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**Bibliographic note:**

The author has a background in sociology and social work and has mainly done work on family care and public services for older people, in the Nordic countries and internationally. These studies have dealt with both micro aspects and macro features of care, such as local variations in needs and service coverage. A recent study for the Swedish government (2006) on informal care giving is a response to growing interest in this topic in the Nordic countries, in another (2008) he has scrutinized policies and practices of family care for elders in Europe.

**ABSTRACT**

Ageing of the population took place remarkably early in the Nordic countries, and most so in Denmark and Sweden. A special feature of Nordic older people are declining but still high rates of singlehood and childlessness. The streamlined patterns of older people either living alone, with spouse only or in institutional care, with few other varieties, began earlier in the Nordic countries. Unmarried cohabitation and living-apart-together relationships (LATs) is common among older persons here, as are also long-lived marriages and strivings of older people to establish independent lives. Institutional and other public care has been relatively well organized for centuries in this region, but was up till recently a prerogative for poor people with no one able or willing to care for them. A minority eventually used these services half a century ago. Now the large majority will have used them before they die, but broader take-up comes at a price: needs assessments are increasingly stricter and service use much briefer than before. Today's public services are remarkably egalitarian, adjusting for sizable class-differences and local variations in health and living alone. Very few older people live with off-spring today (especially in Denmark and Sweden) but apart from that, patterns of kinship and geographical closeness of kin differ little from those of continental and southern Europe. Interestingly, many older persons are givers rather than receivers in transactions with their social environment, including care giving. Peculiar for the Nordic countries is not only relative acceptance of state interventions, but also of "overlap" between family support and public services for older people in need of assistance. It is rare to find needy persons without support; as cutbacks in public services (the case of Sweden) have been off-set by increasing family support.

**Introduction**

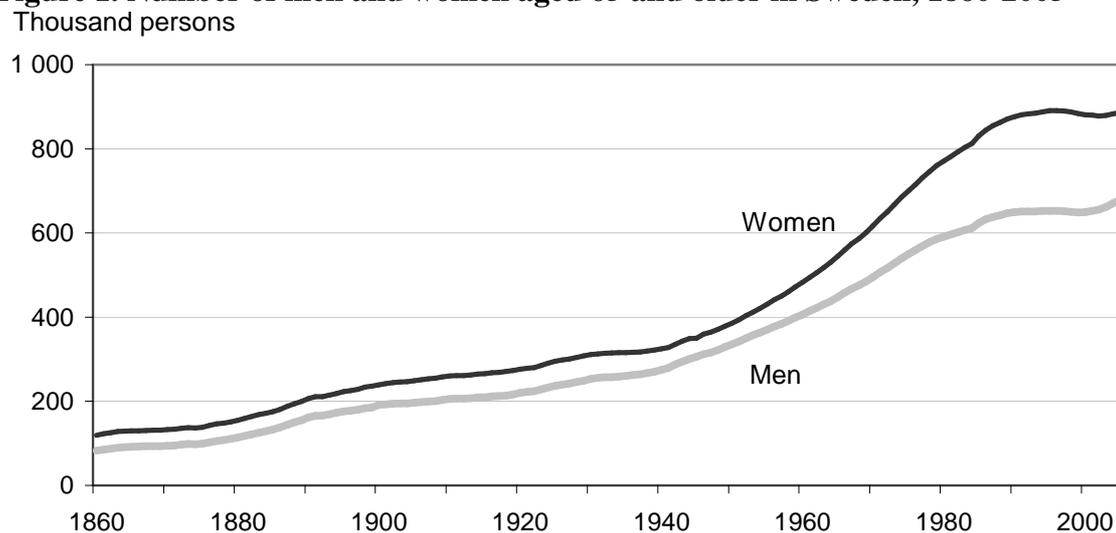
The Nordic countries, Denmark, Finland, Iceland, Norway and Sweden, have a long history of population aging, They were among the first countries to experience rapid population aging, and this aging resulted in government commissions on pensions being formed in the 1800s. Concerns over population aging led to the formation of other commissions on how to foster higher fertility and how to provide public old-age care a few decades later.

We begin this chapter with an overview of the demography of aging in the Nordic countries from an historical perspective. This is followed by a discussion of contemporary patterns and those for the foreseeable future. Special emphasis is given to aspects of aging relevant for family networks and the giving and receiving of care, both formal and informal. The Nordic sources of reliable population records (going back to 1749 for Finland and Sweden) will be used to discuss population aging. We also draw on census data, government surveys and other data to fill out the picture. Where possible we provide evidence from all the Nordic countries, but there is some unevenness in coverage and greatest attention is given to Sweden.

### The historical context

When Swedish population data were collected for the first time in 1749 the results were immediately classified as state-secrets because they were considered politically sensitive. It was found that the country had only 1.8 million inhabitants, after devastating wars with Russia, crop failures and epidemics. These early records show that 6 per cent of the population was old (aged 65+) at that time. During the later 1700s and the 1800s, as the Nordic countries underwent the demographic transition, there was rapid population increase and proletarianization. The proportion of old people in the populations of Nordic countries rose slowly in the nineteenth century, reaching 8 % in Sweden in 1900 (out of a quite youthful total population of about 5 million). In absolute terms, the number of old Swedes doubled in the four decades following 1860, as shown in Figure 1. A century ago demographers were predicting further increases in the elderly population, though the main concern at that time was drastic declines of fertility (Sundbärg 1915).

**Figure 1. Number of men and women aged 65 and older in Sweden, 1860-2005**



Historical changes in marital patterns contributed to population aging by their effects on fertility. The increasing proportions of the never-married in the Nordic populations during the 1700s and 1800s mirrored increasing difficulties that young adults had in establishing independent lives, in spite of substantial emigration to the United States and other destinations. More men than women emigrated, causing a severe imbalance between the sexes: in the beginning of the 1900s there were about 1200 women of

marriagable age for 1000 men in Sweden, in Norway the ratio was about 1400 women for 1000 men (ages 20-50). The “north-west European family system”, as it has been termed, implied that many people entered marriage quite late and many not at all. In Sweden in 1749, about 5 % of the men (50+) and 9 % of the women were single (never-married); there was a severe shortage of men in these cohorts after devastating wars with Russia. By the 1920s 19 % of the women and 12 % of the men were still single as they approached old age (60-64). The very low rates of nuptiality that continued up to WW II meant that rates of singlehood were high among elderly cohorts well past the 1950s. (Among Swedish people aged 60-64 in 1950, 14 % of the men and 21 % of women were still single.) The long decline in fertility rates meant rising proportions of old people in the Nordic countries, though there were some variations, as shown in Table 1.

**Table 1. Percent distribution of old people (65+) in the Nordic countries 1900, 1940, 1980, 2000, 2005 and projection for 2020.**

	Denmark	Finland	Iceland	Norway	Sweden
Proportion 65+					
1900	7	5	6	8	8
1940	8	6	7	9	9
1980	14	12	10	15	16
2000	15	15	12	15	17
2020	21	23	15	18	21

Sources: national central bureaus of statistics, projections refer to ‘middle alternatives’, when available

Iceland (with 50 000 inhabitants in 1703, 98 000 in 1900 and 299 000 in 2005) has a more youthful population than the rest on the Nordic countries. But overall the Nordic countries were among the first to experience population ageing, because of increasing longevity and declining fertility.

### **Marital status**

The marital status of the elderly population varies somewhat across the Nordic countries, for historical and cultural reasons. Data in Table 2, giving marital status in 1950 and 2005, show a decreasing proportion of single and rising proportion of married elderly in all the Nordic countries.

The large discrepancy in singlehood between men and women, with more women being never-married, that was seen in 1950, has become much smaller or even reversed by 2000. The only exception to the decline in sex differences in never marrying has been in Finland, which had very heavy losses of men in the Second World War (proportionally among the heaviest of the participants in that war).

