisation across Europe, the gender imbalance in reliance on female versus male sterilisation, the socio-economic patterning of female versus male sterilisation and the prevalence of other long-acting methods. Accordingly, we aim to shed light on the place of female and male contraceptive sterilisation within the contraceptive regimes of Europe. Our comparative analysis was made possible in large part thanks to the recently released standardised data on contraceptive use as part of the Generation and Gender Programme (GGP).

› The prevalence of contraceptive sterilisation and other long-acting methods

Across the globe, more than half (56.6%) of married and cohabiting women of reproductive age (15-49 years) who use some form of contraception rely on a long-acting or permanent method (United Nations, 2015) – 30.2% rely on female sterilisation, 3.8% rely on male sterilisation, 21.5% rely on intra-uterine devices (IUDs) and 1.1% rely on implants (United Nations, 2015, calculated based on Annex Table 3). The corresponding percentages are much lower in Europe, where these methods accounted for only slightly over a quarter (26.7%) of contraceptive prevalence in 2015. Most of this difference is driven by the very low reliance on female sterilisation in Europe, as compared to most other regions in the world (except Africa, 4.8%). At 5.3% of contraceptive prevalence, reliance on female sterilisation in Europe is less than one-fifth of reliance globally. After adding male sterilisation, the overall prevalence of sterilisation is still only 10.1% of married and cohabiting women of reproductive age (15-49 years) in Europe, as compared to 34.0% worldwide.

Low reliance on sterilisation in Europe stands in sharp contrast to the much higher reliance on these methods in several other low-fertility countries. Most importantly, analysis of data from the GGP and the American National Survey of Family Growth (NSFG)

show that, of women ages 25-44 in a cohabiting relationship or marriage who use some form of contraception, 48.1% rely on either female or male sterilisation in the U.S., and 39.6% in Australia (Table 1; Eeckhaut & Sweeney, 2016). The corresponding per cent is 17.7% in Belgium, 16.6% in Austria, 12.7% in Germany, 5.7% in France, 5.5% in Russia, 5.1% in Romania and 3.5% in Bulgaria. This illustrates that reliance on sterilisation in Europe tends to vary, but is generally much lower, especially in eastern Europe.

One important reason for both the gap with the Anglophone countries (including the U.K., where the prevalence of sterilisation among reproductive-aged women in a cohabiting relationship or marriage who use some form of contraception was estimated to be 35.7% in 2015; United Nations 2015, calculated based on Annex Table 3), and the variation within Europe, is the legal status of sterilisation. The civil law system in Continental Europe has historically considered sterilisation an offence involving serious bodily injury. The common law system in the Anglophone countries, in contrast, generally did not restrict the use of voluntary sterilisation (Engender-Health, 2002). Contraceptive sterilisation was formally legalised in the 1970s in Austria and West Germany, and in 2001 in France. In Romania and Russia, contraceptive sterilisation became legal shortly after the revolution of 1989, and the 1991 dissolution of the Soviet Union, respectively. In certain European countries (e.g., Belgium, Bulgaria), its legality remains unclear.

› Gender and contraceptive sterilisation

Globally, the prevalence of female sterilisation far exceeds that of male sterilisation. Only about one in ten (11.1%) married and cohabiting women of reproductive age (15-49 years) who rely on sterilisation rely on sterilisation of the male partner, rather than being sterilised themselves (United Nations, 2015). This is despite a vasectomy being simpler, more economical and having lower rates of minor and major complications (Shih et al., 2011). Because of the relatively low prevalence of female (but not male) sterilisation in Europe (cf., *supra*), this gender imbalance does not extend to Europe – across Europe, nearly half (47.1%) of married and cohabiting women of reproductive age who rely on sterilisation rely on sterilisation of their male partner, rather than being sterilised themselves.

	Reference Period	N	Sterilisation					Summary measures		
			% using any method	Female sterilisation	Male sterilisation	HER method ^a	Condom	Other less effective methods ^b	% of total using sterilisation	Of total sterilised, % using female sterilisation
Australia	2005-06	660	100.0	16.0%	23.6%	38.1%	19.1%	3.2%	39.6	40.4
Austria	2008-09	1,266	100.0	8.9%	7.7%	59.2%	19.5%	4.7%	16.6	53.6
Belgium	2008-10	715	100.0	8.3%	9.5%	71.1%	6.3%	4.9%	17.7	46.7
Bulgaria	2004	1,812	100.0	3.4%	0.1%	28.4%	25.2%	42.9%	3.5	96.9
France	2005	1,067	100.0	4.8%	0.9%	84.2%	7.5%	2.6%	5.7	84.5
Georgia	2006	781	100.0	10.9%	0.3%	42.7%	13.8%	32.5%	11.1	97.6
Germany	2005	989	100.0	9.0%	3.7%	71.9%	8.1%	7.3%	12.7	71.0
Romania	2005	1,217	100.0	5.0%	0.1%	40.5%	26.8%	27.6%	5.1	98.0
Russia	2004	1,134	100.0	5.5%	0.0%	48.9%	23.1%	22.5%	5.5	100.0
U.S.A.	2006-10	3,406	100.0	31.8%	16.3%	28.5%	13.8%	9.6%	48.1	66.4

Table 1: Per cent of women aged 25-44 in a heterosexual cohabitation or marriage currently relying on contraception, and per cent distribution of users by method all according to country, Generations and Gender Survey and National Survey of Family Growth, various years, 2004–2010

^a Highly-effective reversible (HER) contraceptive methods include hormonal pill, patch, ring, injection and IUD (only in Belgium does this also include the morning-after pill).

^b Other less effective contraception includes methods such as periodic abstinence, morning-after pill (all but Belgium), diaphragm, foam, cream, jelly, suppository, withdrawal and Persona (GGP countries only).

Note: Percentages may not total 100.0 because of rounding.

However, the relative gender balance across Europe masks important variation *within* Europe. With some exceptions (i.e., Ireland, the Netherlands, Spain and the U.K.; United Nations, 2015), female sterilisation is more common than male sterilisation among married and cohabiting women ages 25-44 in all countries. Analysis of GGP data (Table 1; Eeckhaut & Sweeney, 2016) indicates that female sterilisation accounts for 53.6% of all reproductive-aged women relying on sterilisation in Austria, and for 71.0% in Germany. In Bulgaria, France, Romania and Russia, female sterilisation accounts for nearly all reliance on sterilisation, as the prevalence of male sterilisation is negligible (below one per cent) in these countries.

While the reasons for this wide variation in the prevalence of female versus male sterilisation are poorly understood, they are likely multifactorial. Additional research on the broader context of sterilisation practices and policies is sorely needed, including differences in the availability, accessibility and affordability of female versus male sterilisation services and information, prevailing attitudes towards female versus male sterilisation, and individuals' and providers' perceptions of the relative merits of the two methods.

› The socio-economic patterning of contraceptive sterilisation

Sterilisation carries an ominous history of abuse in

many countries, including several countries in Europe, such as the Czech Republic, Estonia, Germany, the Nordic countries, Slovakia and Switzerland (Broberg & Roll-Hansen, 1996; Zampas & Lamačková, 2011). During the early 20th century, coerced and forced sterilisation was mainly used in the context of the eugenics movement and tended to disproportionately affect poor individuals and minority groups.

Analysis of GGP data (Figure 1; Eeckhaut & Sweeney, 2016) shows that female sterilisation continues to be more common among socio-economically disadvantaged women in nearly all European countries studied, including Austria, Belgium, Bulgaria, France, Germany and Russia. The single exception in our analysis is Romania, which reveals a positive association between education and reliance on female sterilisation among married and cohabiting women ages 25-44. This reverse pattern is likely explained by Romania's exceptionally strict pro-natalist policy (Serbanescu, Morris, Stupp & Stanescu, 1995, p. 76), which in practice prohibited nearly all use of abortion and modern contraceptives until the revolution of 1989.

