Who Cares for Whom? Determinants of Informal Solidarity towards Older Adults in the French West Indies and Réunion Island

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Short abstract

The French overseas territories present a unique situation in the world and offer a very interesting setting for the study of informal care. As an integral part of the French Republic, they have the same administrative status as any other region of France, yet their remote location and distance from the mainland creates a very different social context, marked by income poverty, families scattered between their island and the mainland, and strong traditions of solidarity. In this communication, we choose to focus on three overseas territories (Guadeloupe, Martinique and Réunion), which are currently undergoing a rapid ageing of their population; therefore the question of care for the elderly is of concern there. We seek to identify the determinants of receiving informal care for people aged 60 to 79, according to who provides it. We use data from the Migrations, Family and Ageing survey, a large official survey conducted in the French overseas territories in 2009-2010. We find that education is the main determinant of receiving informal care no matter the provider, followed by health status. However, the health of the parent plays little role when it comes to care provided by children. These findings indicate that intergenerational solidarities exist independently of older people's health needs, but that other sources of care may complete or replace care from children when the health status deteriorates.

Extended abstract

Introduction

The French overseas territories present a unique situation in the world: they are an integral part of the French Republic; they are *départements*[1] and have the exact same administrative and legal status as have other *départements* in the mainland. Yet, they are not located in Europe. Their geographic distance to the mainland and the fact that they are embedded in different geographical and cultural contexts make them a particularly interesting setting for the study of informal solidarities.

This communication aims at identifying the determinants of informal care for older people in three French overseas territories: Guadeloupe, Martinique and Réunion. We will try to answer the following research questions:

- What are the determinants of receiving informal care in Guadeloupe, Martinique and Réunion?
- Are these determinants identical no matter who provides care? Are there any specificities for intergenerational (children to parents) care?
- Are there gender differences in the determinants of receiving care?

[1] France is administratively divided into 101 *départements* (96 in the mainland and 5 overseas). The *département* is commonly used as scale for subnational comparisons.

Context

In 2016, the French islands of Guadeloupe, Martinique (West Indies) and Réunion (Indian Ocean) were totalizing 1.6 million inhabitants, among which 22 % were aged 60 and older (23 % in Guadeloupe, 26 % in Martinique, and 16 % in Réunion).

All three of them have been undergoing a rapid ageing of their population over the last five decades, due to two main factors: a sharp decrease in fertility; and the growing number of young adults (15-25 years old) emigrating to Metropolitan France. These two phenomenon have been particularly strong in West Indies, less so in Réunion. By 2050, the proportion of population aged 60 and older is expected to rise up to 44 % in Guadeloupe, 49 % in Martinique, and 26 % in Réunion (32 % in Metropolitan France) (Insee, 2017). Guadeloupe and Martinique would then have the oldest population structures of all French *départements* (Breton *et al.*, 2009).

The socioeconomic context is characterized by a strong economic dependency to the mainland due to high unemployment rates and a high share of people (including older people) relying on social benefits. This situation can be partly explained by the selective migratory flows to and from Metropolitan France: emigrants are mainly people from high socioeconomic status (Marie & Temporal, 2011).

Migratory flows also imply consequences on the family structures. Indeed, many people experience what we call "family at a distance" (parents and children living an ocean apart). Combined with the decrease in fertility, it means that the next generations of older people will have less children and a greater risk of having some or even all of their children who live far away (Beaugendre, Breton, & Marie, 2018). This is of concern because distance has been demonstrated as one of the most important barriers to the provision of care (Brandt *et al.*, 2009; Joseph & Hallman, 1998).

The overseas territories (especially West Indies) also present a much higher share of lone mothers (Marie & Breton, 2015); consequently, a significant number of men may have little to no contact with their children and thus cannot count on them for providing care.