**Table 2. Percent distribution of old people (65+) in the Nordic countries by marital status, 1950 and 2005.**

	Single	Married	Widowed	Divorced	Total
Denmark					
1950	12	51	36	2	100
2005	5	52	33	10	100
Finland					
1950	14	39	--- 46	---	100
2005	9	50	30	11	100
Iceland					
1950	19	39	41	1	100
2005	10	54	27	8	100
Norway					
1950	17	46	36	1	100
2005	7	52	33	8	100
Sweden					
1950	15	46	37	2	100
2005	8	51	28	13	100

Sources: official statistical publications and information from national statistical offices

Marital status does not, of course, provide an accurate description of actual living arrangements or family forms, and this may be the case even more in the Nordic countries than elsewhere. Common-law relationships, out-of-wedlock births and pregnant brides have long been relatively common in the Nordic countries. Statistics that indicate ‘untimely intercourse’ (the ancient ecclesiastical term) are available for Sweden from 1911, when 11 % of the mothers had their first (legitimate) child too ‘early’ (defined by us as within 8 months from the wedding). This proportion increased up to 1941-45 when it attained 16 % (with much higher ratios for young brides). Rates of premarital conception were higher in socially homogenous northern Sweden, for example in the Skelleftå area, where half of women marrying in the 1700s and 1800s either in that predicament or already had one or more children before the marriage (Alm Stenflo 1989). Homesteads were there – but not in southern Sweden - of about equal size and the ‘risk’ in premarital conception may thus have been smaller for both parties involved. In Iceland today more than 60 % of children are born to an unwed mother, and in the other Nordic countries the rate is well above a third of the newborn. It should be mentioned, however, that the unwed mothers usually live with the child’s father. Even if this is a Nordic tradition, the pattern is now so common in Europe that in France in 2004, for example, nearly half of the newborn had unmarried parents.

Inspection of questionnaires from the 1954 survey of old Swedes (67+) shows that it was not rare to find remarriages, resulting in ‘his’ and ‘her’ children, and there were also foster-children and children from before marriage. Likewise quite a few lived with a grandchild where the middle-generation was not present, probably because a daughter was away working or in a new marriage (SOU 1956:1). Remarriage became less common over the next few decades, but now seems to be on the increase among old people. To have grown up in an intact ‘biological’ family is lower among older Swedish respondents than among the middle-aged who grew up when death no longer interrupted family trajectories as it had in the past. However, growing up in an intact

family is now less common within younger cohorts that are affected by rising divorce rates among their parents.

Commonlaw-unions are increasingly noticeable also among old people, although evidence on partnership is hard to come by. The discrepancies between legal status and practice made Statistics Sweden stop publishing projections of marital status and childlessness in the early 1990s; they rather soon appeared futile. In the Swedish case it emerges that 54 % of all old people lived with a partner (1 % were married but did not live with a spouse) in 2002-03. About 5 % lived with a partner to whom they were not married and a remarkable 7 % had a non-coresident partner (a so-called LAT relationship – living apart together)(Socialstyrelsen 2005). The proportion of old people living in consensual unions was 1 % in Iceland in 2005 (based on our own calculations from Statistics Iceland data), 3 % in Denmark (of the 60-64 year olds) in 1987 (EGV 1989), and 3 % in Finland in 2005. In all countries consensual unions are also somewhat more common among old men than among women.

### **Household patterns of old people**

As indicated above, marital status does not translate all too smoothly into living arrangements of old people. In general, most older people in the Nordic countries now either live alone or with a partner only, as co-residing with off-spring or others has become rare. A trend toward increasing household atomization holds for the populations at large. In Norway, which like Finland was affected by housing shortages and other difficulties after the war, 12 % of all households contained relatives or non-kin in 1967, compared to 7 % just two decades later (information distilled from the ingenious Norwegian household surveys, Ås 1989). Census data in the Nordic countries rarely provide relevant data (censuses are no longer undertaken in Denmark and Sweden) to describe the household structure of older people in any detail, but we may gain some evidence from surveys.

The stereotypical image of old people historically mostly living with off-spring in complex households of three generations and/or similar constellations has some support in demographic studies, but variations between local areas were often great (Moring 2003). Some Northern areas in Sweden shifted from great complexity towards simpler, nuclear family types in the later 1800s (Egerbladh 1989). But in other areas with industrial centers, households grew more complex with more generations living together or with other types of household extension (Tedebrand 1999). This has been interpreted as a survival strategy along the lines described by Michael Andersson for England. Before 1800, many old people lived alone or just with their spouse, but it is hard to pinpoint a single structure or development. Also in Norway household structures varied a good deal, and in Eastern and Northern Finland stem families were common (many of these vanished with the evacuation of Karelians away from the advancing Soviet army in 1940). Complex families may historically have been somewhat less common in Denmark (Moring 2003).

From a demographical perspective, the rural three-generation household stereotype is problematic, not only because it assumes that members of all three generations were alive at the same time, but also because it often assumes that at least one generation was propertied. Possibly ownership of property was widespread a few centuries ago,

but around 1900, when most Swedes still lived in the countryside, the large majority of new fathers were proletarians. At most 25 % of the newborn in Sweden had a father who possessed real estate, judging from information on fathers' professions in the statistical yearbooks.

The trend in three-generation households can be assessed for Denmark thanks to a special analysis done in connection with the well known 1962 three-countries study (Shanas et al. 1968). A representative subsample of 2700 persons in the Danish 1845 census was compared with the 1962 evidence. It emerged that living alone among old people (65+) rose from 9 % to 28 % and living just with one's spouse from 10 % to 45 %, but living with children shrank from 52 % to 27 %. At both times, most of these children were unmarried, and a majority of them lived with ageing, but still married parents (Stehouwer 1970, my own calculations on Table 3.7). The 'typical' three-generation household had over a century declined from 7 % of *all* households in 1845 to 2 % in 1962. Two thirds of them were headed by the second generation in 1845 and about half of them in 1962. There were rarely at either time *two* complete families in these constellations, and it seems that the arrangement was mostly a response to death, divorce, illness or some other calamity in either generation in the family (ibid.).

Notwithstanding these objections to simplified views of historical family patterns, it remains that co-residence was much more common in the recent past. For example, in 1954 three out of ten old Swedes lived with one or more of their adult children, although only 9 % lived with a grandchild in the household. In 1975 these arrangements had shrunk to 9 % and 1 % respectively. In Norway in 1973, 4 % of old (67+) people lived with grandchildren under 16 (personal communication from Dagfinn Ås, Norges Byggforskings-institutt). Of the grandchildren residing in Swedish households of old people in 1954, half were children of a married middle-generation, a quarter the children of an unmarried daughter and a quarter were children without any parent present (own computations from original data). Thus, even when the household was extended, the stereotypical three generations household was rather unusual. However, it was indeed common to live in an extended family at *some* point in time, for example sometime during childhood. Surveys in Finland and Norway in 1983 show that three out of ten adults (25-65 year old) had lived with relatives beyond parents and siblings when they grew up, whereof a minority (7 % in Norway, 11 % in Finland) did so in their own home, the rest in someone else's home. Many thus have experiences of growing up in other people's households up to rather recent times (Sundström & Waerness 1987). And, even if fewer old people than expected lived permanently with their off-spring in the past, it was common that they spent their last year(s) in life in co-residence (Gaunt 1983).

To this perspective may be added information on adults living with their (ageing) parents. This was occurred for 14 % of the 30-44 year old persons living in seven rural Swedish parishes in 1880, but only 3 % of those living in Stockholm in 1900 or in all of Sweden in 1980-81. Rates of co-residence for adult children were higher in Finland (1978) and Norway (1981), with 7 % and 6 % respectively (after Sundström 1985). In more decades, these rates have declined substantially, although they are still rather high among the never-married (esp. men) and persons on early retirement due to illness etc. Interestingly, adults co-residing with parents in Sweden in the 1800s were about equally often married and single; in recent times the vast majority are single (never-married). Men all along made up the majority of the co-residents, but

more so today than in the past. It is not unusual to find off-spring with various handicaps among these adults today, but proportionally less so in the past. This has been interpreted as today's aging parents being more resourceful than in the past, so that they now are better able to shelter off-spring who are unsuccessful in the housing-, marriage- and/or labour markets (Sundström 1987). Consistent with this, children from working-class families move out much earlier than those from middle- and upper-class families.