But, in all except one European country studied – Belgium – the negative association between education and female sterilisation is fully explained by differences in the number of children, the age at first childbearing, current union status and union history. This indicates that higher reliance on female sterilisation among less-educated women in these countries

is due to variation in these four demographic background factors between education groups – mainly due to variation in the age at first birth. The central role of age at first birth suggests that less-educated women in these countries rely more heavily on female sterilisation because the period in the reproductive lifespan after their last planned birth tends to be longer than for better-educated women (Bumpass, 1987). In other words, negative educational gradients in female sterilisation in most of these countries appear to result from basic compositional differences across education groups, rather than reflecting the broader context of contraceptive practices and policies.

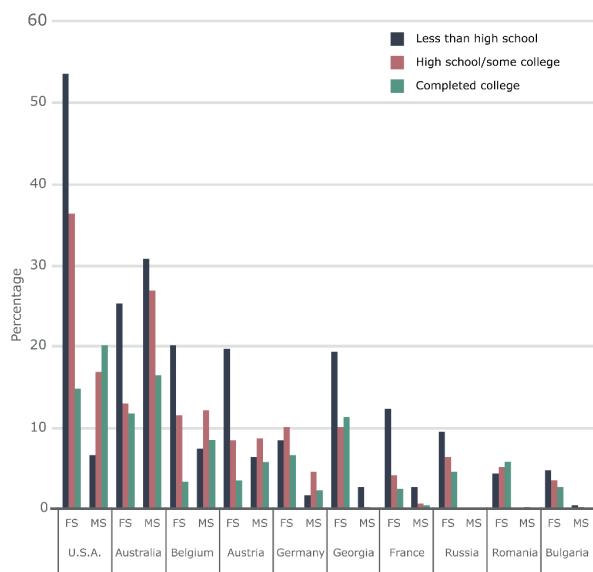


Figure 1: Per cent of women aged 25-44 in a heterosexual cohabitation or marriage currently relying on contraception who are relying on female sterilisation (FS) or male sterilisation (MS), by own education and in ten low-fertility countries, various years 2004–10.

Note: Countries listed in order of overall total prevalence of sterilisation.

Source: 2004–10 GGP and 2006–10 NSFG.

But, in all except one European country studied – Belgium – the negative association between education and female sterilisation is fully explained by differences in the number of children, the age at first childbearing, current union status and union history. This indicates that higher reliance on female sterilisation among less-educated women in these countries is due to variation in these four demographic background factors between education groups – mainly due to variation in the age at first birth. The central role of age at first birth suggests that less-educated women in these countries rely more heavily on female sterilisation because the period in the reproductive lifespan after their last planned birth

tends to be longer than for better-educated women (Bumpass, 1987). In other words, negative educational gradients in female sterilisation in most of these countries appear to result from basic compositional differences across education groups, rather than reflecting the broader context of contraceptive practices and policies.

Male sterilisation does not show a clear association with education in any of the European GGP countries (Figure 1; Eeckhaut & Sweeney, 2016). In contrast to the United States, where there is a clearly positive relationship with education, and Australia, where there is a clearly negative relationship, there is no evidence of a monotonic relationship with education in Austria, Belgium or Germany. In Bulgaria, France, Romania and Russia, the prevalence of male sterilisation is too low (below one per cent) to reliably examine its association with education.

► The prevalence of other long-acting methods

While the share of (female) sterilisation is much lower in Europe than many other regions in the world, the prevalence of other long-acting methods is more comparable. Across the globe, 21.5% of married and cohabiting women of reproductive age (15–49 years) who use some form of contraception rely on intra-uterine devices (IUDs) and 1.1% rely on implants (United Nations, 2015, calculated based on Annex Table 3). In Europe, the corresponding percentages are 16.3% and 0.3%, respectively. Moreover, reliance on these long-acting reversible contraceptive (LARC) methods in Europe is much higher than in the U.S. (6.8% and 1.3% of married and cohabiting women of reproductive age who use some form of contraception, respectively; United Nations, 2015, calculated based on Annex Table 3) and Australia (2.2% and 3.9%, respectively), where high reliance on permanent sterilisation likely acts as a competing alternative – at least among women who are done having children (Eeckhaut, Sweeney & Gipson, 2014). In addition to the aforementioned legal differences, high reliance on sterilisation versus LARCs in the latter two countries may be related to serious safety concerns that emerged in the 1970s regarding the Dalkon Shield IUD.¹ Because this device was seldom used in Europe, its history had much less of an impact there. Throughout the 1970s and 1980s, IUDs remained available in many European countries, training in insertion and removal

became a standard part of the medical curriculum, and practice guidelines did not display a high level of negative attitudes (Sonfield, 2007; Hubacher, Finer & Espey, 2011).

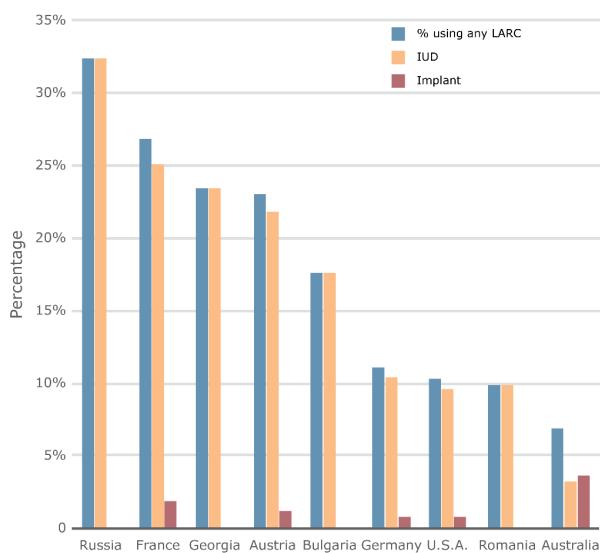


Figure 2: Per cent of women aged 18-44 in a heterosexual cohabitation or marriage currently relying on contraception who are relying on long-acting reversible contraception (LARC) in nine low-fertility countries, various years 2004-10.

Note: Countries listed in order of overall total prevalence of LARC use.

Source: 2004-10 GGP and 2006-10 NSFG.

While less favourable perceptions of sterilisation, and often ambiguous or restrictive policies (e.g., in Bulgaria, France and Russia), may have contributed to greater acceptance of LARCs in Europe, there remains extensive variation in LARC use within the continent. Analysis of GGP data (Figure 2; Eeckhaut, Sweeney & Gipson, 2014) shows that LARC use varies from a low of 9.8% among married and cohabiting women ages 18-44 who use some form of contraception in Romania, to a high of 32.3% in Russia. In eastern Europe, lower reliance on LARCs (e.g., Bulgaria, Romania) appears to go hand in hand with higher reliance on less effective methods such as condoms and – even more so – traditional methods (Eeckhaut, Sweeney & Gipson, 2014; Table 1). In western Europe, lower LARC use (e.g., Germany) appears to be associated with heavy reliance on pills and, to some extent, also sterilisation and traditional methods. In all European study countries, LARC use is primarily made up of IUD use, as implant use generally accounts for less than two per cent of contraceptive prevalence. In addition to the East/West divide in the use of (modern) contraception, variation in LARC use within the continent appears related to a variety of factors, including insurance coverage and

cost and provider attitudes about whether the IUD is an appropriate first-line contraceptive for women who have never given birth (Sonfield, 2007).

Conclusions

Comparative research, made possible in part by the recent release of the GGP standardised data on contraceptive use, shows considerable variation in contraceptive use across Europe. Despite this variation, some important patterns emerge.

First, reliance on long-acting and permanent methods is comparatively low in Europe – less than half the prevalence observed for married and cohabiting women of reproductive age who use some form of contraception globally (26.7% versus 56.6% in 2015; United Nations, 2015). Most of this difference is driven by the comparatively low reliance on contraceptive sterilisation – mainly, female sterilisation – in Europe, especially in eastern Europe. In contrast, reliance on long-acting reversible methods in Europe is more comparable to reliance globally – and far exceeds reliance on these methods in the U.S. and Australia.

