

# The moral assumption of care for parents: a gender issue?

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## Abstract

This article asks whether attitudes towards the moral obligation to care for parents is a gender issue that is generalisable to all European countries, or whether different models of the welfare state and provision of assistance to older people are factors that modify the views of informal carers. To this end, the article analyses the European Values Study as applied to five countries which, according to previous correspondence, represent different cultural models: Norway, Germany, Russia, Italy and Spain. The article provides an analysis of each of these countries in order to identify the impact of sociodemographic variables (sex and living together with parents), as well as a comparative analysis aimed at identifying differences and similarities among different models of welfare (Scandinavian, former communist, Central European and familialist). The aim is to determine whether the associated factors have an individual character, with a strong gender impact, or rather a cultural character, with the welfare model providing a strong associated impact. The analysis reveals that in the case of opinions gathered in different European countries, the model of welfare appears as the most influential associated factor. Similarly, it can be said that despite the existence of strongly familialist welfare models in southern Europe, Spain moves towards a greater resemblance to central European countries on this issue.

**Keywords:** long-term care; family care; parents; gender; cohabitation

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**Resumen.** *La asunción moral del cuidado de los progenitores: ¿una cuestión de género?*

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Este artículo se pregunta si las actitudes hacia la obligación moral de cuidar a los progenitores es una cuestión de género generalizable a todos los países europeos, o si los distintos modelos de estado de bienestar y de prestación de asistencia a las personas mayores son factores que modifican las opiniones de las personas cuidadores informales. Para ello, el artículo analiza la Encuesta Europea de Valores aplicada a cinco países que, según previas correspondencias, representan modelos culturales diferentes: Noruega, Alemania, Rusia, Italia y España. El artículo ofrece un análisis de cada uno de estos países con el fin de identificar el impacto de las variables sociodemográficas (sexo y convivencia con los progenitores) y de realizar un análisis comparativo dirigido a identificar las diferencias y similitudes entre los distintos modelos de bienestar (escandinavo, excomunista, centroeuropeo y familista). El objetivo es determinar si los factores asociados tienen un carácter individual, con un fuerte impacto de género; o más bien un carácter cultural, asociado al modelo de bienestar. El análisis revela que, en el caso de las opiniones recogidas en diferentes países europeos, el modelo de bienestar aparece como el factor asociado más influyente. Del mismo modo, se puede afirmar que, a pesar de la existencia de modelos de bienestar fuertemente familistas en el sur de Europa, España avanza en esta cuestión hacia una mayor semejanza con los países centroeuropeos.

**Palabras clave:** cuidados de larga duración; cuidado familiar; progenitores; género; convivencia

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### Summary

- |  |                            |
|--|----------------------------|
| 1. Introduction                        | Conclusions                |
| 2. Care, older people and women carers | Funding                    |
| 3. Methodological framework            | Bibliographical references |
| 4. Analysis of results                 |                            |

## 1. Introduction

Family care, and more specifically long-term care, has taken on a social and political dimension in recent decades, becoming a major issue throughout Europe. As sociologist Teresa Bazo (2008) points out, the assumption of family care and intergenerational solidarity is a debate of great social interest.

Long-term care has a great family and personal impact. Caring at home implies an intimate relationship with the person being cared for, making the carer feel less free and more committed and responsible (Öhman & Söderberg, 2004). In this situation, family members express concern, not only for the dependent or sick person, but also regarding the consequences for the caregiver (Ruiz de Alegría, 2006).

Although men are gradually becoming more involved in caregiving (Aguilar, 2017), several studies show that the distribution is not equal and that women assume most responsibility (La Parra, 2001; Bodoque, 2016). Furthermore, when those being cared for have a high degree of dependency, it is women, in their dual roles as wives and daughters, who take on the greatest

responsibility for caring for them (Ruiz de Alegría, 2006). In sum, caregiving interferes with women's daily lives much more than with men's, and puts them at greater risk of negative consequences. In this sense, while some studies highlight the benefits of caregiving, other research points to negative perceptions of caregivers (Neufeld & Harrison, 2003).

The fact of taking on the responsibility for caring for our relatives or not therefore places us in a situation of ambivalence between, on the one hand, the moral duty of care, the logic of reciprocity and increasing solidarity and, on the other, our own aspirations and the resources available to us (Rodríguez, 2013). Studies such as Aguilar (2017) conclude that the logic of reciprocity and the perception of care as a gift that obliges us to return care for care is very present in the narratives of caregivers.