The debate on how to interpret historical evidence on household structures of old people has also taken place in Sweden. There were as indicated more, in some areas many more, old people who eventually moved in or joined households of family members before they died than emerges from cross-sectional evidence (Gaunt 1987). Conflicts between the generations in these retirement arrangements were not unheard of and sometimes ended in court hearings (Gaunt 1983). The inclination for autonomy was, and is, strong among old people in the Nordic countries. It was common that the older party who shared house with a child tried to establish an independent 'sub-household', with a kitchen of their own etc. In the records this may appear as generations 'living together'.

Propertied persons could set up formal retirement contracts (*undantagskontrakt*), where the older party – often about 50 years old - traded their property for shelter, food and care. Such contracts were frequently very concrete in their specifications and sometimes included insurance of care from a hired helper, should satisfactory help from the family not be forthcoming. A decent burial would often also be part of the deal (Gaunt 1983, 1987). There are indications that co-residence between older and younger generations, contracted or not, was much more common on the smaller farm holdings than on the bigger ones (Hamrin 1954, Byggforskningsrådet 1979). Around 1910 about 10 % of old Swedes lived in these arrangements, in 1954 it was 6 %. Today these arrangements have vanished altogether in Sweden, although substantial numbers still remain in Norway (where even new contracts are established) and Finland.

Of particular significance is how common it is for old people to live alone, which may signify a situation of vulnerability, but also is consistent with preferences of old people. In the earlier 1900s about a tenth – with large local variations - of elderly persons seem to have lived alone, based on cross-sectional Swedish data. Many of the rest shared living quarters with family and/or others, consistent with Danish household patterns in 1845 described above (Kjellman 1984).

Living arrangements are conditioned by material factors such as availability of affordable housing and access to family. An analysis of Norwegian household data for 1981 revealed that unmarried childless old persons often lived with siblings, and those who lived with wholly unrelated persons usually were never-married persons who lacked both children and siblings. Generally speaking, the availability of family influenced both whether old people lived alone or with family (or others) and whom they lived with. Only about half of never-married old Norwegians lived alone in 1981 (33 % of the men, 54 % of the women; Gulbrandsen & Ås 1986). A similar conclusion was drawn from a tabulation in the three-country study in 1962, where it emerges that it was especially the never-married and childless who lived with siblings and that persons without close relatives also were more likely to live alone (Shanas et

al. 1968 Table VI-18a). As we will see below, kin availability also helps to determine patterns of care.

Using available data, an overview of living arrangements among old people in the Nordic countries, except Iceland, is given in Table 3.

**Table 3. Living arrangements of community-residing old people in Denmark, Finland, Norway and Sweden, 1954 - 2005. Percent**

	Denmark		Finland		Norway		Sweden	
	1962 65+	1988 70+	1950 65+	2005 65+	1953 67+	2001 67+	1954 67+	2002 65+
Living alone	28	53	18	38	21	42	27	40
With spouse* only	45	40	16	48	41	47	30	58
With spouse & children**			20	5		7	11	
With children*	27	7	35	3	27	4	16	2
With others			11	6	10		16	
<b>Sum</b>	<b>100</b>							

\* including co-habitational partner

\*\* and possible other persons

Note:

DENMARK 1962 Shanas et al. Table VII-1 our own calculations; 1988 Platz 1989 Table 4.6. Note that 27 % and 7 % respectively are percentage of sum total of spouse and children, and persons living with children, and persons in other types of constellations.

FINLAND 1950 Statistics Finland 1953. (For 1990 – see Tables 3 and on 2.3 and 3.1 in Appendix, United Nations 1999. In 1990 most of the ‘other’ category were persons living with spouse and child/ren, abmuch smaller group were unmarried persons living with child(ren): Table 2.3). 2005 information provided by Ms Ahokas Erja, Statistics Finland.

NORWAY 1953 Ström 1956 (41 % with spouse and potential children); 2001 Census data provided by Statistics Norway, our own calculations. Information identifies parents with/without children, hence a few of ‘with spouses only’ may coreside with others (good data for 1981 in Gulbrandsen & Ås 1986).

SWEDEN 1954 SOU 1956:1; 2002 Socialstyrelsen 2004b (2 % sum total of spouse and potential others and persons in other constellations).

Increasingly, older people in the Nordic countries began to live alone after the 1940s. The pattern of living alone reached high levels by the 1980s in Denmark and Sweden, and somewhat later in Finland and Norway, where old people have had a longer history of living in more complex household constellations. Also noteworthy is the rising proportion that lives with just a spouse. Further, the length of time lived with a spouse is longer than in the past. Local historical studies have illustrated the extremely rapid turnover of farms due to death of the owner well into the 1800s. Now death takes its toll much later in life, although probabilities of divorce among old people have been rising (Table 2). Yet, never before have so many people been married so long to the same person, as is evident from statistics for Finland and

Sweden. A visible sign of this is the large number of Golden Weddings that nowadays meet readers of the so-called family page of Nordic newspapers. This should not surprise us: marriages dissolved by death on average lasted about 15 years during the 1700s, about 25 years in the early 1900s, 36 in 1952, 42 in 1981 and about 49 years in 2000.

About 14 % of Swedish marriages contracted in 1906-10 were intact 50 years later, compared to 24 % of those contracted in 1946-50. It is indeed possible to find marital unions contracted before the Russian revolution and which outlived the Soviet state. Table 4 provides more detail on marriages of old people in Sweden. Finland, that was lagging in this regard earlier, has recently caught up, due to rapidly increasing longevity of in particular Finnish men. Almost 26 % of Finnish marriages contracted 50-54 years earlier were still intact in 2005, as were 12 % of those contracted 55-59 years earlier and 3.4 % of those contracted 60-64 years earlier (calculated on data provided by Ms. Erja Ahokas, Statistics Finland).

**Table 4. Proportion married older persons, by age, Sweden 1950, 1975 and 2000, and long-lived marriages 1960 and 2000.**

	Age group, percent married					
	65+	65-79	85-94	80+	90+	95+
1950	46	50	--	20	10	--
1975	50	56	17	25	10	5
2000	51	59	22	31	12	6

	Percent remaining			Number	
	<i>Marital cohort age</i>				
	<b>50-54</b>	<b>55-59</b>	<b>60-64 years</b>	<b>50 years -w</b>	<b>65 years -w</b>
1960	13.5	5.0	1.2	31 947	197
2000	23.9	12.6	3.9	121 557	1 606

Source: our own calculations on official statistics.

Note: these data are not immediately available, as numbers of weddings a given year have to be combined with dissolution of marriage by cause and length of marital union 50-54 years later etc.

Clearly, an increasing proportion of old people are married into ever more advanced ages, and most (88 %) are in their first marriage. By comparison, only 62 % of married persons aged 61+ in Norway in 1801 were still in first marriages. Farmers were more often remarried than the landless, and remarkably many of the women in the former group were older than their husband (Statistics Norway 1980 Table 14, our own calculations). Due to high rates of remarriage about the same proportion of elderly Norwegians were married in the 1860s as in more recent times. It appears from the Swedish evidence that there are two tendencies: rising longevity bolsters survival of marriages, but if those who are widowed or divorced find a new partner, they will usually not remarry. Norms have changed, and remarriage is now punished with reduced pension.

As mentioned, many people – young and old – live in relationships outside conventional marriages. Nevertheless, at least up till now, the rising marriage rates of the past imply that an increasing proportion of old people will have off-spring. When the Swedish government in the 1930 and 1935 censuses required information about child-bearing for all women who were or had been married (information cross-checked by the parish priest against records), it was found that 14 % of all marriages were childless, and on average married couples had 3.3 children. For marriages that had lasted 25 years or more – which a minority did - only 3 % were childless, and on average they had 5.1 children. In the early 1950s these cohorts had entered old age and in a 1954 survey 22 % of the Swedish elderly (67+) were childless, 32 % had 1-2 children, 22 % had 3 or 4 children, and 23 % had 5 or more children (11 % of the married, 32 % of the unmarried, 19 % of the men and 25 % of the women were childless; SOU 1956:1 Table 6 p. 257).