Second, the global imbalance in the use of female versus male sterilisation extends to many European countries (United Nations, 2015), even though it does not appear to apply to Europe as a whole. Additional research on the broader context of sterilisation practices and policies is sorely needed to advance understanding of variability in the prevalence of female versus male sterilisation across Europe.

Finally, female sterilisation tends to be more common among socio-economically disadvantaged women in most of the European countries studied. In all but one study country (Belgium), this association appears to be due to variation in demographic background factors between education groups, mainly variation in women's age at the birth of their first child. Continued monitoring of sterilisation inequalities remains important in light of widespread histories of coerced and forced sterilisation, as well as more recent accounts of sterilisation abuse against vulnerable women (e.g., ethnic minority women, disabled women) in several European countries (Zampas & Lamačková, 2011).

Footnote

¹ The first implant, Norplant, was approved only in 1983 in Finland (Reproductive Health Supplies Coalition, nd).

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Gender Gap in Repartnering

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This contribution sets out to:

- In general, women are less likely to repartner than men, and co-resident children are the primary reason for the gender disparity in re-partnering.
- Current trends in gender stratification (within and outside of the household) and in parenting might change repartnering behaviours and preferences.
- Comparative research directly measuring needs, desires and preferences is necessary to assess the sources of repartnering change.

› Introduction

Modern societies have witnessed profound changes in the family. These changes include – but are not limited to – a growing multiplicity of family forms, which stems from, among other things, increasing incidence of unmarried cohabitation, rising divorce and separation rates, as well as the rising incidence of re-marriage and re-partnering (Brown, 2006; Cherlin, 1978, 1999; McLanahan and Casper, 1995). As a result, partnership histories are becoming more diverse and complex than ever before (e.g. Lappégarde, 2014).

Entry into a new co-residential union (be it marriage or cohabitation, jointly labelled repartnering in this paper), is rather common in the western world. For instance, Spijker et al. (2012) used a sample of respondents interviewed in the late 1980s and the 1990s in 10 European countries as a part of the Family and Fertility Survey (FFS) to show that 63% of men and 55% of women repartnered (following a dissolution of his or her first co-residential union) prior to the survey interview. A study based on a more recent sample of respondents interviewed under the Generations & Gender Survey (GGS) between 2004 and 2011 confirms this finding among divorced individuals: In Estonia, for instance, 56% of men and 47% of women repartnered within 10 years after divorce, whereas in Hungary, the respective repartnering rates are 45% and 38% among men and women, respectively (Maslauskaite and Baublyte, 2015,

p. 1033). Kreidl and Hubatková (2017) estimated – based on the Czech GGS sample – the repartnering rate to be 45% among Czech adults.

Repartnering seems to occur more frequently in more recent birth cohorts in most countries: the chances of repartnering doubled between the 1938-1955 and the 1956-1978 birth cohorts (Spijker et al., 2012: Table 2). Galezewska (2016, p. 89-90) found an almost universal tendency for repartnering to increase across birth cohorts. Using estimates from the Harmonized Histories file¹, she showed that the percentage of women who repartnered within five years after union dissolution doubled in some countries (such as France, Italy, Lithuania, the Netherlands, Norway, Romania and the UK) and in some extreme cases (such as Spain), the increase was seven-fold between the 1945-1954 and the 1965-1974 birth cohorts. The only country where no change in the chances of repartnering was observed is in the United States.

Two offsetting trends apparently produced this increase in repartnering: Moderately declining remarriage rates were outweighed by strongly increasing rates of post-separation cohabitation (Spijker et al., 2012; Kreidl and Hubatková, 2017). In fact, cohabitation has become the modal form of second unions, even in countries and among cohorts where direct marriage prevailed among first unions (Galezewska, 2016, p. 88). In some countries, however, a trend towards less frequent repartnering was observed; this

is, for instance, the case of the Czech Republic where repartnering rates declined significantly across divorce cohorts as indicated by estimates based on the GGS data from 2005. Among individuals in the pre-1979 divorce cohorts, 44% repartnered within five years after divorce, and in the 1990-1997 and 1998-2005 divorce cohorts, 29% and 25% repartnered, respectively (see Kreidl and Hubatková, 2017: 496; see also de Graaf and Kalmijn for evidence of the narrowing repartnering gap).

Growing repartnering rates across cohorts reflect a profound compositional change. Repartnering rates go up because first unions (which are increasingly unmarried cohabitutions) dissolve at a younger age, after a shorter time and more commonly without children. Once these factors are taken into account, prior union type is no longer associated with the chances of repartnering (Galezewska, 2016, p. 89).

A significant gender gap in the odds of re-partnering is found across advanced countries. While repartnering rates as reported by Spijker et al. (2012) ranged between 76% (in Slovenia) and 57% (in Spain) among men, they ranged between 68% (in Estonia) and 46% (in Spain) among women. The largest repartnering gap of 13 percentage points between men and women was observed in Austria and France, whereas the smallest repartnering gap of two percentage points was found in Belgium and Estonia (all estimates based on FFS data). Maslauskaitė and Baublytė (2015, p. 1033) also report a significant gap in repartnering after divorce using a more recent sample from four GGS countries (Estonia, Hungary, Lithuania and Poland): The gap varied between seven percentage points in Hungary (45% of men repartnered within 10 years of divorce, while 38% of women did so) and 18 percentage points in Lithuania (46% vs. 28%). Interestingly, however, the gender gap in repartnering is only observed between women with children and men (with or without children). For example, Beaujouan (2012: Table 4) used the French GGS data to show that approximately 45% of women with children repartnered within five years of union dissolution, whereas 65% of childless women and childless men did so (among men with children, the repartnering rate was 61% within the same time frame). Identical chances of repartnering among childless men and women were also found in other GGS countries (Ivanova, Kalmijn and Uunk, 2013).

➤ What explains the gender gap in repartnering?

Clearly, gender is 'a key determinant of repartnering behaviour' (Skew et al., 2009, p. 565), mainly because 'women receive fewer benefits from being in a partnership compared with men...[and] take a longer time to recover from negative [...] consequences of separation' (Skew et al., 2009, p. 565; see also Poortman, 2007, p. 588). Repartnering is typically conceptually analysed in terms of needs, desires and opportunities, all of which are expected to vary by gender. Men are more likely to repartner because they have, on average, 1) more need to repartner, 2) find partnership more desirable and rewarding and are – previous partnership history and fertility notwithstanding – perceived as more attractive partners in comparison to otherwise identical women, and also 3) enjoy better opportunities to repartner.

As far as need is concerned, men are, on the one hand, more often dependent on their partners for emotional support and networking (Jansen et al., 2009), which should increase their need to repartner. On the other hand, one could argue that females (especially with children) face greater economic hardship after family dissolutions, so they should repartner faster to improve their living standards. Yet, it appears that co-resident children do not result in an (economic) need to repartner (Ivanova, Kalmijn and Uunk, 2013). Furthermore, de Graaf & Kalmijn (2003) found that economic disadvantage does not lead to faster repartnering – rather the opposite is true. However, empirical evidence is not entirely consistent. For instance, Dewilde & Uunk (2008) found empirical support for the economic need hypothesis using the European Community Household Panel data from 11 countries. They show that an income decline immediately following divorce increased the odds of remarriage, but only for women who had had low pre-divorce incomes. They also found that in high welfare countries, social welfare reliance had delayed remarriage more than in low welfare countries.

Bernard (1982) argued that 'his' and 'her' marriage differ; 'his' marriage appears more rewarding and satisfying, because the male partner tends to perceive an unequal division of domestic labour as fair and legitimate. To the extent that this argument still applies (see a review by Carr & Springer 2010 for an assessment) and can relate to other forms of partnerships, women might – based on their prior partnership experience – anticipate lower benefits with

respect to prospective partnership and may have a lower desire to marry or cohabit, or may prefer to not repartner at all (Poortman, 2007). Indeed, Poortman shows that women have, on average, less desire to live with a partner than men. Children from previous relationships are a central consideration for both men and women's relationship preferences (see also Goldscheider, Kaufman and Sasser, 2009). Having (young) co-resident children from a previous relationship attenuates women's desire to start a new co-residential union.