However, it could also be that this moral assumption of care on the part of women is a construction of the collective imaginary rather than a reflection of their free will to carry out care work. This could be seen, for example, following the COVID-19 pandemic, when elements such as women's greater resilience in caregiving and their lesser awareness of the caregiver burden (Raiber & Verbakel, 2021) were highlighted (Cohen et al., 2021), even though the consequences of the "refamiliarisation" of care (Martínez Buján et al., 2021) have had very harmful effects for women carers (Budnick et al., 2021; Cohen et al., 2021; Lorenz-Dant & Comas-Herrera, 2022; Truskinovsky et al., 2022; Zwar et al., 2022; Gräler et al., 2022).

In this regard, we consider which factors have the greatest impact on the duty of care for older people. Is it a gender issue or is it, rather, variables such as culture and a country's welfare model that have the greatest impact on care? In order to address this question, we have used the results of the European Values Study carried out in 34 European countries, basing our research on the following question or item: "*Adult children have the duty to provide long-term care for their parents*".

Previous studies (Aristegui et al., 2022) have confirmed that sociodemographic variables such as age, sex and, above all, living with the people being cared for are the associated factors when considering care for parents as a moral obligation. This has been verified through analysis of the European Values Study in its application to Spain, in the survey's latest edition in 2017-2018. Similarly, analysis of the European Values Study has confirmed that attitudes towards the moral duty to care for one's parents varied according to the model of welfare. Those countries with developed welfare models, such as the Scandinavian countries, headed by Norway, demonstrate the greatest disagreement with the idea that daughters and sons have a moral obligation to care for parents. In this sense, the Scandinavian countries, which have more developed welfare states, are united around a less familialist position on the allocation of care responsibilities. Similarly, the communist past shared by various European countries appears to be an associated factor for the opposite view. The communist past of former Soviet republics appears as an associated factor in the positioning of those countries in relation to care for fathers and

mothers, given that it coincides with the high level of agreement with the moral responsibility of sons and daughters.

This research takes as its starting point the following hypotheses: that women who live with the people they care for take on an excessive burden of caring tasks, leading them to question the moral duty of care more than men who provide care who also live with the people they care for; and that a country's welfare model has an impact on the perception of care. Thus, the more developed welfare models coincide with lower levels of agreement with the obligation to care for older family members.

## 2. Care, older people and women carers

### 2.1. *The moral obligation to care*

The aging of our populations and the need for care are shot through with inequalities between men and women. The burden of this care, whether inside the family or through market alternatives, falls particularly heavily on the shoulders of those women who have the least resources. (Lidia Brun, 2022)

The specialist literature demonstrates that:

Care in the home continues to be provided, to a large extent, through informal, paid or unpaid work, and it is increasingly common to find semiformal care arrangements. The establishment of these inexpensive cash-for-care systems may increase inequalities of class and gender. (Rodríguez Modroño & Matus López, 2016: 123-124)

More recent studies show how, in Spain:

The implementation of policies that make cuts to public services, and specifically what are referred to as social services, is provoking a reinforcement of the 'familialist' model, in which the responsibility for covering the assistance and care needs of family members is dependent on familial cooperation and/or solidarity. (Esteban Ramiro & Fernández Montaña, 2017: 42-43)

As María Jesús Rodríguez García argues, we must reconsider "the central role played by households in the production of welfare and, on the other hand, pay attention to the changes in the forms of female participation in the labour market, as a new social risk on which the state can intervene" (Rodríguez García & Navarro Yáñez, 2008: 62). The consideration of state-market-family relationships forces us to consider the sexual division of labour at the heart of the home and the distribution of care work, as well as the generation of unpaid welfare work. All these things condition access to equality of opportunity and the enjoyment of political, economic and social rights.