In other words, over half of old people from an era without modern birth control techniques were childless or had just one or two children. A similar pattern emerges for Denmark in 1962: 18 % was childless, 20 % had one, 20 % two children, and a minority (27 %) had 5 or more children. The large families were most common among the oldest of the old, and least common among the 65-69 population who more most likely (23 %) to have just one child (Shanas et al. 1968, our own elaborations on Table VI-14). Comparable later data are scarce, but childlessness was about the same among Danish elderly in 1977 (17 %) and 1988 (19 %), though somewhat higher proportions had one, two or three children (55 % in 1962, 61 % in 1988)(Platz 1981, 1989). Childlessness clearly is decreasing among the Danes, as it was only 13 % among 60-64 year olds and 10 % among 50-54 year olds in 1987 (EGV 1989).

Finland had a somewhat deviant pattern in 1950: about the same proportion of old people were childless (19 %), but a substantial fraction had many children (29 % had 5 or more and fewer had one (13 %) or two (13 %)(Statistics Finland 1953 p. 42). At a later point in time, 1991, 17 % of 56 year olds – about representative of today's old Finns - were childless, 16 % had had just one child, and 32 % had two children. Only six per cent had ever had five or more children (figures refer to live children ever born to 56 year old Finns: our own calculations on Statistics Finland 1992, Table 24a).

For Norway we can draw on data in the OASIS project. In 2000-01 a fifth of the 75+ were childless, but among the 'young-elderly' (65-74) about 15 % were childless and among the middle-aged (55-64) only 11-13 % were childless (Daatland & Herlofson 2004). For Sweden in 1976 26 % of the 65-74 were childless as against 17 % of the 45-64 year old (Statistics Sweden 1980). In 1988-89 19 % of the 65+ had no children, in 2002-03 it was down to 15 % (Socialstyrelsen 2004b).

In other words, the proportion that is childless has decreased in the Nordic countries and seems to have leveled off at about 10-15 % of elderly people. It can not be expected to decrease much further, as a rather high fraction of middle-aged cohorts report that they have never lived in a relationship. For example, 9 % of the Danish men and 6 % of the Danish women aged 45-49 years in 2002-03 report this situation (Aeldre Sagen 2004). Similar figures are reported from Swedish fertility surveys of men and women. In a European perspective, childlessness is higher among the 50+ in for example Germany and Spain (analysis of SHARE). Increasingly, old people in the Nordic countries - and even more so among the cohorts in turn to become old soon -

have children. Just having a single child has by no means become more common, and may be even less frequent than before.

### **Kinship patterns at large**

It is well-known that kinship networks of old people in some ways are more extensive today than in the not-so-distant past. For example, more generations are alive at the same time, a trend that is noticeable among Nordic elderly. In cohorts entering old age in the mid-nineteenthundreds many had lost either or both their parents quite early in life. That is now a rare situation, though for example in Finland many lost their fathers earlier than in Sweden, reflecting both shorter longevity of Finnish men and the vast losses of men during the war. Another reason for losing parents later is the long trend of earlier child-birth, lately also more compressed in the life-course of the parents. There are also class gradients to family patterns, as workers and farmers tend to lose their parents earlier than middle- and upper-class persons.

In Denmark 19 % of old people belonged to a four-generation constellation in 1962 and 25 % in 1977, though the majority are part of three-generation families (EGV 1989). For a chronological perspective we may draw on another source: in Denmark 74 % of the 67+ had grandchildren in 1962 as against 78 % in 1977, for greatgrandchildren the rate was of course lower but also increased, from 15 % to 21 % (Platz 1989). In Sweden in 1994, 65 % of old people had grandchildren (Socialstyrelsen 2006). Analysis of data in SHARE indicates that a higher fraction of older (50+) persons in Denmark and Sweden (the two Nordic countries participating in SHARE) have grandchildren, than in other European countries. They also provide care for their grand-children just as often (below).

Access to one or more siblings is also more common now than than previously. In Denmark for the 67+ the availability of a sibling rose from 82 % in 1962 to 85 % in 1977), and increased also in Sweden (65+) from 75 % in 1988-89 to 79 % in 2002-03 (Socialstyrelsen 2004a Table 4). The more comprehensive panorama of having both partner and children seems to show an increase as well; in the case of Sweden from 47 % to 51 % (same age and years as earlier) and the proportion having neither decreased from 14 % to 9 % (ibid.). If *all* near family – defined as partner, children and siblings - are considered, availability was stable at 39 % of old people. Conversely, a small and shrinking group of old people have neither of these family ties: In Sweden of 1988-89 4 % had neither partner, child nor sibling, as against 3 % in 2002-03. Due to mortality of spouses this is even lower among middle-aged persons: in Denmark 1 % of the 60-64 year age group had neither of these in 1987 (EGV 1989). In Norway in 1981 this held for 4 %, 35 % had all of them (Gulbrandsen & Ås 1986). It should be noted that women and working-class elderly people are at a disadvantage in these respects, primarily because they lose their partners earlier (or have remained unmarried).

Comparable data for the other Nordic countries are unavailable, but there are indications of more old people in the past lacking close family. Thus 14 % of elderly Finns in 1950 had neither spouse nor children. In Sweden in 1954 the figure was 17 % and in Denmark in 1962 it was 13 %, in 1977 11 % (Statistics Finland 1953, SOU 1956:1, Platz 1981).

Family relations beyond these close ones have been assessed in more global terms in a few studies, but are harder to compare. Thus, in a representative population survey of Swedes 75+ in year 2000, no one reported that they lacked relatives altogether, though the exact meaning of this remains unclear (Socialstyrelsen 2004a).

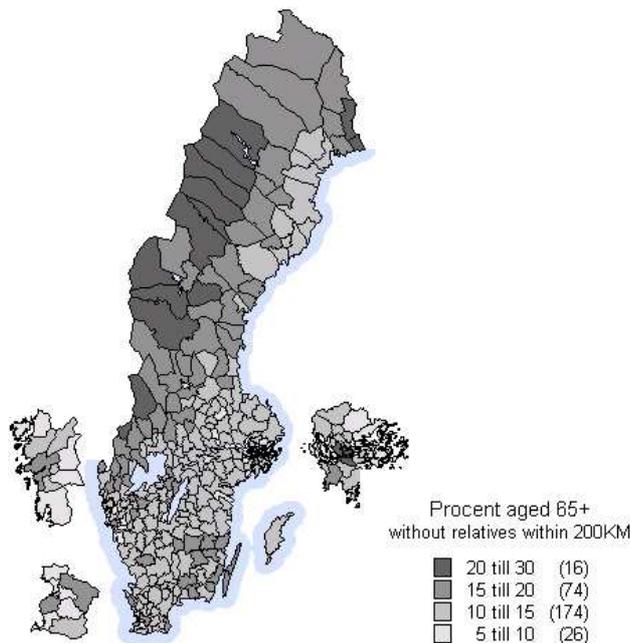
To these purely demographic aspects of the kinship panorama we may add the geographic availability of kin. This provides a somewhat different picture. Among the 75+ in Sweden in 2000, 25 % were married and had children and siblings, though only 5 % were married *and* had at least one child and one sibling living 'nearby' (within 15 KM); 17 % had neither partner, children, siblings or 'other kin' living 'nearby', and only 3 % were married and had representatives of all the three latter relationship types within that close range. (36 % had both partner and child, 22 % had partner and child living 'nearby')(Socialstyrelsen 2004a).

It is difficult to know whether these patterns are typical and stable over time. In Norway in 1953 5 % of old people were unmarried and reported that they had no relatives whatsoever in their municipality, which are often quite small in Norway (Ström 1956); in 1981 23 % had neither children nor siblings within that range (Gulbrandsen & Ås 1986). This is possibly comparable with the 35 % of Swedes 75+ who in 2000 did not have either of these within 15 KM distance (Socialstyrelsen 2004a).

Generally speaking, we would expect relatively high local density of kin networks, considering that most people in for example Sweden live on or quite near the place where they grew up. Geographical mobility has been remarkably stable since 1749 at about 8 % of adult Swedes moving across a parish border annually. Many moves take place *inside* a parish, as most moves are short distance. Simple cross-tabulations also indicate that most adults live in the county where they were born: 81 % of the population in Scania (Malmö), 68 % of those who live in Stockholm county (our own computations on Table 1.3.2 in Statistics Sweden 2006). Nine out of ten geographic moves are related to family (moving out from parents, marrying etc.); few move for reasons related to work. In surveys old people report low inclination to move, and lower now than in the 1950s and 1970s, when a substantial minority wanted to move to get access to modern housing.