Because women more often than men have primary responsibility for children after separation, the gender difference in the desire to live with another partner is largely explained by women's greater involvement with children from previous relationships. While mothers are less likely to repartner, i.e. to establish a shared household with their romantic partner, they are also less likely to take each step in the progression of a partnership (i.e. to start dating, initiate an intimate relationship, cohabit and eventually marry; see e.g. Bernhardt and Goldscheider, 2002; Goldscheider and Sasser, 2006). Some scholars have argued that mothers prefer LAT (living apart together) relationships (Régnier-Loilier, Beaujouan and Villeneuve-Gokalp, 2009), but some studies indicate that they only postpone partnership transitions (see e.g. Régnier-Loilier, Beaujouan and Villeneuve-Gokalp, 2009). Finally, some research shows that the social-psychological impact of union dissolution is stronger for women than men (Willitts, Benzeval and Stansfeld, 2004; Hewitt et al., 2012). Given this greater impact, Poortman and Hewitt (2015) expected women to be more cautious and express weaker preferences for cohabitation or marriage following union dissolution.

Finally, with respect to repartnering opportunities, men's post-separation lives offer more opportunities to meet new partners (De Graaf and Kalmijn, 2003; Poortman, 2007). Firstly, men have higher labour force participation rates after separation and the workplace offers additional opportunities to meet potential partners (de Graaf and Kalmijn, 2003; Ivanova et al., 2013; Kalmijn and Flap, 2001; Poortman, 2007). Secondly, men receive custody of children less frequently. Co-resident children often constrain repartnering opportunities via demands on income (and stronger labour market attachment), as well as restrictions on leisure time organisation (De Graaf and Kalmijn) thus limiting time available for socialising and mating.

➤ Variations in the gender gap in repartnering

There is some indication that the gender gap in repartnering varies to some degree with other individual-level variables. For instance, the chance of repartnering varies between men and women only among individuals with children. Childless men and women repartner with equal likelihood (Beaujouan, 2012; Ivanova, Kalmijn and Uunk, 2013). The gender gap in repartnering is smaller once co-residence and not only parental status is considered (Ivanova, Kalmijn and Uunk, 2013). The difference in repartnering among men and women widens with age (Beaujouan, 2012; de Graaf and Kalmijn, 2003).

While the chance that one repartners is not dependent upon the type of union he or she is entering (Kreidl and Hubatkova 2017), it does depend on the type of one's previous relationship. Spijker et al. (2012, Table 1b) for instance use older FFS data to report that repartnering appears to be much more common after cohabitation than after marriage. Repartnering after marriage occurred among 35% of men, while repartnering after cohabitation was reported by 65% of men. Similarly, divorced women report repartnering in 44% of cases (as compared to 56% of women who repartnered following a co-habitation dissolution). The association between the type of the first union and the chances of repartnering continue even when taking into account sex, age at separation, birth cohorts, time since separation and parenthood status (Spijker et al., 2012: Table 2). Galezewska, Perelli-Harris and Berrington (2017) confirm this finding even with newer data from the Harmonized Histories dataset. In their sample of 11 countries, they find that previously cohabiting women were more likely to repartner than previously married women (Galezewska, Perelli-Harris and Berrington, 2017, p. 202). This pattern is particularly salient in Italy, the Netherlands, Norway, Sweden and the UK, whereas it is negligible in France, Hungary, Poland and Russia. Multivariate statistical modes, however, indicate, that the association between previous union type and the probability of repartnering is accounted for by age at union dissolution, union duration and the presence of children in all countries except France.

There are significant variations in the intensity of repartnering across countries. For instance, when looking at women in the 1965-1974 birth cohort who were at risk of repartnering, we see that between 23%

(in Poland) and 75% (in the Netherlands) entered a new coresidential union within five years after their first union ended (Gałżewska, 2016, p. 89). We find some systematic variation between these two extremes: Repartnering rates, as estimated from the Harmonized Histories file, were typically high in western and northern European countries (with around two-thirds of women repartnering within five years) and lower in eastern and southern Europe (where between 30-40% of women repartnered within five years, see Gałżewska, 2016, p. 89). Quite surprisingly, however, the very few existing comparative investigations of the individual-level covariates of repartnering indicate that the processes shaping entry into a second union work very similarly across contexts (Galezewska, Perelli-Harris and Berrington, 2017; Ivanova, Kalmijn and Uunk, 2012).

› Assessment of existing literature and directions for future research

We observe two main tendencies in the demographic research on repartnering: While there is – on the one hand – a growing tendency to look at repartnering from a comparative perspective (this trend is exemplified by the recent paper by Galezewska, Perelli-Harris and Berrington, 2017), progress towards a more fruitful utilisation of the comparative method is – on the other hand – constrained by an underdeveloped theoretical framework that would present compelling hypotheses for the comparative research endeavour. This latter tendency is partly, we believe, a result of a characteristic dissociation of the underlying theoretical arguments and research practice.

While empirical investigations of repartnering behaviour and its determinants are typically framed by references to preferences, desires and opportunities, direct empirical indicators of these concepts are seldom used and key concepts are only indirectly assessed using proxy variables such as income level/change, number and age of children, age at union dissolution, etc. This partly reflects constraints imposed by available data (which tend to be predominantly based on retrospectively collected life histories), but regardless of the reasons, the situation is far from perfect as the underlying theoretical arguments cannot be tested properly.

We argue that significant progress can be achieved with the aid of data that would combine information on partnership transitions with (current/prospect-

ive) questions about preferences and desires (which can hardly be obtained retrospectively in a survey interview). An example would be a comparative extension of the single-country study by Poortman and Hewitt (2015), which examined gender differences in partnership preferences and showed that divorced or separated women less often wanted to live with a partner again. This finding applied equally to both singles and persons with a steady, non-co-residing partner and was explained (in the Dutch context) by differences in child custody/child care obligations. A natural comparative extension of this paper would look at the gender difference in partnership preferences as they are related, for instance, to prevailing patterns of child custody in a societal/historical period or typical levels of the involvement of non-custodial fathers with children (in both cases, tentatively anticipating that more gender symmetry in child custody/parental involvement with children would result in more symmetrical gender preferences for post-dissolution partnership arrangements).

Along similar lines, one could develop arguments relating progress of the gender revolution (Goldscheider, Bernhardt and Lappegård, 2015) to partnership preferences. If women prefer to stay away from another co-residential union on the basis of their experience with the previous union, which was asymmetrical in the gender distribution of the household work and thus perceived as unjust, the strength of this reference may vary in response to the degree of the gender asymmetry and/or its perceived injustice.

These hypotheses illustrate the need for an internationally harmonised collection of data that would cover both partnership histories (in a retrospective or prospective/panel design) with indicators of preferences and desires measured repeatedly as people progress (or consider to progress) through partnership transitions.

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Footnote

¹ The Harmonized Histories data file harmonizes childbearing and marital histories from 14 countries participating in the Generations and Gender Programme (GGP) with data from Spain (Spanish Fertility Survey), United Kingdom (British Household Panel Study) and United States (National Survey for Family Growth). Access to the harmonized histories file

is provided through the GGP User Space, for details visit <https://www.ggp-i.org/data/>.

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Grandparenthood and Female Employment

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- There are large differences across European countries regarding the extent to which grandparents actively look after their grandchildren, and the importance of their support for mothers' labour force participation.
- In countries where the provision of formal childcare is scarce, the role of grandparents is key for female labour force participation. However, also in countries where formal childcare services are available, grandparents still act as an important complementary source of childcare.
- Increases in age of retirement may affect grandparents' availability for childcare. This might be detrimental to mothers' labour force participation if other policies, such as increasing the availability of formal childcare, would not be secured.