Feminist economics has for some years denounced the fact that inequality and care form part of a vicious cycle that leads to exclusion from citizenship

(Pérez Orozko, 2009). According to Pérez Orozko, in order to break with the vicious cycle of care-inequality-exclusion we must recognise a “right to care that is constituted from the hard core of citizenship” (Pérez Orozco, 2009: 5). To this end, we need to open the “democratic debate about who must provide care, for whom, how, where and in exchange for what” (Pérez Orozco, 2009: 4). If we understand care as the work that is necessary for subsistence, well-being and social reproduction (Carrasco Bengoa, 2017), we cannot avoid the fact that care work is essential for the maintenance of any human community. This is an issue that has become more obvious in the context of collapse, such as that caused by the COVID-19 pandemic. As people we are interdependent (Tronto, 2013), and for this reason it does not make sense to consider and design social policy based on the premise that some people are independent and others are dependent; perhaps it would be better to assume the existence of different degrees of dependence. All people will require care. However, the social and economic value attributed to care work is very limited; as an example, we can cite the care duties carried out by those who work in the area of home help, “a feminised occupational sector that is little valued in terms of social status and salary, precisely because of the work’s association with domesticity and femininity” (Roca Escoda, 2018: 76).

A number of surveys (Clece, 2021; Obra Social La Caixa, 2016; Imsero, 2005) indicate that the majority of the population want to be cared for at home when they are older; however, a rigid sexual division of labour persists in the familial sphere, meaning that the majority of those who perform the care are women, precisely because of their condition as women (wives, mothers, sisters, daughters, etc). Similarly, previous studies (Aristegui et al., 2018; Aristegui et al., 2022;) have revealed that, in the case of care for the elderly, there is general agreement both in Spain and in the Basque Autonomous Community that sons and daughters have an obligation to care for their parents in the long term. Two factors are associated with this viewpoint: age and whether one lives with one’s parents. However, it has also been concluded that being a woman is not associated with a greater level of agreement with the obligation to care for one’s parents. Rather, the data analysed indicates that women in the middle age group, the group in which care is largely concentrated, are those who question this agreement to the greatest extent.

This leads us to believe that the collective imaginary regarding familial care for parents has not taken on board the questioning of this care by the very women who provide the care work. Moreover, the younger and older populations, as well as the men who live with their parents, maintain a particular distance from this care work.

## *2.2. Care for older people*

According to data from 2016, 17% of the population in the European Union are carers, and women make up 62% of this total (Zigante, 2018). Care for older people and/or people with disabilities is concentrated among women in

the pre-retirement age range (50-64 years). In terms of the intensity of care work, 21% of women and 11% of men in this age range provide care every day or several days a week; these percentages fall to 13% and 9% respectively in the 15-49 age range (European Institute for Gender Equality, 2019).

Although the need for care that derives from our interdependence is a constant throughout the whole life cycle (Martín Palomo, 2021), there is no doubt that with age our challenges increase, due to the loss of physical, cognitive, emotional and social resources, and it becomes more and more difficult to compensate for this loss with the gains of this stage of life. It should be noted that the care required by older people is longer, and the nature of that care more complex, than that required by younger people. Thus, it is calculated that the need for care is three times greater in the case of people over the age of 80 than in those between the ages of 15 and 64 (Durán de las Heras, 2021). This generates a greater burden on the carer than care for younger people (Schrank et al., 2016)

Age is associated with a greater level of dependence, understood as a lack of or decrease in the functional capacity to carry out everyday life activities and, frequently, with greater social fragility – a situation determined by the loss of autonomy in performing instrumental activities, but also the shortage of significant people who can provide instrumental, social and economic support for life in the community (Beloki et al., 2021). If dependence, above all in its most extreme cases, is characterised by the need for care with a significant physical and psychological component involving intensive, long-term and often professional dedication, situations of social fragility (even if less perceptible) are associated with the loneliness, emotional suffering and abandonment that come with the loss of those connections that were forged earlier in life (Beloki et al., 2021; Fundación HelpAge Internacional España, 2021).

The greater longevity and increased age expectancy of the population bring us face to face with the insufficiency of existing public policy, forcing families to adopt private strategies for the management of care. In the best of cases, these families seek a combination of public and private services alongside, as we said above, the care provided directly by the women in the family (Comas d'Argemir & Bofill Poch, 2021).

In short, both the direct provision of care and the organisation of this care generate high costs in terms of women's health, employment and personal development.

### 3. Methodological framework

#### 3.1. *The sample*

The data analysed is based on the latest edition of the European Values Study (EVS). The Deusto Social Values team represents Spain in the EVS and has formed part of this consortium since 1990, participating in all waves of the EVS. The most recent wave was conducted between December 2017 and January 2018, with the participation of 34 European countries.