Within the context outlined above, a question that arises with the growing share of older people is how to provide them with appropriate care when their health declines and autonomy loss situations appear. This question is of concern also in Metropolitan France as well as in any other Western country, where it has been extensively discussed. Literature on care for the elderly shows that relatives (spouse and children in particular) are key-resources for caregiving, even in countries where welfare policies are generous (Brandt, 2013; Künemund & Rein, 1999). Reliance on family for caregiving is particularly important in the overseas territories because they have fewer healthcare facilities for the elderly (nursing homes, long-term-care units…) than in the mainland, and their familial norms and traditions are stronger, sometimes even creating rejection or wariness towards formal care (Attias-Donfut & Lapierre, 1997).

Data and methods

We use data from the *Migrations, Famille et Vieillissement* (Migrations, Family and Ageing) survey, conducted in 2009-2010 by the French Institute of Demographic Studies (INED) and the French Institute of Statistics (INSEE) in four French overseas territories (Guadeloupe, Martinique, French Guiana and Réunion). In total, 16,000 people aged between 18 and 79 were interviewed. The questionnaire was built to mirror other national surveys conducted in France (particularly the Gender and Generation Survey), with additional questions/units to take into account the specificities of the overseas territories (e.g. the individuals' migration history) (Marie, 2011). It contains a whole unit about solidarities, and collect much information about family ties, including non-cohabiting children. This dataset therefore allows us to draw an exhaustive picture of the individuals' informal solidarity network and the different patterns of solidarity within this network.

Our study population is people aged 60 to 79 and residing in Guadeloupe, Martinique or Réunion (n = 2,661).

We use logistic regression models to identify factors associated with a greater probability to be the recipient of informal solidarities. "Informal solidarities" encompass help for administrative and household tasks, as well as for personal care; and are provided free of charge by either kin or non-kin people.

All models are run separately for men and women.

We first run a model explaining the probability of receiving informal care no matter who provides it. The following variables are including in the model as explanatory variables:

- Sociodemographic variables : age, *département* of residence
- Health status: presence of activity restrictions
- Socioeconomic status: migration history, education, self-assessed wealth
- Family environment: marital status, proximity with relatives (this indicator is built using several variables measuring family network size, geographic proximity and frequency of contacts)

Then, we downsize the population to the sole people who have children (n = 2,302) and run a second model explaining the probability of receiving care from children. This model includes the same explanatory variables as the first one, except proximity with relatives, which is replaced by a series of variables characterizing children:

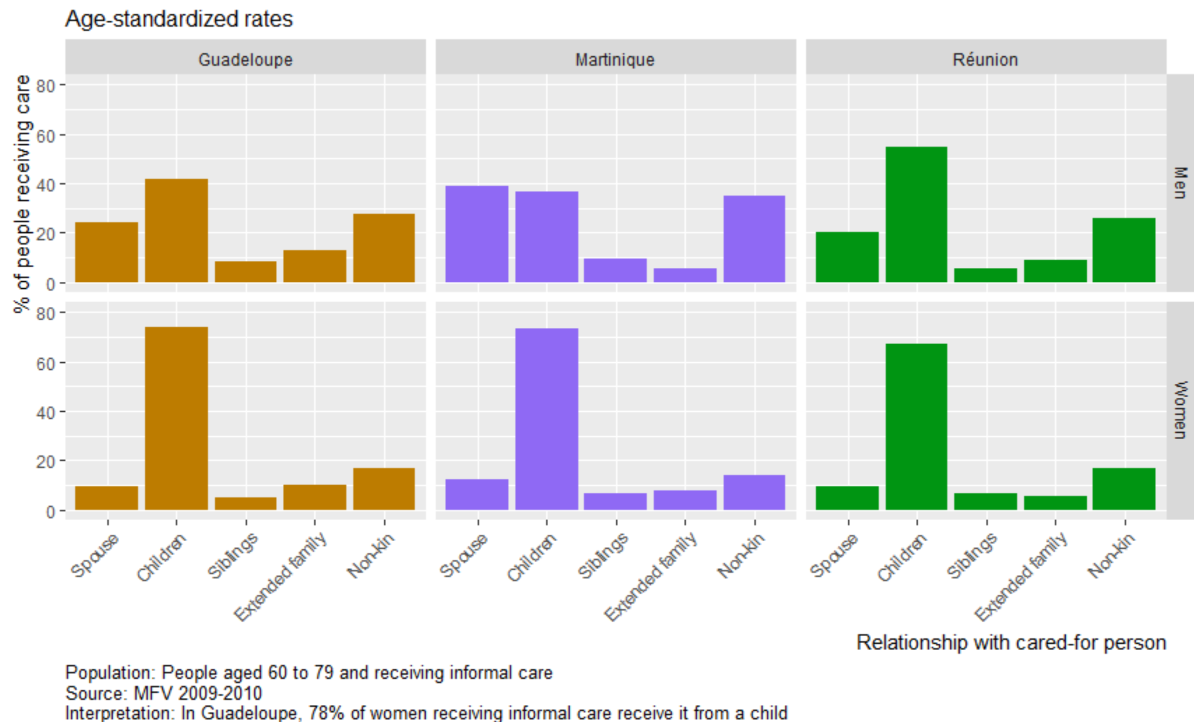
- Number of children
- Geographical distance with closest child
- Frequency of contacts with children
- Presence of at least one daughter among siblings
- Presence of grandchildren