› Introduction

As populations age, the economic and social roles of grandparents in society and family life have become more visible. Grandparents, and in particular grandmothers, often provide informal childcare that we can broadly say supports families (Bordone, Arpino and Aassve, 2017; Hank and Buber, 2009). Research has shown that availability of grandparents, and especially grandmothers, is associated with increased fertility (intentions and behaviours) and labour force participation of their daughters (Arpino, Pronzato and Tavares, 2014; Tanskanen and Rotkirch, 2014). However, engaging in childcare may have negative consequences on grandmothers' employment (Lumsdaine and Vermeer, 2015).

The increase in female labour force participation has been one of the most remarkable transformations in western societies over the recent decades (Vlasblom and Schippers, 2004). This had repercussions on the gender balance within the household, as well as at the societal level, making the traditional male breadwinner model fade away (McDonald, 2000). Also ageing contexts benefit from female labour force participation, for example in terms of the sustainability of their social protection systems (Pagani and Marenzi, 2008). However, especially in countries with weak welfare support and where (public/affordable)

childcare is scarce, female labour force participation often goes hand in hand with low fertility due to the obstacles that women still face to combine a family and a career outside the home.

As a consequence of the socio-demographic development, these changes were coupled with increased life expectancy, thus increasing the length of life that older people can spend in the grandparent role. In other words, increasing longevity and the emergence of smaller families have laid the foundation for stronger and longer relationships between grandchildren and grandparents, where the latter are often a substitute of formal childcare.

Empirical studies have shown that childcare arrangements are a key element in the decision of mothers to stay in the labour market insofar as they are fundamental to the extent to which women manage to juggle childcare and have a job outside the domestic sphere (Arpino, Pronzato and Tavares, 2014). As it can be imagined, however, the relevance of the support provided by grandparents to the younger generations in terms of grandparental childcare varies tremendously across countries and is closely linked with the variability of services, as well as to the (female) labour market (Bordone, Arpino and Aassve, 2017).

Below, we first present some figures on grandpar-

ental childcare in Europe in order to offer a picture of the actual patterns. Afterwards, we summarise key findings from the literature on grandparenting that investigated the link between grandparental childcare and female employment across Europe, using a cross-country comparative approach. We report results from recent empirical evidence, specifically based on data from the Generations and Gender Survey (GGS), referring to both grandmothers' and mothers' likelihood to be participating in paid work. GGS allows for an investigation of the aspects of linked lives, such as labour force participation of mothers and provision of childcare on the side of their parents, both longitudinally and cross-nationally.

› Grandparental childcare across Europe

Recent estimates, based also on GGS data, show that currently among older women, the median age at grandparenthood in Europe ranges from 46 in Ukraine to 57 in Switzerland, averaging at 51 years (Leopold and Skopek, 2015). In eastern European countries and East Germany, most women became grandmothers before the age of 50. Women in western Europe entered the grandmother role later, mostly in their early to mid-fifties. Transitions to grandfatherhood occurred, on average, three years later. These figures reflect geographical differences due to current fertility trends, as well as historical differences between countries.

Using Italian GGS data, Di Gessa, Bordone and Arpino (2018) found that, in 2009, 63% of men and 70% of women aged 60 and over were grandparents at the time of the interview. However, significant variations were observed across cohorts and geographical areas. For instance, about 73% of mothers born in the 1920s had become grandmothers by the age of 60 compared to only 60% of those born two decades later. Moreover, among mothers born in the 1940s, two-thirds had become grandmothers by age of 60 in the South compared to 54% in the North of the country. Among fathers, percentages were considerably lower: 50% of those born in the 1940s had become grandfathers by age 60 in the South compared to 38% in the North.

Tanskanen and Rotkirch (2014) analysed GGS data from Bulgaria, France, Lithuania and Norway and found that about 20% of mothers received help from grandmothers in caring for their children. From the

perspective of grandparents, Hank and Buber (2009) found in another study using data from the Survey of Health, Ageing and Retirement in Europe (SHARE) that across the 11 European countries considered, 58% of grandmothers and 49% of grandfathers provided some care to a grandchild below the age of 16 in the 12-month period before the interview. Yet, despite a general common trend showing a majority of grandparents engaged in some form of care for their grandchildren, large differences across European countries emerge when considering the extent to which grandparents actively look after their grandchildren. In Mediterranean countries, when grandparents look after grandchildren, they often do so on a daily basis; while the percentage of grandparents engaged in childcare with any frequency is the highest in the Nordic countries. This pattern suggests the existence of different childcare needs that grandparents cover in different countries. Such needs may derive from a range of factors, including family structure (i.e., lone parenthood) or financial difficulties (i.e., unaffordable private childcare). However defined, these needs are likely to be moderated by the characteristics of the grandparents themselves (i.e., age and health status), as well as by the institutional settings where they live and this, in turn, implies very different roles for grandparents across Europe.

› The labour force participation of grandparents

The extent to which grandparents are available to provide grandchild care depends in large part on whether they are still active in the labour force and on their health status (Hank and Buber, 2009). Margolis and Wright (2017) have found that the period of healthy grandparenthood (i.e., the time spent by people as grandparents while in good health) has been increasing because of improvements in health and mortality, which more than offset the counter-active effect of postponement of grandparenthood. Therefore, grandparents are potentially increasingly available as providers of grandparental childcare not only because of the longer period of overlapping life with their grandchildren, but also because they have better health conditions for an increasingly longer period. However, grandparents may not be available to look after grandchildren, for example, because of overlapping or competing roles, responsibilities, obligations and other activities in later life, including paid work and provision of care to frail older parents

(Leopold and Skopek, 2015).

When women have entered and remained in the labour market throughout their whole active life, it is likely that they are still active when they become grandmothers. In fact, as mentioned above, the average age at grandmotherhood in Europe is 51, i.e., below the common average retirement age. Probably due to the still limited amount of women with young grandchildren who are also working in the older cohorts, there has not been much research addressing this topic so far (Lumsdaine and Vermeer, 2015). Yet, provision of grandparental childcare can conflict with paid work and the likelihood of conflicts between these two roles may be heterogeneous across time, space and educational attainment.

GGS and other sources of data show that, on average, retirement occurs considerably later than the birth of the first grandchild in Europe (Leopold and Skopek, 2015). In most European countries, grandparenthood precedes retirement by at least five years and, in some cases, the period of overlap between being a grandparent and still being active in the labour market can last up to 13 years (for grandfathers). This implies that among those who participated in the labour market throughout their life, the vast majority still works when entering grandparenthood. Therefore, providing grandparental childcare can conflict with older people's labour force participation. Competition between these two roles has been confirmed by some recent studies showing that the birth of the first (or a new) grandchild accelerates retirement for women (Van Bavel and De Winter, 2013; Lumsdaine and Vermeer, 2015).

› Does grandparental childcare allow mothers to work?

Childcare may be informal or formal. In the latter case, it may be public or private. Childcare availability and affordability are necessary to allow parents (and mothers in particular) to re-enter (or remain in) the labour market after childbirth. The chosen form of childcare might depend on various individual and family characteristics, such as marital status and socio-economic status, but also preferences, as well as whether the welfare system provides or lacks (affordable) services for childcare.

Receiving childcare help from grandparents might positively affect mothers' labour supply decision, es-

pecially in contexts where public childcare is scarce and the private option costly. Indeed, research using GGS data (Aassve, Arpino and Goisis, 2012; Arpino, Pronzato and Tavares, 2014) provides support for this hypothesis. Aassve and colleagues (2012) considered how grandparents' childcare provision affects mothers' labour supply, showing important context effects. They used GGS data from seven countries (Bulgaria, France, Georgia, Germany, Hungary, the Netherlands, and Russia) and focussed on women of working age (aged 20-55) with at least one child aged 0-14 years. The authors found in all of the seven analysed countries that the percentage of mothers receiving grandparental childcare is higher among mothers who participate in the labour market. These percentages are as high as 64.6% among women in the labour market and 58.2% among those outside of it in the Netherlands. The lowest prevalence of mothers helped by their parents for childcare is found in Georgia, where 7.6% of working mothers receive grandparental childcare compared to 5.8% among their counterparts who are out of the labour force.