Nevertheless, access to close kin does vary locally in at least Norway and Sweden, with potential consequences for frail older persons. At the most basic level, it is found that living alone varies regionally (Brevik 1985, Davey et al. 2006) and probably does so also in the other Nordic countries. Swedish data in Figure 1 shows the percentage of very old (80+) persons in each of the 290 municipalities that lack a partner (nearly all live alone) *and* have no child/ren within a 200 KM radius. The source of this information is the unique Swedish multi-generation registry, established in 1947 and covering the whole population. On average 15 % of the 80+ have neither partner nor a child reasonably near, but local variations are big, with much higher rates in many northern municipalities (Alm Stenflo 2006). These variations have obvious implications for the public services, as we shall see below.

**Figure 2. Availability\* of close kin (partner and children) for elderly (65+) Swedes in 2004. Percent**



\* No partner and no child within 200 KM distance. Only “biological” off-spring is considered. The fractions in border municipalities are somewhat overestimated as children living in neighbouring countries are not registered.

Source: data provided by Gun Alm Stenflo.

There is thus a good deal of geographic closeness, with important local variations, but also many old people who have relatively thin family networks around them, even although this group, as we have seen, may be proportionally smaller today than, say, 50 years ago. A follow-up for a Danish town (Odense) in the 1700s found that many of those who attained old age by then often had off-spring, but off-spring that was not available for sheer distance and/or small possibilities to overcome that distance (Johansen 1987). Similar patterns in Sweden in the 1800s have been described by Gaunt (1983). It is possible that old people deprived of *all* near family (blood-ties) that were singled out in some early studies in the 1950s and 1960s today is a small group indeed, but that other types of vulnerabilities now step in the foreground. In Sweden in 1954 2 % were categorized as ‘isolated’ (SOU 1956:1), in Denmark in 1962 ‘between 2 per cent and 3 per cent’ lived in ‘extreme isolation’ (Shanas et al. p. 262). The Norwegian survey in 1953 reported that 5 % had no contact at all with family, though after considering contacts with friends few were considered to be completely isolated (Ström 1956).

If we restrict the perspective to children, maybe the most significant social tie for old people beyond a partner, it is by now well-known that distance to closest child is small in most European countries including the Nordic ones (SHARE 2005), nor has this distance grown substantially, judging from Danish and Swedish evidence,

whether measured in travel time or geographic distance. Off-spring have moved out of their parents' home near-completely in the Nordic countries, but have not moved far away. Yet, about a tenth of elderly Swedes have their closest child at a considerable distance that rules out frequent physical contact (Socialstyrelsen 2004a) and a quarter of the Danish elderly had their closest child more than thirty minutes travel time away. In Finland in 1976 76 % reported to have children "in the same locality" (Karjalainen 1980) and in Norway in 1985 9 % lived with children and 19 % had them in their vicinity (Sundström & Waerness 1987). The European SHARE-project gives more, and comparable, details on these aspects (SHARE 2005).

The perspective of off-spring provides a more diversified picture, and a sizable minority will have their parents rather far away. For example, in Sweden in 1984 2 % of the 30-49 olds lived with parents, but 6 % had them in the same house or the immediate neighbourhood, and in total 37 % had them within 15 KM distance, 29 % within the 15-150 KM rayon, but a fifth (19 %) also had them more than 150 KM away (13 % lacked parents)(after Sundström 1985).

Frequency of contacts with relatives is a staple in surveys of old people, and without going into detail it is obvious that interaction remains high though more of the social life took place inside their households in the past, when co-residence with children and others was more common. It is illustrative that co-residence declined in Denmark between 1962 and 1975, but at the same time *temporary* stays in each other's homes increased vastly (Platz 1981). There is regrettably no later information on this, except that studies of vacation patterns find visits to relatives to be one of the most common 'tourist' activities.

Dwellings are now so updated that surveys with old people usually no longer ask about their housing standards, but rather explore whether they use cellphones and computers etc.: 4 % of the 75+ were surfing the internet at least weekly in year 2000 (Socialstyrelsen 2000). Very few old persons want to move to institutional care in the Nordic countries; interest in retirement communities is bigger and also appears to be increasing, according to a Norwegian study (Brevik & Schmidt 2006).

To some extent geographic and social mobility go together, resulting in longer distances between old people and their off-spring, when the latter are upwardly mobile, with less chance for physical contacts between them. Not observing this may lead to premature conclusions about old parents being neglected by children who have 'arrived'. If the distance factor is accounted for – social and geographic mobility go together - variations in social contacts between generations of different social status vanish (Sundström 1986), although a qualitative study found that 'careerists' tended to provide less care to ailing parents living in the vicinity (Winqvist 1999). In a demographic perspective it emerges that middle-class adults more often have ageing parents still alive, though these seem to be healthier and in less need of help than parents of working-class adults. The latter, on the other hand, less often have parents alive, resulting in care-giving for parents about equally often in all social classes (Socialstyrelsen 2004a, 2006). It may also be well to note that in spite of substantial social mobility in the earlier half of the 1900s in the Nordic countries, parents are likely to have off-spring in the same social stratum.

An interesting case is the substantial local variations in public services (Home Help) for the elderly in all Nordic countries. Attempts to explain these persistent patterns with supply factors like economics, politics and simple demographics have been futile, but recent analyses for Sweden that included indicators of need (demand) met with greater success. When differences in need (living alone *and* in need of care) are considered, variations in service coverage vanish (Davey et al. 2006).

### **The arithmetics of kinship**

Many scholarly studies of needs for care of the elderly have considered the capacity of their social network to provide care and tried to estimate potential changes. Moroney in a seminal work (1976) gave an important impulse to use an indicator of the demographical size of the 'care-taker pool'. This typically relates the number of persons (women) in the population of presumable care-giving age – often 45-59 – to the number of old people. Whatever the definition, this quotient shows a clear and rather dramatic decline, and most visibly so in the later 1900s; in 1900 there were 858 Swedish women 45-59 per 1 000 old persons (and many more in 1750), in 1960 848, in 1975 591, in 2000 586 (the small decline after 1975 was due to the baby-boom cohort in the numerator) and can be projected to be about 480 in 2025. Using single or non-employed women shows an even more drastic shrinking of the 'care-taker pool' (Sundström 1983).

Easily calculable as it is, this indicator of (potential) access to informal care has serious limitations in describing the access to potential kin carers. Incidentally, it also identifies the waning supply of potential professional carer in that age group. In 1935 there were 250,000 recorded maid-servants in the Swedish census, in 1945 120 000, though the decline probably was more due to new avenues for female workers opening up during and after the war than to demographic changes such as a shrinking pool of young, unmarried women that maid-servants were mainly recruited from. An unknown number worked for elderly people, though we know that 3 % of the elderly had a maid-servant in 1954 (ca. 20,000). By then, the recruitment basis was already severely eroded.

The crucial question is of course whether the care-taker pool does indeed mirror real (change in) access to close relatives in individual, concrete families, if we assume that these will usually be providing the core part of informal care. The preceding section about *increasing* access to immediate family raises serious doubts on the usefulness of any arithmetical indicator. To this may be added the observation that being married and/or employed seems – at least in the Nordic countries – to be less of a hindrance to caregiving than often assumed (below). Empirical studies in the Nordic countries find that carers often have terminated their work or be on part-time etc. for other reasons when they become carers, be it for an ailing parent or someone else (Socialstyrelsen 2006).

Yet, even with this caveat it may be argued that the care-taker pool concept is a useful heuristic to indicate the degree of pressure on the family. This makes more sense, but is still problematic in its somewhat mechanistic view of *the* family. An increased risk to become a carer seems to have occurred in the final years of the 1900s in at least Sweden (Olsson, Svedberg & Jeppsson Grassman 2006, Socialstyrelsen 2006), but is

it reasonable to equate a somewhat raised risk (chance) for individual family members to help an ageing parent over one's life-course with an abstract Family that is 'squeezed'? All available studies of family care for the Nordic elderly and public services for the same old people and the interaction between these two providers point to the flexibility of individual families in dealing with these challenges and the less than flexible public systems, but also to important synergisms between them (below).

