

European trends regarding the eldering population and the increasing need for care work

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Abstract

Care is an activity that has always defined humans` interactions and consists of a variety of forms and manifestations, being differently classified, according to various criteria across time. The recent years brought care work to the public agenda while feminist scholars, and not only them, argue its importance in the scientific arena. The demographic, technological, economic and social shifts of the last decades, such as population aging, migration, changes in the family structure and functioning, women`s enrolment in paid work, outside the house, for example, made the need for care services one of the acute problems of the modern, western welfare states. In the following lines we will draw the general context regarding these transformations, emphasizing their connections with the increasing need for care work, outline the main theoretical approaches of care and we will also analyze the latest European data concerning the above mentioned issues, together with research perspectives that aim to address them.

Keywords: *care work; aging; migration; family.*

1. Introduction

The Europe 2020 Strategy promotes smart, sustainable and inclusive growth for the entire European Union, establishing five key areas: employment, research and development, climate change and energy, education, poverty and social inclusion. Each member state establishes own targets regarding these main domains, and the Statistical Bureau of the European Union, Eurostat, is periodically assessing each country`s progress towards the assumed goals and also presents the average European trends concerning these indicators, permitting transversal and longitudinal comparative analyses. Such main themes were established in order to face economic challenges and demographic transformations that affect the European continent. Furthermore, these common challenges faced by European societies are addressed by common fundamental European strategic policies, such as the Cohesion Policy (Porumbescu 2019: p. 185). Population aging and low fertility rates are frequently mentioned as present features for many European countries, together with migration, which is differently manifested and has opposite consequences in origin and destination countries.

Scientific discoveries are usually transposed for the use of general public, as is, for example, the jumps that were lately made in medicine, due to some technological discoveries that allow older people to benefit from an independent life, provided by different appliances or devices. Furthermore, such apparatus, machines and equipment ease the work that nurses or relatives perform, in the case of the care-dependent ones.

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Besides this equipment, the life span in rich countries extended, due to numerous facilities available from the earlier stages of life, progress in medicine, educated people towards what a healthy lifestyle means, and numerous possibilities to prevent, treat and cure.

Nevertheless, many persons confront with a period in their lives when they are no longer functionally independent and the need for care becomes acute. In the past, the members of the extended families or younger relatives provided this care, usually assigned to women. At least two changes regarding families make the provision and receiving of care difficult and questionable nowadays. The first one refers to transformations within the family structure, more precisely the transition from the traditional, enlarged families, to nuclear ones, sustained by the migration of young adults from rural to urban areas and sometimes abroad. The left at home older generations are forced to take care of themselves or to pay for such services, a situation that is often present in European societies: “since the end of the Second World War, the economically developed democracies of Western Europe have had a long standing tradition of welcoming immigrants from less developed countries, in order to occupy vacant positions in the industry or service sectors” (Porumbescu 2018: p. 42).

Moreover, care work was mostly assigned to women and nowadays their enrolment rates in paid work are close to the ones of men, in most European countries (Eurostat, 2018). In such conditions, extra burden is put on women’s shoulders, when besides their job they also have the responsibility to be the care provider, while others afford to externalize the provision of care. The question that rises here is who takes care of the families of those who are remunerate care providers for other families than theirs, in foreign countries? In other words, affluent societies attract workforce from poorer ones, draining resources in these immigrants’ origin countries.

Furthermore, Romania has certain particularities due to the post-communist transition and the inherent changes of social policies. From a centralized, omnipresent state control in all domains, including work, family and facilities that provided care for both children and seniors, forbidding migration, Romanian transition brought a reduction of the state intervention in all these sectors, doubled by economic crisis and transformations of the social policies.

After introducing the general European and national context that explains the increasing interest in care work and the generations of seniors, in the following section we will outline the theoretical framework that guides our expose, delimitating the meanings of concepts as care, care work and aging.