Based on multivariate models, receiving childcare help from grandparents therefore was found to have positive and significant impact on mothers' labour supply decision, but this holds true only in some countries (among those considered, Bulgaria, France, Germany, and Hungary). In Georgia, the Netherlands, and Russia, grandparental childcare was not found to be significant for mothers' labour force participation. An important insight from this analysis is that, although intergenerational relationships may matter for mothers' labour supply decisions, the role of grandparents differs across countries, and not necessarily in the way one would expect. For instance, in France, which is characterised by extensive availability of public childcare, grandparental childcare resulted to be important for mothers' labour force participation. However, this finding may indicate that grandparental childcare is also used as a complement to public formal childcare. Moreover, for a relatively small proportion of parents and for a variety of reasons (e.g., distance to childcare services), grandparenting may be critically important in enabling mothers to work there as well.

Bordone et al. (2017) have recently attributed the cross-country heterogeneity in the role of grandparents as childcare providers to the policy context. Additionally, the authors suggested a central role of the institutional aspects of female labour force participa-

tion in shaping grandparental childcare that, in turn, positively affects mothers' (re-)entry into the labour market after childbirth. Their work showed how the different use of grandparental childcare from working versus non-working mothers differs across countries characterised by different family policy models and degree of flexibility of the female labour market in terms of part-time jobs.

Like the study by Aassve and colleagues (2012) mentioned above, Arpino, Pronzato and Tavares (2014) also used GGS data to study the role of grandparental childcare in mother's work decisions, but focussed only on Italy. The authors found that help from grandparents in childcare significantly increases the likelihood of mothers to work: Labour force participation was about 30 percentage points more likely if mothers received help from grandparents. The authors provided evidence of a particularly strong effect for lower educated mothers of young children, who are more likely to need unpaid (and flexible) help as provided by grandparents. The positive effect of grandparental childcare was also higher in northern and central Italy as compared to the South and this may be due to the higher female labour force participation in the first two regions that is not coupled with sufficient offers of formal childcare services. The latter findings may support the idea that grandparents in Italy are used more as a substitute of formal childcare rather than as a substitute of parental childcare.

› Conclusions

Grandparenthood is an increasingly important role that many older Europeans will hold for a longer period of time than ever. The service grandparents provide to their families and the society are multifaceted. In particular, we have focussed here on their provision of care to their grandchildren.

Studies using data from the GGS showed changes in the demography of grandparenthood and offered empirical evidence that help provided by grandparents to their adult children in the form of unpaid childcare may produce positive benefits in terms of helping mothers to juggle family and work. However, such positive effects of grandparental childcare on mothers' labour force participation are not homogenous across countries and social groups.

Especially in contexts where welfare provision for

childcare is scarce, the role of grandparents is central in shaping the (present and) future of female labour force participation. Nonetheless, also in countries where formal childcare services are available, grandparents still act as an important complementary source of childcare.

Future demographic trends and policy changes might have strong impacts on the ability of grandparents to provide childcare. Population ageing is putting pension systems under strain. Recent reforms in several European countries have been implemented with the goal of increasing, more or less gradually and in some cases automatically, retirement age in view of increases in life expectancy. Similar reforms planned in most ageing countries may imply an increasingly lower availability of grandparents to look after their grandchildren and this might be, in turn, detrimental to mothers' (and grandmothers') labour force participation if other policies, such as increasing availability of formal childcare, are not put forward.

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Gender Inequality in Late-Life Loneliness and Depression: A Comparative European Perspective

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- Rates of loneliness and depressive symptoms among older adults is up to three times higher in eastern European countries than in north-western Europe. In the eastern countries, women experience a higher rate of loneliness (up to nine percentage points) and depressive symptoms (up to 20 percentage points) than men. Gender differences are comparably minor in the north-western countries. Cross-country and gendered inequalities in late-life wellbeing are largely explained by differences in health, social factors and socio-economic resources, which in turn may be driven by macro-level socio-economic and welfare conditions.
- Generous welfare provision and pension spending may moderate the exposure to, and impact of, some of the determinants of late-life loneliness and depression. Modern welfare states seem able to delay or to give some protection from the risk of poor quality of life in later life.
- Cultural factors may also play a role. Southern and eastern Europeans may, because of high expectations of strong family and community ties, have a relatively low threshold for experiencing loneliness, especially when social contact and support is limited.

› Introduction

Loneliness and depressive symptoms¹ are widely perceived as problems of old age, as part of 'normal' ageing. These beliefs have validity, as ageing often involves events and conditions associated with a higher risk of loneliness and depression, including health problems, loss of loved ones, increased risk of cognitive impairment and limited socio-economic resources. Research shows, however, that the risk of loneliness is quite stable well into old age and that 5-15% of adults aged 60-80 report frequent feelings of loneliness (Dykstra, 2009). Studies examining gender differences in loneliness have yielded inconsistent findings, although most of the research suggests that women experience more loneliness. One common explanation for women's greater vulnerability is that because they live longer than men, they are more prone to widowhood. As for depressive symptoms, rates increase more markedly with older age, and are, at least in the western world, about twice as prevalent in women than in men (Blazer, 2003;

Van de Velde et al., 2010). Research indicates that gender differences partly stem from women's greater exposure to psychosocial stressors such as financial worries, somatic illness, widowhood and spousal caregiving responsibilities in later life (Pinquart & Sörensen, 2001). Yet this literature is based primarily on data from western countries with advanced welfare systems. Cross-country comparisons of quality of life outcomes have been hampered by the absence of comparable data. Knowledge about late-life wellbeing is particularly sparse in eastern Europe, a region facing severe challenges in caring for the material, social and health needs of their older populations (Botev, 2012).

Seniors in eastern Europe, and women especially, seem particularly exposed to several risk factors for depression and loneliness. The first reason is that self-reported health is generally much poorer among elders in eastern European countries than in the west (Hansen & Slagsvold, 2016). The relatively poor health and reduced life expectancy among older

eastern Europeans, and among men especially, reflect a combination of unhealthy lifestyles and poor healthcare services, as well as financial difficulties that prevent elderly people from accessing medical services (Botev 2012; Lipsitz, 2005). Second, the widespread financial difficulties among seniors in eastern Europe is of concern, again disproportionately affecting women (Iecovich et al., 2004; Van de Velde et al., 2010). Financial strain became more apparent after the end of the communist regimes, due to rising inflation and decreasing pension values (Botev, 2012). Finally, eastern European elders also face social risks due to decreasing fertility and increasing emigration of younger adults (OECD, 2012). Many older adults thus lack children and grandchildren to care for them. In addition, women face distinct challenges as a relatively low life expectancy among men means that women encounter particular risks of becoming widowed (Iecovich et al., 2004). Hence, when government provisions fall short, seniors may lack resources to help them combat loneliness and mental distress.

There is also sparse comparative research on gender differences in socio-economic inequality in late-life wellbeing. A considerable body of research on western samples identifies strong social gradients in wellbeing in general, which is attributed to less opportunity for social participation and a smaller and less supportive social network in low socioeconomic groups (Pinquart & Sørensen, 2001). It remains unclear, however, whether low-social strata women are particularly vulnerable and whether this pattern varies cross-nationally. For instance, as women tend to have lower income and more health problems, dif-

ferences in the generosity of welfare programmes may have larger effects on inequalities in the quality of life among women than among men. Less-educated females in eastern Europe thus may constitute the most disadvantaged group in terms of resources needed to combat loneliness and depression.

Data from the Gender and Generations Survey (GGS) offers a unique opportunity to advance the study of health inequalities later in life as it contains harmonised, representative data for the full adult age range (18-80) across a wide array of European countries, including several from eastern Europe. A major advantage is that the data also includes multi-item measures of loneliness and depression shown to have strong psychometric properties across western and non-western populations.