In total, four logistic regression models are run: two for all informal solidarities (men/women), and two for intergenerational solidarities (men/women).

Initial findings

30 % of men and 34 % of women aged 60 to 79 receive informal care. Children are by far the main providers of care for women. For men, spouse and non-kin also are significant providers or informal care (fig. 1).

Figure 1: Relationship between care provider and cared-for person, by gender

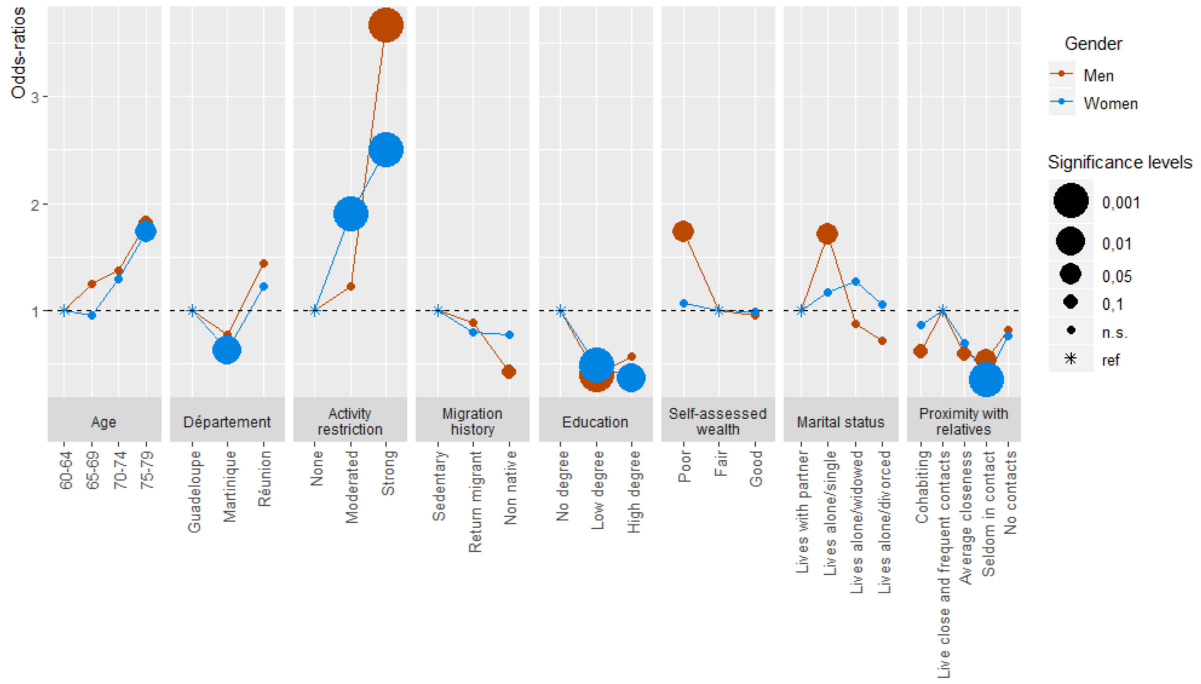


Regarding the determinants of informal care, there is not much difference between men and women. Only marital status plays a slightly different role depending on gender, with single men having a higher probability of receiving informal care compared to those living with partner, while marital status has no influence whatsoever on receiving care for women. For both sexes, the main determinants of receiving informal care are education and health status (fig. 2). These two variables absorb almost all the effects of other variables included in the model.