2. Conceptual framework

Care is a fundamental human activity, generally defined by nurture and support provided for the close and dear ones. Care activities were for centuries behind the curtains of the public sphere, being considered a rather private, domestic issue, that accompany people in different stages of life. Among these stages are ones that require a greater need for care, as childhood, illness or aging, while persons in other situations do not require the same amount of care. Such activities were performed along the history by women, mostly within the family and sometimes rich families paid for servants, outside the family.

Kleinman describes a “fully human” care provider, defined by “emphatic imagination, responsibility, witnessing and solidarity with those in great need” (Kleinman 2009: p. 293). Other scholars analyze the social and economic impact of

care work, being it paid or unpaid (Armenia in Risman et al 2018), and consider care studying “an interdisciplinary, and distinctively feminist, endeavor, as it highlights a body of labor that is critically important to society, commonly devalued as “women’s work,” and considered a central mechanism in the reproduction of gender inequalities in our society. Research on care stretches across numerous disciplines: sociology, economics, political science, philosophy, education, public health, and others. In all of these disciplines, studying and valuing care—traditionally women’s work—means using a feminist perspective as a central mode of analysis” (Armenia in Risman et al 2018: p. 469). Such scholarly approaches of care conceptualize it as work and less as an emotion and the approach of care work is seen through the glasses of the gendered division of labour.

Addressing the scholar approach of care, we can easily notice that care work has entered the scientific arena recently, due to numerous transformations above mentioned and researchers` interest in this domain is reflected by an increasing body of literature addressing care as work (Buch 2015: pp. 277-279). Despite scientific interest regarding care, the same author considers that “care remains a shifting and unstable concept—alternately referring to everyday practices, engagements with biomedicine, biopolitics, affective states, forms of moral experience and obligation, structures of exploitation, and the relationships between these various things” (Buch 2015: p. 279). Besides these complementary facets of care, the word itself benefits of two connotations, being understood as both practical action – “caring for” and affective concern – “caring about”, the second signification being considered by some authors as modelling and determining the action (Tronto 1994). The same author states that the affective concern is as an altruistic interest in “reaching out to something other than the self” (Tronto 1994: p. 102). According to this ethical perspective, the feelings of care orientated towards a certain person are the best, natural motivation that arouse one`s interest in caring for another.

One of the first definitions of care belongs to Fisher and Tronto, who see it as a form of activity that fosters a better living in our world – “a species activity that includes everything we do to maintain, continue and repair our world so that we can live in it as well as possible” (Fisher and Tronto in Abel and Nelson 1990: p. 40). Theory and research usually distinguish between paid and unpaid care. The first is performed by employed persons, from outside the family, a “stranger”, while the second is provided by relatives, friends, close knits. While paid care is assimilated to a job, being financially motivated, the unpaid one is driven by affective triggers and the reward is not financial, but rather emotional (Razavi 2007; Hays 1996).

Regarding the dimensions of care, the classification of Fisher and Tronto (1990) distinguishes between care giving and care receiving and also mentions “caring about” and “taking care of” as being components of care (Fisher and Tronto in Abel and Nelson 1990: pp. 35-37). Care giving defines according to this perspective the activity of providing specific actions of support towards a person, who, correspondingly, is the care receiver. Before giving care, Fisher and Tronto (1990) mention caring about, as a process defined by needs` identification, continued with assuming the responsibility for providing care. Moreover, this perspective was recently enriched with a fifth component, the “caring with” (Tronto 2013). According to this conceptualization, care is brought beyond the private, interpersonal curtains, to the public sphere, being shaped by values as “justice, equality and freedom” (Tronto 2013: p. 23).

Furthermore, care becomes nowadays a public concern and there are authors who conceptualize the provision of care in terms of analyzing differences between societies and within the same society across time (Razavi 2007). Such views introduce welfare regimes` orientation towards dependence or independence in explaining the social provision of care. For example, Razavi (2007) tries to explain the models of care provision within societies using the concept of “care diamond”. According to her theoretical model, the four corners of the diamond are represented by the state, the not for profit sector, the markets and the households or families.