The definition of the paths, the procedure for selecting the building, building number, floor, apartment number and person to interview was also entirely established and agreed, in the first instance, between the researchers and principal researchers (PIs) of each country and the methodological team of the European Values Study. The EVS methodology has been greatly strengthened for the current wave to bring the quality of the data to a high level. Each national survey conforms to guidelines designed to ensure quality and consistency.

We should therefore point out that all the countries are considered in the same way, regardless of their size, since the complete sample is already weighted by the EVS methodological team, making it a representative sample for each country, as well as for Europe.

The total sample has been obtained from the sum of the samples of each country, all of them being representative with samples of more than 1,000 persons. The final total sample is weighted, according to the size of each country, by the EVS methodological team.<sup>1</sup>

### 3.2. *The results*

This is a descriptive study, so we have used percentages and descriptive statistics to compare means (Anova). We have also carried out an analysis of correspondence to see how the countries appear in relation to care for the elderly, specifically in the case of long-term parental care. Thus, the diagram shows how each country is positioned in terms of greater or lesser support for family care. Finally, we analysed the incidence of socio-demographic variables such as cohabitation with parents and sex of respondents to measure whether the association is significant when it comes to positioning oneself in favour or against the moral duty of care. The results are presented in percentages as we used the chi-square statistic.

In order to analyse the results, we considered the positioning of the population on a scale of agree/disagree with the statement, “Adult children have the duty to provide long-term care for their parents”. The scale goes from 1 to 5, with 1 being “strongly agree” and 5 “strongly disagree”.

For the extraction of data in Europe, we selected a series of countries according to the following three criteria: on the one hand, the traditional classification of welfare states (Nordic, Anglo-Saxon and central European states) of Esping-Andersen (1990) has been considered, since the results of the European Values Survey establish a clear differentiation between countries with strong welfare states based on the principle of universalisation and the rest of the countries. Another geographical boundary, in terms of values, is provided by the ex-communist countries, as they demonstrate their own culture and set of values, which are strongly conditioned by their past as communist regimes (Ochkina, 2014). Finally, we have also considered the impact of the process

1. <https://europeanvaluesstudy.eu/methodology-data-documentation/survey-2017/methodology/>



of secularisation in Europe in recent decades, which is an explanatory factor for cultural changes, especially in southern Europe (Halman & Van Ingen, 2015). This led us to select Norway as an exponent of the Nordic welfare state; Germany as an example of the Central European welfare state; Russia as an ex-communist country; and Italy and Spain as countries that have undergone rapid and progressive secularisation. The programme used was the SPSS.

#### 4. Analysis of results

In this section, initially and as a general overview of the context, the attitudes of European citizens in relation to the moral duty of care are described. After explaining this context, an analysis is made of those countries which will be taken into account in the subsequent analysis and which have been selected according to the criteria indicated in the previous section.

##### *4.1. European attitudes to the model of care for older people*

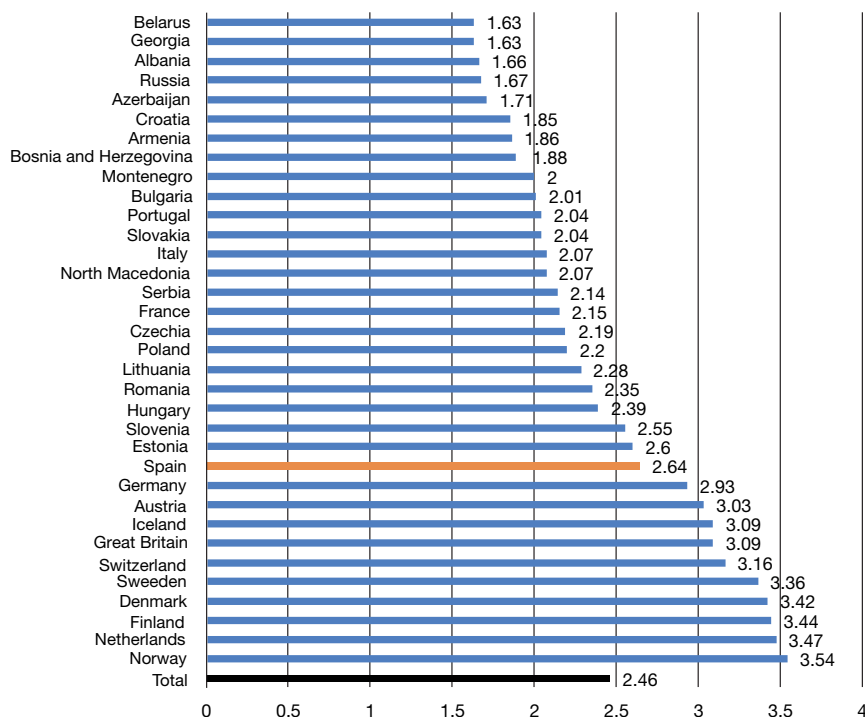
In this section, we analyse the level of agreement demonstrated by the European population with the statement “Adult children have the duty to provide long-term care for their parents”. To this end, we have compared the means and related the countries according to their greater level of agreement or disagreement with the statement. Graph 1 orders the countries according to the mean attained.