► East-West divides

Nationally representative data from the GGS show marked country variation in loneliness and depressive symptoms among older (age 60-80) men and women. An East-West gradient is evident, with rates of loneliness and depression up to three times higher in eastern European than in north-western European countries. In the former socialist countries, between 25-40% report a serious level of loneliness, many more than the 8-12% who are lonely among their peers in north-western Europe. Similarly, depressive symptoms are reported by 20-30% in the East and 10-18% in the West. These divides seem to emerge in later life. Analyses using the full adult life span (age 18-80) show only minor country differences in

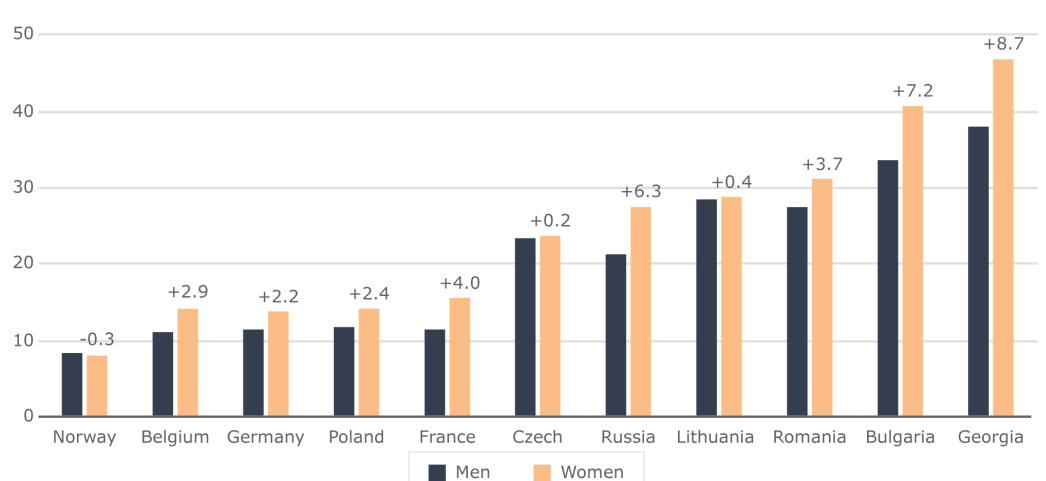


Figure 1. Gender differences in levels of loneliness, ages 60-80.

Note: N=33,832. Loneliness is measured with a six-item version of the de Jong-Gierveld Scale (de Jong-Gierveld et al. 2006). By using a strict operationalization, 'lonely' individuals report a serious level of loneliness (Hansen & Slagsvold, 2016). Countries ordered by the rate among women.

Source: GGS data.

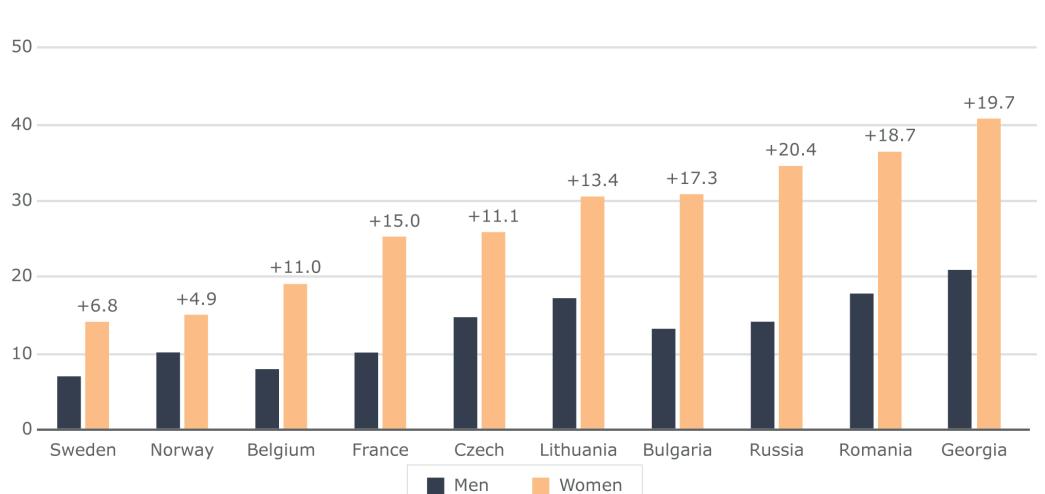


Figure 2. Gender differences in levels of depressed mood, ages 60–80

Note: N=27,543. Depressive symptoms are measured with a seven-item version of the CES-D scale. A cut-off of six identifies people with depressive symptoms, which matches the widely used cut-off point of 16 on the original 20-item CES-D scale. Source: GGS data.

the experience of loneliness and depression in young and middle adulthood. Whereas rates of loneliness and depression in the East tend to double or triple from the youngest (age 18-30) to the oldest (age 60-80) age cohorts; in the West, the rates for the old are actually comparable to those for young adults.

An East-West divide is also evident regarding gender differences (see Figures 1 and 2). Whereas there are relatively small gender differences in the West, women report far higher rates of loneliness (up to 9 percentage points) and depressive symptoms (up to 20 percentage points) than men in the East. A large part of the higher risk of loneliness and depressive symptoms among eastern seniors is explained by differences in health and socio-economic resources. The pronounced risk of loneliness faced by eastern European women can be attributed – at least partly – to the fact that a relatively high number are ageing without a partner and with health problems and financial concerns. Part of the explanation may also be that women are more likely to admit to feelings of loneliness or psychological distress.

Marked educational gradients in late-life loneliness and depression are observed for men and women, with higher prevalence in lower educational groups. This pattern exists in all countries, albeit to a greater extent in countries with poorer economic development and welfare programmes. For example, the largest contrast in depressive symptoms is observed between highly educated men in Scandinavia, only 4-5% of whom report depressive symptoms, and lower-educated eastern European women, up to 45% of whom report depressive symptoms. Hence,

there is a ‘triple jeopardy’ associated with being a woman, lower educated and eastern European.

The pronounced vulnerability of poor quality of life among seniors in the eastern countries, and especially women and the lower educated, reflect their high level of exposure to stressors such as poverty, health problems and bereavement. Especially when combined, they may contribute to loneliness and depressive symptoms by compromising opportunities for meaningful activities and relationships and by decreasing feelings of self-worth, a positive outlook on life and hope for the future. They may also decrease the chance of recovery for those who become lonely or depressed.

► The role of the welfare state

Age-related increases in loneliness and depression seem to be stronger and occur earlier in countries with poorer living conditions and welfare provision. The fact that late-life wellbeing varies systematically with different country-level welfare indicators suggests that social policies can have important effects on key social determinants of loneliness and depression. Adequate welfare support and healthcare systems may act as a buffer against, or postpone, the risk of poor quality of life in later life, especially in lower social strata.

More specifically, stronger and more generous welfare states may prevent or reduce mental health problems by providing adequate healthcare and social services, income and housing conditions, public

transport, support to family caregivers and better neighbourhoods. Such measures may promote better conditions for social integration and self-reliance and thus enable and stimulate social participation, in particular among elderly with health limitations or low socio-economic resources.

By providing a safety net, these states may also foster a greater sense of security, hope and optimism, which in turn may decrease worry and psychological distress. In many of the former socialist countries, however, formal welfare support structures are largely absent and an increasing number of retirees face severe financial strain due to rising inflation and the decreasing value of pensions (Botev, 2012, Iecovich et al., 2004). Political upheavals, economic insecurity and greater socio-economic inequalities may also have eroded feelings of trust and social integration, which in turn may have increased the risk of depression and loneliness among seniors in eastern Europe (Rokach et al., 2001).

» Cultural explanations?

The fact that country heterogeneity in loneliness and depression remains after controlling for various living conditions prompts the adoption of a cultural perspective to understand this variation. Northern Europe is characterised by weak family and community ties and the Mediterranean and eastern European countries by strong ties (Reher 1998; Viazza 2010). In 'weak family' areas, individualistic values tend to dominate, whereas collectivistic values predominate in 'strong family' contexts. Individualistic contexts are also characterised by higher proportions of people living alone, higher divorce rates, lower fertility and smaller kinship networks. Unsurprisingly, therefore, stereotypes tend to equate the individualism and de-familialism of northern Europe with high levels of social isolation and loneliness (Dykstra, 2009). It is thus a paradox that older people are less lonely and depressed in more individualistic and less familistic cultures.