Care is often put in relation with eldering population and both concepts have different meanings around the globe and across the history. The European continent introduced the “Third Age” for describing those categories of seniors who are still independent, active and healthy, in contrast with the “oldest old, who are in need for care” (Buch 2015: p. 282). The desiderate of stakeholders is that of active, successful aging, contributing thus to both seniors` well-being and reducing financial, material and human costs necessary for their care. Researchers also noticed that elder generations may benefit from diverse techniques, treatments and other resources aimed to foster their active, productive social life (Buch 2015: p. 282). In the following section we will see how European countries and Romania look like regarding the third age population and care work.

3. European trends regarding the eldering population

Europe is confronted with an eldering population for several decades now, doubled by low fertility rates (Eurostat 2019; Pogan 2018). As the following figure eloquently shows us, the proportion of seniors increases, while the share of working-age Europeans is in decline, for both women and men.

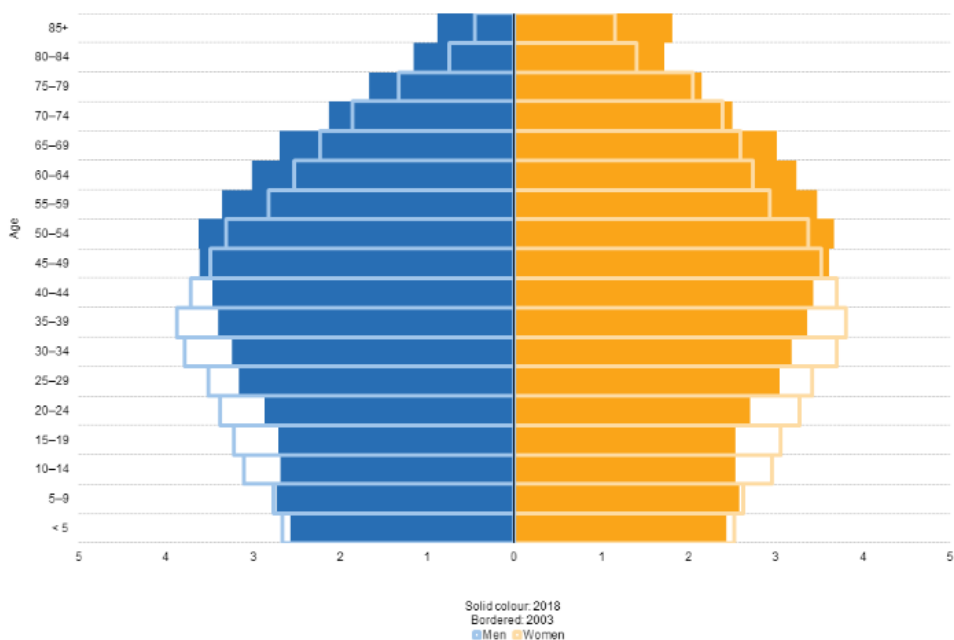


Figure no. 1: Population pyramids, EU-28, 2003 and 2018
(% of the total population)
Source: Eurostat 2019

Moreover, European projections regarding population structure by age groups describe a tendency towards an increased share of the oldest generation (persons aged 80 or above), due to extended life expectancy, from 5.6% of the general population, to 14.6% (Eurostat 2019), as seen in Figure 2. The same prognosis states that the proportion of the old-age dependents (over 65 years) will reach 57% by the end of the century (Eurostat 2019).