### **Interaction between generations, the contents of exchange and old persons as caregivers**

Less is known about the contents of interaction across Nordic generations than about the frequency of contacts and distances, but in general terms it can be stated that old people in the 1950s were mainly receivers of housing, help and financial support. Today they are often givers of informal care and financial transfers. This is quite visible in the Finnish survey of 1950, where a majority received various types of help from family, not surprising in a situation of widespread poverty, no universal pension system and a serious housing shortage as nearly half a million Finns were evacuated in 1944-45 from Karelia that was lost to the Soviet Union. Eight out of ten old Finns who had off-spring were helped by them and most said that they could not get more help than they already received. Yet, the majority affirmed that support for ageing parents was the responsibility of off-spring rather than of the state (Statistics Finland 1953). Filial obligations of children and grand-children still applied in Finland by that time. In Sweden it was abolished with the poor-law itself in 1956 and somewhat later in Finland and Norway, last in Iceland (1991). Denmark never had this legal statute, neither in civil law nor in the poor law, to our knowledge without any noticeable effect on family relations.

A Swedish survey already in the early 1950s and the Danish 1962 study observed that some old people were *givers* of help and money etc., rather than receivers (Elmér 1960, Shanas et al. 1968). Two per cent of the Swedish elderly in 1954 were 'substantial' givers of help to somebody in another household (SOU 1956:1), in 2002-03 about 5 % were givers of extensive informal care outside their own household and another 17 % gave less extensive help. Another five per cent gave mostly intensive help inside their household, typically to a partner, in absolute numbers equally many men and women (Socialstyrelsen 2006). In 1999-2000 six per cent of old Finns reported that they had in the last four weeks been giving care to "sick or elderly" people in another household (10 % of the 50+)(personal communication from Laura Iisakka Statistics Finland).

In 1962 29 % of old Danes gave some kind of help to children and 14 % to grandchildren, in 1977 the percentages had risen to 49 and 52, respectively (Platz 1981). Only a minor fraction of this is attributable to more old people having these ties (above). Rather few old Finns in the 1950 survey reported that they 'had to' take care of grand-children, in a 1999-2000 time-use study 19 % report having been child-minders within the last four weeks (23 % of the 50+)(Laura Iisakka as above). In 1980 50 % of Swedes aged 55-64 reported "regularly" doing child-minding (SOU 1981:70). Even higher figures were reported at that time from Finland and Norway for temporary help and it appears that this has become more, not less, common. This is supported by more recent data in the SHARE survey, which also indicate that caring

for grandchildren is no more common among the 50+ in Southern Europe than in Denmark and Sweden. In Finnish retrospective data, few persons born 1915-30 reported having been taken care of by grand-parents in their childhood (5 % in their own home, 2 % in another household). It was much more common to have been cared for by siblings, other relatives or a hired child-minder. The same pattern emerged from similar data collected in Norway (Sundström & Waerness 1987).

In both Finland and Norway, having been taken care of by grand-parents was more common among cohorts born after 1940. Noteworthy is the significant number of hired helpers in the older cohorts; in the Finnish data 75 % report having at some point in time a professional maidservant in their home when they were children (op.cit.). There has therefore not been a simple transition from (extended) informal care to formal care, whether in old-age care or for regular child-care. Nor does frequent child-care by grandparents for their off-spring necessarily imply that they occupy an unambiguous position in the family network. A qualitative Finnish study of mother-daughter-grandchild ties indicates a certain rolelessness for the grandmothers and a degree of ambivalence between the adult generations (Hurme 1988).

A common stereotype holds that the contemporary family is 'typically' burdened by both small children and ageing parents that need care. This is rarely the case, but data in SHARE for all European countries including Denmark and Sweden support a looser version: the 50+ do have a pivotal role for exchanges in both directions in these constellations (Attias-Donfut, Ogg & Wolff 2005). Danish studies in 1987, 1997 and 2002 assessed exchanges from the perspective of middle-aged cohorts: reports of socializing, vacationing, caring for grand-children, maintenance of housing etc. were simply massive, but financial help was marginal (EGV 1989, Aeldre Sagen 2004). The large majority also expected to get help from their children, should needs for that arise, and most reported that they were prepared to help their parents (in future). Asked about values in life, the family and what it stands for emerged as paramount in importance (Aeldre Sagen 2004). It has been suggested that when resources were directed to old people by the welfare state, this made it possible even for ageing parents to remain givers, and not just for adult children in trouble as we seen above (Sundström 1983, 1987).

Community living old persons are often givers of care, and indeed as often (22 %) as the fraction that reports that they need care (21 %)(Socialstyrelsen 2006). In Table 5 this is described with data for the 55+. (Data in SHARE for 50+ show quite similar patterns of caregiving for Danes and Swedes: Socialstyrelsen 2006).

In Sweden and the other Nordic countries (and elsewhere) caregiving typically climaxes around age 45-54, after that care for parents and other family declines, though caring for a partner remains high and even increases somewhat. Most of the caring is infrequent, with 5 % providing daily care, same for men and women, and the absolute number of spouse-carers are the same for men and women. Daily care is usually for a partner or – less often - other close family and usually in one's own household (Socialstyrelsen 2006).

**Table 5. Caregiving among the 55+ living in the community, by age, Sweden 2002-03. Percent**

<i>Helps old/sick/handicapped person*</i>	<i>Age group</i>				
	55-64	65-74	75+	65+	55+
In own household	3	4	5	4	4
In other person's household	26	21	11	16	21
Total	29	25	16	22	25
Population, 1000s	1.113	734	711	1445	2558

Source: ULF 2002-03, our own computations.

\* "Do you regularly help some person who is old, sick or handicapped and who either lives here or somewhere else?"

The intermittent nature of caregiving also implies that many or maybe even most people will eventually become caregivers, depending on how strict our definition of care. In a national survey in year 2000 34 % of the 75+ living in the community reported one or more incidents of caregiving during their life, higher for women (41 %) than for men (24 %)(Socialstyrelsen 2006). The recipients were almost all a parent or a partner (12 % either) or other close family (9 %). There is no evidence of decreasing care-giving (Lingsom 1997) and, as mentioned above, some recent data indicate *increased* caregiving, and especially for daughters and other female kin during the 1990s, an era of cutbacks in social services for old people in Sweden (Johansson, Sundström & Hassing 2003, Olsson, Svedberg & Jeppsson Grassman 2005).

### **Demography, the use of public services and patterns of care**

In the recent historical past, old people who used poor relief and – later - public services were short on (functional) family and/or lived alone and/or were poor. To some extent this is still true in the Nordic countries, in particular for use of institutional care, where for example the never-married (and consequently often childless) still are over-represented. In the Nordic countries institutionalization rates were somewhat higher than in most other Western countries at about 5-6 % of the elderly in the 1950s, typically rising in the following decades, to later retreat. Rates at this level were not unusual already in earlier centuries, but could vary a good deal locally. Swedish regions with many large estates and proletarianized farm-workers also had more poor-houses to accommodate them in their old age. Yet, averages gave and give an incomplete image of institutionalization, as the long-run cumulative risk of institutionalization varied locally and also has shifted historically. In 1950 about 15 % of old Swedes sooner or later were institutionalized, in the 1970s about 30 % and today most likely a higher fraction, as the duration of institutionalization has declined (Gaunt 1987, Sundström 1995).

Institutions refer to permanent residences for old people, excluding acute health-care. An alternative are the Home Help services that expanded rapidly in the 1960s. They had and have a much less visible class bias. Old workers use Home Help services more often than middle- and upper-class elderly, but a Norwegian study (by Kari Waerness; unpublished) and Swedish analyses indicate that this is mostly due to class

differences in functional capacity and living arrangements. It was also found that persons who used Home Help often were helped by their family as well and vice-versa (Socialstyrelsen 2000, 2006). These patterns will be dealt with in more detail below.