The countries with the highest means are those that demonstrate the strongest disagreement with the statement. In this group we find all the Nordic countries (Norway, the Netherlands, Finland, Denmark and Sweden), followed by some Central European countries (Switzerland, Austria and Germany). Spain and Great Britain are also situated with values above the total mean, as are Estonia and Slovenia. At the other extreme of the continuum we find those countries with a mean below 2, which implies strong agreement with the statement that sons and daughters have an obligation to provide care for their mothers and fathers. The countries that demonstrate high levels of agreement are Belarus, Georgia, Albania, Russia, Azerbaijan, Croatia, Armenia and Bosnia Herzegovina. This ordered list of mean values leads us to ask whether it is possible to establish a relationship between options of care for older people and social welfare models. Certainly, it is indisputable that, at least at the two extremes, the political model of social welfare in the lower part of the graph and the communist past of the countries in the middle and upper part explain, to some degree, the disparate viewpoints we observe in Europe.

The analysis of correspondences demonstrates that the country with the highest level of disagreement with the statement is Norway, which is situated in the upper-right quadrant, alongside the option “totally disagree”. In the area around “disagree” we find countries such as Denmark, Sweden, the Netherlands and Finland. All these countries have highly developed welfare states, characterised by systems of high taxes that allow for the application of



**Graph 1.** Level of agreement with the statement “Adult children have the duty to provide long-term care for their parents.” (means) (1 “strongly agree” and 5 “strongly disagree”)

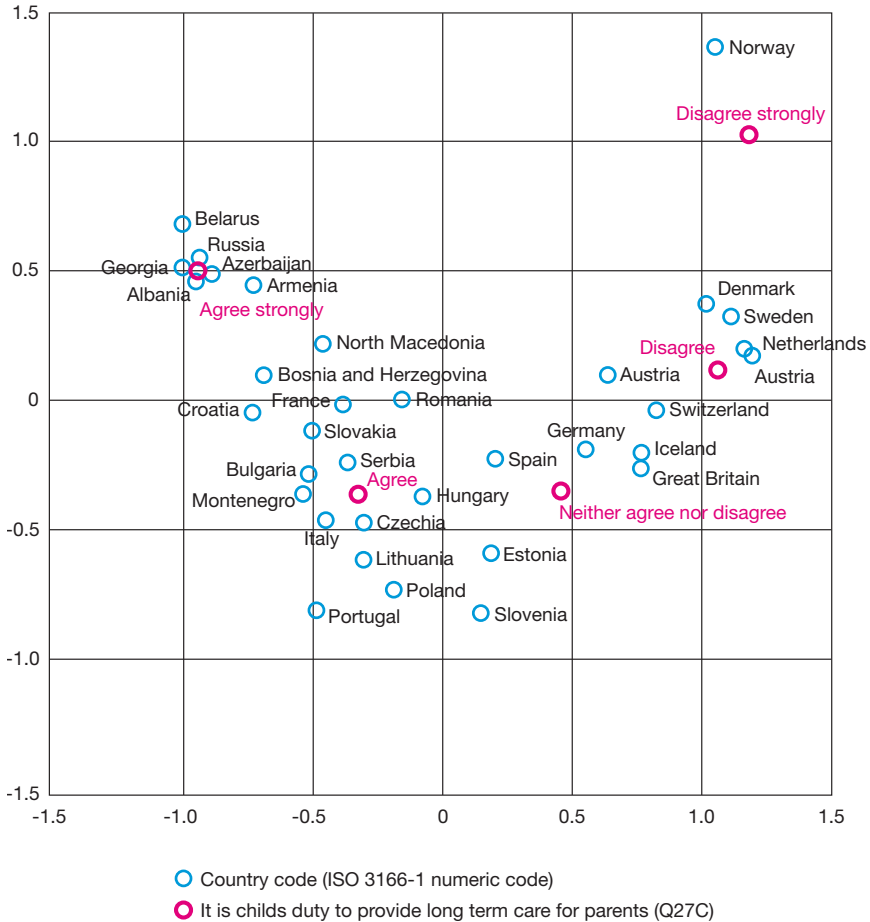


Source: authors' construction based on European Values Study 2017-2018. <https://europeanvaluesstudy.eu/>