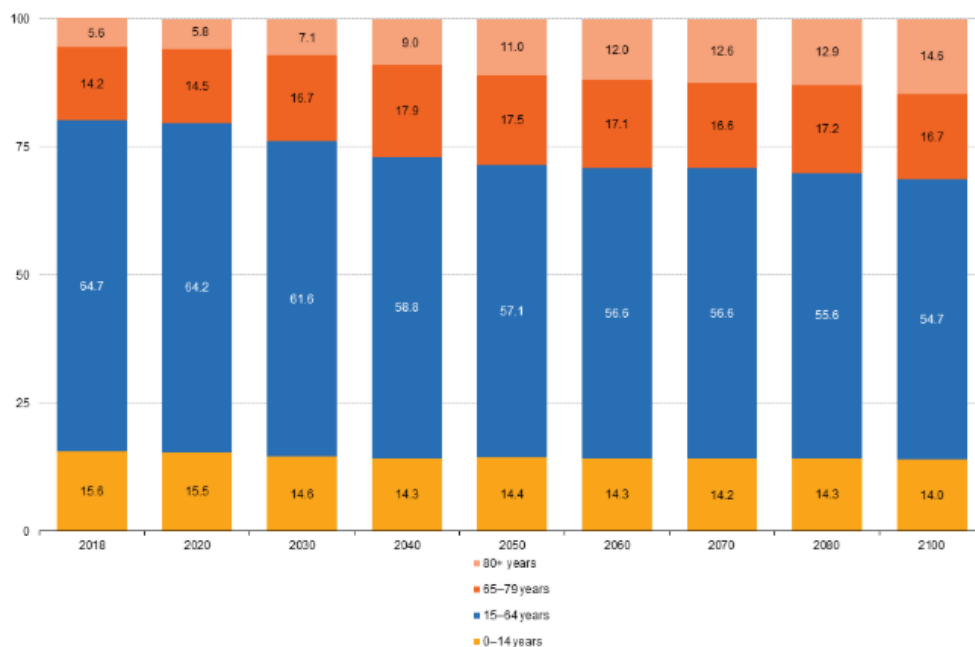


Figure no. 2: Population structure by major age groups, EU-28, 2018-2100
(% of total population)

Source: Eurostat 2019 a

This increase in the share of elderly people trend is common for the member states of the European Union. The increase in the share of the population aged 65 or over is perceivable in all countries, with percentages ranging between 0.3 in Luxembourg and 4.9 in Malta, while for the entire European Union the average is 2.6 percentage points (Eurostat 2019a).

Nevertheless, we should mention that among the strategic targets of the European Union, besides increasing employment rates for women, active status on the labour-market for seniors is another goal. For most of the European countries, the legally stipulated age for retirement is around 65 years, for women and men. Though, as they approach retirement age, people tend to reduce their working arrangements or medical conditions force them to quit labour force earlier than 65. Thus, the 60-64 age group category is the lowest represented category on the labour-market, followed by the youngest adults, aged 20-24 (Eurostat 2019 b), as seen in the following figure.

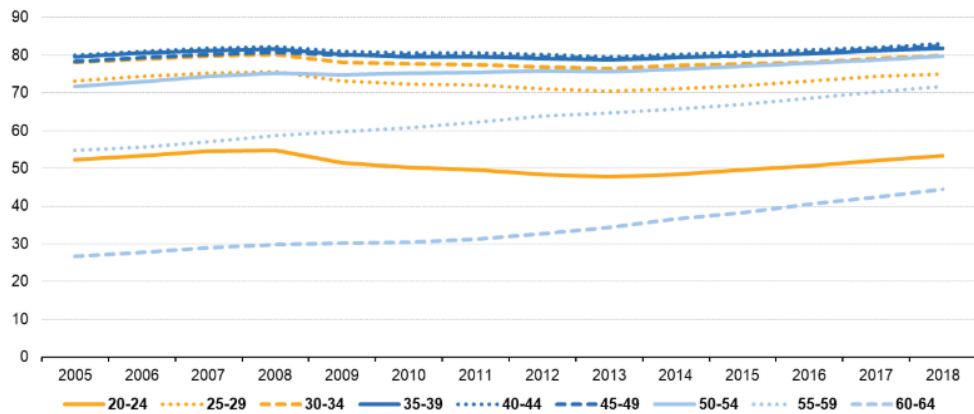


Figure no. 3: Employment rate by five-year age groups, 2005-2018, EU – 28
(% of population)

Source: Eurostat 2019 b

When analyzing this longitudinal comparison regarding employment rates for all age categories, we can notice an increase in the employment rate of the senior population between 2005 and 2018 of more than 17 percentage points (Eurostat 2019b).