Several authors point to the importance of considering people's frames of reference and normative orientations in the cultural context of countries under investigation (Jylhä & Jokela 1990; Johnson & Mullins 1987). Loneliness occurs when the quality of one's social relationships falls short of the expected or desired quality of social relationships. Johnson and Mullins (1987) introduced the term 'loneliness

'threshold' to refer to the level at which loneliness arises. Southern and eastern Europeans may have a lower loneliness threshold than other Europeans because of high expectations of strong family and community ties. A low loneliness threshold may make matters worse for seniors in countries with high rates of widowhood, decreasing fertility rates and increasing out-migration.

Several other hypotheses have been advanced to account for country variations in late-life loneliness. It has been proposed that many older eastern Europeans may feel more doubtful about their personal abilities and coping resources because they have lived under communist rule when citizens' needs were generally cared for by the state (Rokach, 2007). It has similarly been suggested that older members in former socialist countries may be lonelier because they are unaccustomed to fending for themselves and their weakened ability to rely on themselves makes them more vulnerable to the health and relationship losses that accompany old age (Dykstra, 2009). Finally, people in former communist countries may report higher levels of ill-being because a 'litany of suffering' is a way of articulating the hopelessness and insecurities they have incurred in the transition to capitalism (Pietilä & Rytönen, 2008).

» Conclusions

Contrary to common belief, loneliness and depression are not normal or inevitable outcomes of ageing. Yet in many eastern European countries, so far under-researched in the relevant literature, data suggest that up to one-third of the older population report loneliness and/or depressed mood. Loneliness and depression are particularly high among older women in this region. There are comparably small gender differences in the western European countries. Findings attest to and reflect the unequal conditions of ageing across Europe and indicate serious deficits in late-life quality of life in some European countries. It is important to keep in mind also that the occurrences of loneliness and depression may be even higher among those not interviewed here – the frail and the oldest old.

The importance of preventing and reducing depression extends beyond the emotional realm. Depression appears to hasten physiological and cognitive decline and to increase the use of health and care services (Fiske et al., 2009). Depressed and unhappy

people are also generally less socially engaged and altruistic in their behaviour, which may in turn affect mental health in their social network and community. Alleviating loneliness and depression is thus important for both individuals and societies, and the costs of loneliness and depression may exacerbate the costs of population ageing, especially in the eastern European countries. For these countries, keeping health inequalities high on the agenda at a time of great economic strain will be no mean feat, but nevertheless important to improve population health and to reduce health inequality. The combination of economic and social strain and an ageing population implies potentially greater harm to the wellbeing of large numbers of older people. There may also be positive spiral effects since non-depressed and happier people generally are more socially engaged and prosocial in their behaviour, which in turn may bolster mental health in their social network and community.

Footnote

¹ For ease of reading, we use the term 'depression' to denote depressive symptoms or depressed mood.

Further reading

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Conclusions

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Gender, along with ageing, constitute the main dimensions (streamlines) of demographic studies of family changes. But the way gender has been included in these studies, and the way it has been conceptualised, has also changed substantially in the past decades. For example, not only has more attention been paid to gender (in)equality in paid work, but the private sphere (unpaid work) has also been included in discussions about gender inequalities. Similarly, studies on women's market participation patterns have been extended by looking at family employment patterns (i.e. full-part time employment of both partners with/without children) and family models have been re-formulated to conceptualise women's employment in terms of combining family and work.¹ Recent trends in fertility rates and recent patterns of women's employment have brought to the forefront of demographic research the topic of work-family reconciliation, not only for mothers, but for both parents. Through these studies, gender equality has come to be seen as the main driver of family change and fertility, and has required the development of new theoretical frameworks about family change and gender revolution (e.g. Esping-Andersen and Billari, 2015).

However, the understanding and monitoring of these gender differences is complex and requires going beyond simple indicators. They have to be viewed with a special lens to capture gender differences in connection with family dynamics, patterns of care and the macro-level context. They also require adequate data to provide solid empirical evidence. Demographic research has greatly contributed to this field in tracing the causes and consequences of gender differences throughout the life course, from young adulthood to older ages, and in multiple domains of life, paid and unpaid work, health and wellbeing, and the family. Moreover, it is a field of research that continues to challenge pre-conceived ideas and to carry important policy implications.

The short contributions in this Discussion Paper cap-

ture the state-of-the-art in the field. Six key policy implications emerge from these contributions:

1. **Policies that support gender equality** may help people realise their fertility intentions and may contribute to higher levels of fertility. However, the policies have to be multidimensional in not only addressing women's position in the labour market, but also gender inequality in unpaid work. They have to support people across their childbearing years as the decision to have a child (or remain childless) and the decision to have a second or a third child may be driven by different factors.
2. Having children continues to be associated with a withdrawal from the labour market or with a reduction in hours of paid work for many women. This fuels major inequalities between men and women in employment trajectories, which cumulate over the life course, contributing to significant gender differences in welfare at old age. **The availability of high quality and affordable childcare and leave schemes that support fathers' involvement in care** may help reduce some of these inequalities.
3. The use of traditional forms of contraception continues to be high in some eastern European countries, together with a low reliance on contraceptive sterilisation. Even in the context of low fertility, **supporting choices when it comes to contraception** continues to be very important in reducing inequalities, especially in regard to the most disadvantaged women.
4. Changes in the patterns of family formation and dissolution are driving the increasing complexity of family life. They also reveal major gender differences with women with co-resident children being less likely to re-partner than men. **Encouraging and supporting a greater involvement**

of fathers with their children after divorce may be one of the ways of addressing this form of gender inequality.

5. Grandparents throughout Europe are actively engaged with their grandchildren in providing care on a regular basis. In some countries, they do so to compensate for a lack of formal childcare provision, while in others they complement existing provisions. Their support has an undeniable positive effect on the ability of their grown-up children to join and remain in the labour force. This not only contributes to reducing gender equality in paid work, but also speaks to the importance of **intergenerational solidarity**.

6. Loneliness and depression at older ages have received increasing attention in recent years. They have also revealed major gender differences with women having higher levels of poor mental health than men, especially in eastern Europe. This has important policy implications and calls **for better welfare support at older ages**, better support for family members involved in the provision of eldercare, and an encouragement for active ageing to break social isolation at older ages.

The findings and conclusions presented in this Discussion Paper were all based on data from the Generations and Gender Programme; data that have shown to be crucial to increase our understanding of the complex patterns of family changes and their connection to gender. The cross-national comparability of these data is also paramount in allowing researchers to compare countries and to understand the role of the national context in shaping individual life trajectories. As the GGP prepares for a new round of data collection in 2020-2021, and as it works on expanding its geographical coverage, researchers will be able to study gender in a broader range of national contexts, helping us to better understand the global nature of family changes, but also the possible persistence of country specificities. It is with such cross-nationally comparable data that we can understand and monitor gender inequalities both between and within countries, to identify challenges in closing the gender gap and help formulate adequate policies.

Footnotes

¹ Three main family models have been defined: (1) The male breadwinner model/female home carer which presumes a specialisation of the roles of the mother as a home-maker-carer and the father as an economic provider, (2) the modernised male breadwinner model (female part-time home carer) which is based on concept of sequencing employment and family work by mothers, and (3) the dual breadwinner/dual carer model which refers to the shared societal roles of parents (Leira, 2002). As the increasing role of women as an economic provider is slowly accompanied by men's involvement in care, the dual-earner/double burden of women is formulated as a separate model of family in transition to the dual breadwinner/dual carer model.

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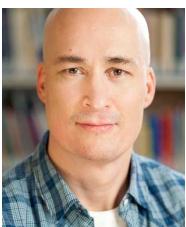
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