When it comes to the intergenerational solidarity model, education remains a strong determinant of receiving care from children; however, the effect of health status lessens. Receiving help from children is rather determined by education, age, and geographic proximity with children (fig. 3).

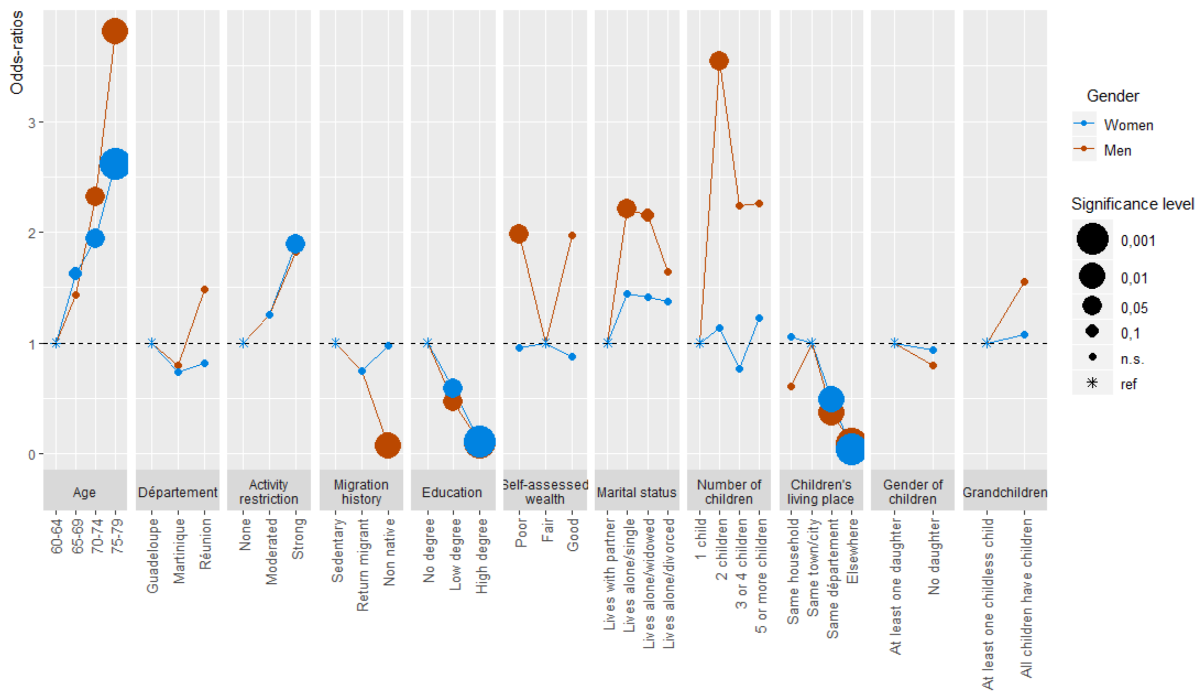
These initial findings seem to indicate that intergenerational solidarity from children to parents exist prior to parents' health issues. We assume that only strategies of care change when the health of the parent deteriorates (moving closer to one another, providing help for more tasks…). As for solidarities external to the parent-child dyad, it seems that they take place when a health need arises. It may indicate that these solidarities complete those already provided by children, or replace them for people who do not have children or whose children cannot provide care.

Figure 2: Determinants of receiving informal care, by gender



Population: People aged 60 to 79; Source: MFV 2009-2010

Figure 3: Determinants of receiving care provided by children, by gender



Population: People aged 60 to 79 with at least one living child; Source: MFV 2009-2010

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