Despite this increase in the employment rate of seniors, the statistical bureau of the European Union has a pessimistic discourse regarding such demographic trends stating that “as a result, the proportion of people of working age in the EU-28 is shrinking while the relative number of those retired is expanding. The share of older persons in the total population will increase significantly in the coming decades, as a greater proportion of the post-war baby-boom generation reaches retirement. This will, in turn, lead to an increased burden on those of working age to provide for the social expenditure required by the ageing population for a range of related services” (Eurostat 2019

https://ec.europa.eu/eurostat/statisticsexplained/index.php?title=Population_structure_and_ageing).

We will add to this that such trends towards increasing shares of age-dependent persons also request for working force in the service domain, as automatization will expand in many domains, but education and care are still weekly impacted by these technological innovations (Pouliakas 2019 apud Pogan 2019: 178). If in the past intergenerational support was the main channel for providing care, regarding both children and seniors, the shift from the instrumental function of the family to the emotional-expressive one, doubled by other social, economic and demographic changes, as migration, decreasing number of children or higher employment rates for women, reshaped such transactions. As in other sectors traditionally assigned to family, outsourcing and marketization also impacted care provision, transforming it into a well-established area of labour force.

Nevertheless, several papers investigated the so called “care penalty” regarding the wages of paid care workers (Budig and Misra 2010; Razavi and Staab 2010), identifying the important role of policies and labour context. The care workers are among the lowest paid employers and these activities are mostly undertaken by women, migrants and low-educated categories of people. According to Budig and Misra when the public spending on care is high, doubled by a strong public sector of care providing,

workers from this domain are more likely to benefit from wage bonuses (Budig and Misra 2010: 459).

4. Discussions and conclusions

From the previous sections, the importance of care work in the context of an ageing society becomes obvious and social, economic and inter-relational underpinnings also. Furthermore, research mentions “global care chains” defined as “series of personal links between people across the globe based on the paid or unpaid work of caring” (Hochschild 2014 in Engster and Mets 2014 (eds.): 141-144). The situation of Romania can be better understood in the context of global care chains, as many Romanians leave the country and are engaged in care providing systems of western, more developed countries (http://www.mprp.gov.ro/web/wp-content/uploads/2019/07/Raport-IULIE-2019_site.pdf). Such migration of the working force does not only affect economy, but the families of those migrants also, as rich societies dry out this valuable human resource from less developed or economically unstable regions, as Romania is.

In a chapter addressing caring as work, Armenia (2018) emphasizes the actual global context: “While care work is done locally for those who need care, we increasingly see families in developed countries hiring workers from less developed countries to provide care for children, the elderly, and the sick or disabled. These workers must then assign their own care responsibilities (care of their own children, for example) to other family members or even to lower-paid care workers in their home country” (Armenia in Risman et al 2018: pp. 475-476).

Other scholars consider that rich economies benefit from immigrating work force in consolidating their welfare regimes, as the new comers, from poorer areas, are available for activities that make possible the marketization of public services (Williams and Brennan 2012). Furthermore, the same authors describe the intersection between migration, development of care provision and marketisation of need supplying as a contemporary feature of the global world, shaping both care – giving and care – receiving.

All the above discussed demographic trends, social and economic issues, corroborated with transformations in family relations and functioning, and sustained by the actual global context repaint in different nuances the classical intergenerational interactions and bring care work closer to the labour market.

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