the principle of universality in the majority of public services and benefits. These are societies with a high level of social equality and low levels of poverty and social exclusion. Another piece of information to keep in mind is that the majority of the countries that demonstrate higher levels of disagreement than agreement with the statement are countries with a life expectancy above 80 years, with robust pension systems and healthcare coverage, and which dedicate the highest percentage of GDP to long-term care (Zigante, 2018).

These are countries that occupy the highest positions in the Global Age Watch ranking, published by the British organisation HelpAge, which measures the wellbeing of older people in four areas: financial security, health, personal capacities and a favourable social environment (Taipale, 2014). The role played by the welfare state in the provision of services and assistance and care programmes may be one reason for the level of disagreement found in the Scandinavian countries, given that a higher level of joint responsibility for care duties will have been reached, thanks both to demercantilisation and, above all, to defamilialisation resulting from social and family policies that are universal and have a gender perspective.

**Graph 2.** Distribution of European countries in relation to the degree of agreement or disagreement with the statement: “Adult children have the duty to provide long-term care for their parents”



Source: authors' construction based on European Values Study 2017-2018. <https://europeanvaluesstudy.eu/>

On the opposite side of the graph, in the upper-left quadrant, are those countries that are most in agreement with the statement. These are countries such as Belarus, Russia, Georgia, Azerbaijan and Albania, all of which share the fact that they used to be Soviet republics within the USSR and, as a result, have a recent communist past. The ideological base, development and evolution of the Soviet social state was very different to those of the welfare states in Europe that arose after World War II, and resulted, in part, from the interventionist socialisation of the USSR. Anna Óchkina (2014) argues that the Soviet social

state evolved from being an “institutional structure in all sectors of the social sphere: public health, education, housing, social security, culture” to one that “understood any social programme or project as an expense whose aim was to achieve stability, a kind of payment to eliminate or prevent social tension”. When the communist regime lost legitimacy and suffered a strong moral crisis, the social state continued to be a tool of protection in the face of economic downturn and commercialisation. It is difficult to know whether support for familial care for parents corresponds to a cultural rejection of a historical model that was highly interventionist, or the assumption of responsibility in the face of a social system that is considered incompetent, incapable or precarious.

No common pattern can be observed in the countries of southern Europe, given that the levels of agreement in countries such as Spain, Portugal and Italy are not close. Spain has values similar to those recorded in Germany, Estonia and Slovenia, and for that reason the country is positioned closer to Central Europe. However, the highly familialist character of the Spanish welfare model also no doubt plays an important role in explaining the position of Spanish society in relation to this issue.

#### *4.2. Living with parents and the obligation to care for them*

One question to ask is whether living with one’s parents is a factor associated with the sense of duty to care for them. According to the data, the answer is that, to a large degree, there is a coherence between this idea and the variable of living together. Thus, 73% of Europeans who live with their parents agree or agree strongly with the obligation to provide long-term care for them. This percentage exceeds by more than 15% the percentage of those in agreement who do NOT live with their father and/or mother (56.2%).

Similarly, among people who demonstrate disagreement with this statement, the percentage of people who do NOT live with their parents is much greater.