It seems that class gradients may have become attenuated, with public services focusing on the oldest and frailest, often suffering from dementia. The Nordic elderly now manage longer at home, thanks to better housing, informal care provided by family and others, and the public Home Help services. In particular, as we have seen, old people stay married longer and marriage protects against institutionalization and use of other services: few husbands or wives send their partners to institutional care. This goes a long way to explain risks of institutionalization, but usually we have access only to 'snapshots' of marital status etc. for institutionalized persons. It is rare to find the trajectories from onset of retirement or thereabout till the end of life that describes geographical moves, institutionalization etc. A few studies that capture these aspects longitudinally have been done, in France (Cribier, Duffau & Kych 1999) and in Norway (Romören 2003), both reporting that well over half of the subjects ended their lives in institutional care.

Swedish data indicate that equally many men and women are providing care for their partners in old age. This is seemingly inconsistent with the fact that two out of three elderly marriages end with the husband's death. Yet, when men's often more 'abrupt' deaths and shorter and less severe frailties - when occurring - are considered, the total volume of care provided by men and women comes out about the same (Socialstyrelsen 2004a).

Longitudinal data from age 67 (retirement age in 1969-70) for a Swedish locality are used in Table 6 to analyze how gender, marital status and social class interact with risks of institutionalization.

**Table 6. Longitudinal patterns of institutionalization of old people in Dalby, Sweden, 1969-1995. Percent institutionalized before death**

	All	Wor- kers	Mdl- Class	Single*	Mar- ried**	Single wor- ker	Marr. wor- ker	Single mdlcl	Mar- ried mdlcl
Men	20	27	14	(40)	16	(40)	23	(40)	10
Women	48	58	32	(58)	45	(70)	53	(0)	35
Total	32	41	20	(48)	28	(55)	37	(29)	19
N men	89	45	44	15	74	10	35	5	39
	65	40	25	12	53	10	30	2	23
women									
N total	154	85	69	27	127	20	65	7	62

\* Never-married \*\* Ever-married, incl. widowed and divorced persons and co-habitational units (3 %).  
Source: computations on the Dalby-study. Subjects were all aged 67 when the study began.

Altogether, 32 % ended their life in an institution, but working class elderly ran a greater risk of ending their lives there. Married middle class men ran a 10 % risk of eventually being institutionalized, working class spinsters 70 % risk (or chance).

Indeed, using class, marital status and gender one may already at age 40 predict the subjects' much later risk of institutionalization (analysis not shown here). Noteworthy is the rather high risk for the single elderly. In the Finnish census in 1990, 9 % of single old women and 11 % of single men were institutionalized, and many at relatively low ages (UN 1999 Table 3.1 in Appendix, our calculations).

Most of these institutionalizations took place in the 1970s in a rural area. Analysis of an urban sample of 70 year olds followed from 1970 (the H70 in Gothenburg) found that 50 % of them ended their life in an institution, with risk gradients about the same as in Dalby (personal communication from Marie Ernsth Bravell).

The rather dramatic risk differences of Table 6 may be a thing of the past. The risk of institutionalization used to be primarily a matter of demography and social class but less a matter of health. The age of entry into institutions is now higher on average and placements rationed to provide for very old, frail and frequently demented persons. Also, housing of old people is much improved and community services are now more extensive and better targeted. And, as we have seen, more of the elderly are married into late life. We therefore expect the demographical differences to be smaller if we analyze the trajectories of very old persons, as in Table 7. They and their spouses (if any) are frailer and illnesses more severe and debilitating and of longer duration, especially for the women (Romören 2003).

The analogous analysis in Table 7 for persons 80+, confirms that their greater frailty and higher rates of solitary living tend to equalize social differences and gender distinctions. In Norwegian Larvik the final rate of institutionalization was double as high as in Swedish Dalby for the 67 year olds (Table 6), totally and for the same sub-groups. Social differences have shrunk, as have gender variations and the significance of marital status. It might be noted that both studies took place in municipalities with abundant supply of institutional care, fairly typical of that era.

**Table 7. Longitudinal patterns of institutionalization of old people in Larvik, Norway, 1981-2000. Percent institutionalized before death\***

	All	Workers	Mdl Class	Single**	Married	Single worker	Marr.* worker	Single mdlcl	Marr. mdlcl
Men	52	49	60	(50)	53	(40)	50	(67)	59
Women	73	73	75	75	72	(64)	74	78	73
Total	67	65	71	72	66	(58)	66	77	69
N men	124	75	47	8	116	5	70	3	44
N women	309	151	142	60	249	14	137	45	97
N total	433	226	189	68	365	19	207	48	141

\* The study followed all 434 persons in the municipality who were 80+ in 1981 until they were all dead. (See Romören 2003 for details.) Source: computations on Larvik-data by Tor Inge Romören

The social differences that show higher risk of institutionalization among married working class elderly than in the middle class probably mirrors better health in that

class. A British study found that partner care was more common in working-class elder-marriages for that very reason (Glaser & Grundy 2002).

A high longitudinal risk does not necessarily imply high prevalence rates, or v.v. Indeed, the little evidence there is on these aspects in the Nordic countries indicates rising long-term risks (chances) of using public services before death, while cross-sectional user data at the same time indicate declining rates of use. The explanation seems to be that use of these services is for a much shorter period of time than before. It is noteworthy that most old people will have used public Home Help before they move to an institution or before they die.

### **Care by kin and state and its demographic determinants**

Everything else equal, we may expect that family ties in general and informal care in particular to be at least partly determined by the sheer size of the family, acknowledging that ‘access’ to a partner and off-spring may be of primary importance. Of course, being in the context of a network means not only that one may receive help, but also that one may have to provide it. If networks expand or contract, one might find a corresponding change in these risks (chances). These dynamic aspects are hard to assess, but some evidence on the effects of network character and size can be deducted from survey data. There is thus a clear social profile to the pattern of help old people receive when they live alone in the community and need help, as shown for Sweden with two different data sets in Tables 8 and 9.

In Table 8 we highlight the division of labour between family and state, in Table 9 we take a closer look at who the helpers are. It emerges from Table 8 that old people who need help but who are married and have children mostly (80 %) rely on family only. Those who lack both of these cardinal relations tend to rely exclusively on the state.

This is not surprising, but also old people who live alone and who have off-spring often use public Home Help, but rarely alone: for them the typical situation is to be helped by family alone or to have a combination of family support and public help. As mentioned, adult children of old people often live in the vicinity, and in this group we have seen the greatest increase in family care in the 1990s, parallelling a cutback in public Home Help (Johansson, Sundström & Hassing 2003).

The ‘access’ to a partner and/or child and its consequence for who the carers are can be gleaned in some detail from Table 8, which describes various combinations of informal and formal (public Home Help) care in Sweden for older people in need of help. It verifies that public services (Home Help) are used mostly by older persons lacking close family, but in Table 9 we also see a characteristic pattern of *who* in the family that is relied upon

**Table 8. Older people aged 65 or more years living in the community, by family situation, need for help and help sources, Sweden 2002-03. Percent**

	Married/co-habiting <sup>1</sup>		Lives alone		All
	Has child	No child	Has child	No child	
	<i>P e r c e n t a g e s</i>				
<b>Needs help<sup>2</sup></b>	16	20	27	25	21
<b>Sources of help:</b>					
Family only <sup>3</sup>	80	69	42	24	58
Home-help only	5	8	18	47	15
Both	14	18	32	20	23
Neither <sup>4</sup>	2	5	7	9	5
Sum	100	100	100	100	100
<b>Sample sizes</b>	(1,711)	(194)	(1,078)	(277)	(3,260)

*Notes:* 1. About 97 percent lived with spouse only, but including those also living with children, siblings and others. 2. Needs help with one or more ADLs: help received refers to the same ADLs. 3. Or other informal care. 4. But may have had other sources of support

Source: Statistics Sweden ULF 2002-03, our own computations.

**Table 9. Support patterns for old Swedes in need of help\*, by family situation and help constellations, 2000, 75+. Percent**

	Has spouse/partner		No spouse/partner	
	Has child (N=313)	No child (N=37)	Has child (N=320)	No child (N=100)
<b>TOTAL</b>				
% women	22	24	66	69
Help given only by				
Spouse/partner	70	70	-	-
Child(ren)**	3	3	30	-
Other kin	-	3	4	13
Other household member	-	-	2	-
Friend/neighbour	1	3	6	14
Home Help	5	3	21	34
Combinations of				
Spouse+child**	6	-	-	-
Spouse+Home Help	5	11	-	-
Spouse+other(s)	1	5	-	-
Child+HomeHelp**	1	-	19	-
Child+other(s)**	1	-	4	-
Home Help+ other(s)	-	-	3	19
No one	6	5	12	19
Total	100	100	100	100

\*Need help with one or more ADL-tasks \*\*Children include potential inlaws

Source: our own computations on HPAD survey 2000 (Socialstyrelsen 2000).