If we analyse the degree of agreement/disagreement according to the sex of the respondent, we observe that there are almost no differences between the

**Table 1.** Agree/disagree with the statement “Adult children have the duty to provide long-term care for their parents” according to whether they live together (Europe) (%)

	Europe	
	Live with father and/or mother	Do not live with parents
Strongly agree + agree	72.9	56.2
Neither agree nor disagree	16.4	19.0
Disagree + strongly disagree	10.6	24.8
Total	100.0	100.0

Source: authors’ construction based on European Values Study 2017–2018. <https://europeanvaluesstudy.eu/>

**Table 2.** Agree/disagree with the statement: “Adult children have the duty to provide long-term care for their parents” according to whether they live together and by sex (Europe) (%)

	Europe			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	74.6	70.9	56.5	55.9
Neither agree nor disagree	15.8	17.1	19.7	18.5
Disagree + strongly disagree	9.6	12.0	23.9	24.8

Source: authors' construction based on European Values Study 2017–2018. <https://europeanvaluesstudy.eu/>

sexes in the case of people who do not live with their parents. However, in the case of people who live with their parents, we observe some quite significant particularities. In this sense, both men and women who live with their fathers and/or mothers demonstrate a greater degree of devotion to the moral duty to care for elders than people who don't live with either parent.

Women in Europe who live with their parents were found to be in agreement or strongly in agreement with the statement in 71% of cases, below the general pattern of agreement of the total, and well below men who live in the same situation (75%). This leads us to conclude that, contrary to what one might expect, men who live with their parents seem to do so on the basis of a moral duty of care that is greater than that of women with respect to their parents.

It is also notable that the ambivalence in the case of women who live with their parents is greater than that for men. Let's consider the possible causes of this ambivalence. If we start from the assumption that women are the ones who take on the majority of long-term care for older people, this information could reflect the fact that the consequences resulting from the familial model of care lead some women to question the traditional assumption of care as a moral duty. This questioning, however, does not apply to the men who live with their parents, probably because the care for family members falls most heavily on women (partners, sisters, etc.). It appears, therefore, that the question of care depends to a large extent on living together, as is reflected in the datum “the greater the situation of living together with parents, the greater the moral duty to care for them”; and at the same time, it is a question of differentiation according to sex. Both in Europe and in Spain, women who live with their parents tend to be somewhat less in agreement with the obligation to care than men.

If we now analyse the degree of agreement/disagreement by country, following the classification of the corresponding analysis above, we find that the cultural variable (values, welfare models) of each country has a strong influence on citizens' way of thinking.

Thus, we can confirm that, in all the cases analysed, people who live with their parents demonstrate a greater acceptance of the obligation to care for

**Table 3.** Agree/disagree with the statement: “Adult children have the duty to provide long-term care for their parents” according to whether they live together and by sex in different European countries (%)

	Norway			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	65.2	43.4	32.8	24.6
Neither agree nor disagree	8.8	21.7	14.3	13.4
Disagree + strongly disagree	23.7	34.8	53.0	62.0
	Germany			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	63.5	64.3	35.2	38.7
Neither agree nor disagree	24.3	14.3	18.2	19.0
Disagree + strongly disagree	12.2	21.3	36.6	42.4
	Spain			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	72.9	62.9	51.2	51.6
Neither agree nor disagree	10.8	21.0	22.9	22.9
Disagree + strongly disagree	16.2	16.2	26.0	25.5
	Italy			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	77.2	75.9	74.2	74.4
Neither agree nor disagree	15.8	14.1	19.4	18.8
Disagree + strongly disagree	7.1	10.0	6.4	6.8
	Russia			
	Live with father and/or mother		Do not live with parents	
	Men	Women	Men	Women
Agree + strongly agree	88.7	79.4	86.2	88.0
Neither agree nor disagree	9.4	11.5	9.8	9.1
Disagree + strongly disagree	1.8	9.1	4.0	3.0

Source: authors' construction based on European Values Study 2017-2018. <https://europeanvaluesstudy.eu/>

them than those who do not live with their parents. But the greatest differences are found according to country. In this regard, we can see that the percentages regarding agreement with the duty of care are much greater in countries such as Italy, and especially Russia, compared to Spain, Germany or Norway. If we consider the means of each country, we can confirm the results above.

**Table 4.** Comparison of means on agreement/disagreement with the statement “Adult children have the duty to provide long-term care for their parents” according to sex and country in the group of people who live with their parents (1 “Strongly agree” and 5 “strongly disagree”)

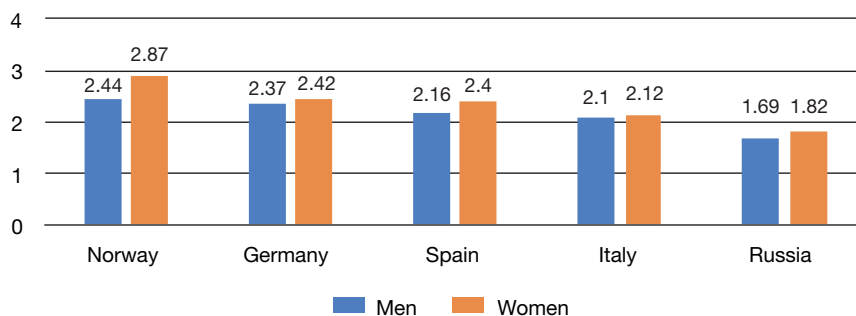
	Man	Woman
Norway	2.44	2.87
Germany	2.37	2.42
Spain	2.16	2.40
Italy	2.10	2.12
Russia	1.69	1.82
<b>Europe</b>	<b>2.06</b>	<b>2.16</b>

Source: authors' construction based on European Values Study 2017-2018. <https://europeanvaluesstudy.eu/>

The differences in means by sex are not statistically significant, although it is interesting that in all the cases analysed the means for women who live with their parents are somewhat higher than those for men, confirming our hypothesis that women who live with their parents are somewhat less in agreement than men with the moral duty of care, since they are the ones who carry the burden.

Furthermore, as can be seen in the graph, the variable that carries the greatest weight with reference to care is the country or the welfare model. Where there are developed welfare states, the appreciation of the moral duty of care on the part of sons and daughters drops. In the interpretation of the variable analysed, we appear to get more information from the division between western and eastern European countries than between countries in northern and southern Europe. The welfare models and the communist past of those states seem to be explanatory elements in the different perceptions of the European citizenry regarding the moral obligation to care for one's parents.

**Graph 3.** Distribution of European countries in relation to the degree of agreement or disagreement with the statement: “Adult children have the duty to provide long-term care for their parents”



Source: authors' construction based on European Values Study 2017-2018. <https://europeanvaluesstudy.eu/>

## Conclusions

We return to the research question and the hypotheses that guided the study. Our work aimed to contribute to the theoretical debate on the care crisis by trying to discern whether the moral responsibility of caring for the elderly in Europe corresponds to a gender issue or rather to a cultural and institutional issue relating to social welfare models.

This research demonstrates that the job of caring for older people continues to carry a strong component of moral responsibility for the majority of the European citizens surveyed. This responsibility is recognised to the greatest extent by people who provide care and live with the people they care for, although women who live with their parents express a degree of disagreement greater than men who live with their parents, no doubt because women take on a higher level of, and greater responsibility for, this care work.

It is evident that those who perform this care are in the main women in the middle age range, whose resilience and capacity for adaptation to some degree allows public authorities to ignore this issue. Nevertheless, it is essential to remove care work from the private and domestic sphere and take it into the public and political sphere. It is urgent to define true models of joint-responsible care, in which the family (women and men), the market, public authorities, organised civil society and the community take part. And these new models cannot ignore social inequalities, given that it is the poorest women who take on the most work in relation to care. The stakes for a strong and universal model of welfare appear to influence the change of values and, therefore, the change in behaviours when it comes to exercising care. As we have already argued, we believe that social policies must aim to reduce the naturalised assumption of care, or at least question the willingness to adopt the decision to care, independently of the burden that it generates, in order to promote welfare models that are more egalitarian and just.

Thus, we have demonstrated the strong impact of gender on the assumption of care tasks and, above all, the moral perception of the responsibility to care among those who live with their parents. However, the impact of country is also clear, especially in view of the social welfare model behind it and the influence of its values. We have stated that the greatest differences are found according to country. In this regard, we can see that the percentages for agreement with the duty of care are much greater in countries such as Italy and especially Russia, than in Spain, Germany or Norway. This paper reinforces the incidence of a series of explanatory factors of the main cultural differences: on the one hand, the explanatory value of gender in the family sphere, and on the other hand, the significance of issues such as the social welfare model or the impact of the process of secularisation. Today, cultural differences in Europe, as reflected in value surveys, must place more emphasis on the differences between the West and the East than on the (now largely) outdated differences between southern and northern Europe. The communist past, the levels of social welfare and the different role played by secularisation are three issues to be considered in comparative studies.



An important challenge that we must face as societies lies in the political, economic and social-communitarian response to our aging societies. The pandemic has shone a spotlight on the serious limitations of our model of care: residences must be made more humane and care work done by family members (especially women) or employees – what is inaccurately called “informal care” – requires greater regulation and recognition, not only social, but also economic.

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