Those who have a partner rarely rely upon help from others; other evidence indicates that “outside help” is used primarily when the partner also is frail or otherwise not able to give the support needed, regardless of whether they have off-spring or not. (Also, when public help is given to these persons, relatively few hours of help are granted.) Partnered persons who do not have children use Home Help somewhat more often than when a child is demographically available. As mentioned, geographic proximity of off-spring is a deterrent to use of public support in old age.

For unpartnered older persons, having a child or not thus makes a big difference. Unmarried persons with children tend to receive help from them, alone or in combination with Home Help, though 21 % are helped by public services alone. The small – a tenth of this age-group – category that has neither partner nor children does make use of help from more distant kin and/or neighbours/others. They also more often (53 %) rely on the public Home Help, though we note that even among them a minority is dependent solely (34 %) on the public service.

Access to kin clearly influences both the chance to receive and to give care, evidenced both by the character of the relation and the sheer number of kin. In recent (2002-03) Swedish national data for the 55+, 45 % are care-givers (any person, regardless of relation and location) if they have both a partner, parent(s) and siblings(s), in contrast to 24 % of those who have two of them, 20 % when one of them remains and 16 % for those who lack all these near relations. Of course, the biggest difference makes the presence of a parent, and it is rare to have all three of them: 12 % have them all, 47 % have two of these relations, 33 % just one of them and 8 % none of them. Clearly, there is a good deal of care being exchanged inside the family, but there is also substantial care being given to more distant kin and to non-kin (Socialstyrelsen 2006).

### **Ageing in the Nordic countries: financial, attitudinal and political aspects**

Already in 1912 did a Swedish government commission on pensions point to the significance of supposedly weakened informal care for public spending. This has remained an ingredient of most Nordic white books on pensions and old-age care. Even if no assumption of a decrease in care is made, the availability of family care is considered, the latest examples being econometric analyses of consequences of increased needs for old-age care in Norway of 2050 (Statistics Norway 2006) and a similar Swedish analysis with a rather ‘optimistic’ perspective on future needs for care (Lagergren & Batljan 2000). In contrast to at least one officious European Community document (Council of Europe 1998), official Nordic publications do not propose that families shoulder bigger commitments in old-age care.

One reason for Nordic reserve as to family care is the official wish to keep labour force participation high and also gender aspects: provision of informal care is seen as a mostly female undertaking, and it is often assumed that this is hard to combine with paid work. Yet, it is estimated that ‘only’ two thirds of the care is provided by women (Szebehely 2005) and analyses of both cross-sectional and longitudinal data fail to find any major effects of informal care-giving on gainful employment of either men or women (Socialstyrelsen 2006). Indeed, analysis of a period in the 1990s of shrinking public services for old people and a simultaneous increase in informal care coincided with an era of consistently high labour force participation. The increase in care, we

notice, fell nearly all on daughters and other female family members (Sundström, Johansson & Hassing 2003).

Likewise, there is no rational link between high co-residence - and presumably more informal caregiving - between old people and their children in Finland and Norway on the one hand, and high labour force participation rates in full-time jobs for men and women in Finland and low rates for women in Norway. Denmark and Sweden have high employment rates, with many women in part-time jobs, but the reason for this is seldom explained with any need to provide care to ageing family members (Socialstyrelsen 2006).

Interestingly, these patterns contrast with what is observed in Southern Europe in the SHARE-database, where many carers of old family members report that they have had to refrain from work, stop working and so on (ibid.). A plausible explanation for these divergent patterns is the access to relatively abundant and affordable public services for elderly people in the Nordic countries, both in the community and institutional care. This is also what carers ask for in surveys like a large representative Spanish study of carers in 2004 (IMSERSO 2005) and in international comparative studies like the OASIS-project covering Norway, Germany, Britain, Spain and Israel (Daatland & Herlofson 2004, Daatland & Lowenstein 2005).

Families in general and carers in particular do not ask for the state to ‘take over’ altogether, but desire a *shared* commitment, where *both* parties contribute (ibid., Socialstyrelsen 2004a). Quite often this is also the case in care for old people in the Nordic countries, both in the short and the long run, and much more often than in, for example, Spain (Sundström et al. 2007).

## Discussion

We have above seen the sizable variations in household structures of old people in the Nordic countries, with Finland and Norway having extended family households longer than Denmark and Sweden, but also how they have come to converge in the 1900s into three types: living with just a spouse, alone, or in an institution. Increasingly, the last option is getting more common in the end of life, often through a succession through these ‘stations’, though average, cross-sectional institutionalization rates have remained low and even decreased.

The welfare programs of the Nordic countries have enabled old parents to remain parents thanks to relatively generous pension systems, providing access to good housing, and affordable services and health care. This has been a gradual process and its basis is a centuries old tradition of poor relief as a local, collective responsibility that is financed locally and handled systematically in a common decision process. Indeed, parish – later municipal - democracy was for generations much better developed than participation in any national forum.

Systematic poor relief in all the Nordic countries, a comparatively transparent organization to provide for the sick, poor and elderly, was gradually transformed into contemporary welfare. It has retained some of the important characteristics of its predecessors, though it now serves the whole population, not only poor citizens who

can not get the help they need from their family. It has also demonstrated a remarkable resilience in accomodating demographic challenges, primarily the growing number of old people considered needy of services.

Considering the high proportion of old people in the populations of the Nordic countries, and the prospects of even higher proportions of the old and very old in the near future, the public debate of aging issues is remarkably tranquil. Government commissions on pensions and old-age care are launched with rather short intervals in the Nordic countries and these issues are highly political. Yet, public welfare is also anchored in centuries' old structures and there is relatively high confidence – although eroding in latter years - in the state's capacity to handle future demographic challenges. Importantly, the cleavages in the Nordic countries between old people as a group and the rest of the population appears to be smaller than in, for example, continental Europe. The 1992 Eurobarometer study found that old people in Denmark and Sweden mostly felt to be neither especially well treated - nor especially poorly - by government agencies, the health care system, post office etc. just because of their age. On the continent many old people reported of better treatment, but just as many also of much worse, due to their high age (SOU 1993:111).

Official studies in the Nordic countries tend to take a concerned but yet relatively optimistic view of the future chances to see to the needs of old people, at least if there is sustained economic growth and manpower available (Lagergren & Batljan 2000). Expectations are that the state shall carry responsibility for old-age care also in future, although opinion polls indicate growing doubt as to the state's ability to provide pensions and services (Socialstyrelsen 2004a). When unforeseen low economic growth threatened to make the old pension system actuarially unsound, a reform of the pension system was undertaken in the 1990s. This met with surprisingly little popular resistance, notwithstanding that many more years now are needed to qualify for a full pension. The outcome is now tied to economic progress at large and resulting pensions may be lower than previous cohorts could expect from a very generous system. Legal retirement age is high (67) or raised from 65 to 67 (Sweden) and actual employment rates are also comparatively high up till age 60-65 in the Nordic countries.

Contemporary discontent with public services for old people often has its root in the feeling that one does not get the support one is used to: the threshold to qualify for Home Help or institutional care is higher now than before, creating a general feeling that there is less for everybody. A redefinition of needs successively takes place in Nordic municipalities, which used to have a near monopoly on services for the elderly. Paradoxically, the rationing that is taking place has been succesful in the sense that now *more* old people than before eventually get their share of public welfare, although later in the life course and a little less than earlier for the same need (Socialstyrelsen 2000). This is not well understood by social service administrators themselves and even more difficult to get across to the public. Nordic people used to be relatively willing tax payers, responding to the feeling that they all got their share of what was produced with their tax money. This sentiment is slowly undermined by well-publicized incidents of needy old people confronting raised thresholds and by a creeping privatization, in the shape of expanding family support and commercial alternatives to public services.

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## Concepts

old = 65+ if not otherwise stated  
 single = never-married  
 unmarried = not married

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