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a new public welfare demand? Evidence from Italy

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Abstract

Childlessness is an increasingly common condition in many European societies. The consequences that this phenomenon might have on European welfare systems are widespread. Using data from the ISTAT survey on Family and Social Subjects, the paper explores the effect of the absence of children on the risk of lack of social support in old age in Italy. It also expands the standard approaches to the topic by examining how the relation between childlessness and lack of support varies throughout the individuals' life course. The results of the analyses show that childless people tend to receive less support at early stages of their life and as much support as parents when they grow very old and frail. However, it is mainly public services and volunteering organizations that substitute the support usually provided by children. In addition, it is found that the type of support that the childless elderly receive tends to be non-personal and less intensive.

Keywords: childless; social support; long term care; ageing; Italy

Introduction

Childlessness is an increasingly common condition in many European societies (Rowland 2007). Although particularly marked in Germany and Austria, this trend is also occurring to a lesser extent in Southern Europe. The consequences that this demographic phenomenon might have on European welfare systems, especially on long-term care policies, are widespread. In particular, if the absence of children is connected with social isolation and lack of instrumental and emotional support in later life, then it is clear that, *ceteris paribus*, the rising rates of childlessness will lead to an increasing demand for public provision of long-term care services.

Thus far, sociological and demographic research on childlessness has mainly focused on three aspects: (i) the main factors that explain increasing childlessness rates (González and Jurado 2006; Mencarini and Tanturri 2006; Hoem et al. 2006); (ii) the consequences that the absence of children

has on the psychological and physical well being of adult individuals (Jeffries and Konnert 2002; Nomaguchi and Milkie 2003; Weitof et al. 2004); and (iii) the effect of childlessness on the risk of social isolation and lack of social support in old age (O'Briant 1985; Pinquart 2003; Keizer et al. 2010). The present study is framed within the third of these research strands. In particular, contributing to the existing literature on Nordic and Continental European countries, we address the issue of whether childless people in Italy are at a higher risk than parents of lacking instrumental and emotional support in old age. The study of the relation between the absence of children and the lack of social support in a Southern European country is particularly relevant, first of all because of the dearth of empirical research on this topic for Mediterranean societies and, secondly, because of the high degree of familialism of Italian welfare system and, in particular, the relevance of informal family support networks for meeting the long-term care needs of the elderly (Ferrera 1996; Saraceno 2010).

In the present study we will expand the “standard” analyses of the effect of childlessness on support networks in two directions. Firstly, in addition focussing on the effects of the absence of children on social support in old age, we will also consider younger (and still fecund) individuals. In fact, the few existing longitudinal studies on the effect of childlessness on social inclusion and support networks have clearly highlighted that, throughout their entire life course, non-parents adopt a series of strategies to adapt to their condition, thus preventing social isolation (Wenger 2009). Taking into account individuals of a range of ages, therefore, will allow us to indirectly observe how the childless progressively adapt their social networks to the absence of children. Secondly, following a lead from Kohli and Albertini (2009), we will include in our analyses not only the study of the social support that elderly childless people receive, but also the instrumental and emotional support that they provide to others, also by participating in the activities of volunteer organizations. As a result, by considering both directions of the exchange of support, we will be

able to fully assess the extent to which the characteristics of individuals' support networks are affected by the absence of children. In other words, by also taking into account what childless people contribute to society, we will not conceptualize the group of childless people only as a problematic one.

The argument is developed as follows: in the first section of the article we will briefly review the existing recent literature on the correlation between the absence of children and the risks of social isolation and lack of social support. Next, we will analyse the specific characteristics of the Italian case, as regards both recent trends in the childlessness rate and the consequences that an increase in the childlessness rate might have on elderly people's support networks, given the specific characteristics of the Italian welfare system. After presenting the data and the analytic strategy utilised, we report and discuss the results of our analyses in the fourth section. The final section concludes by examining the implications of our findings for the future development of long-term care policies in Italy.

Background

Childlessness, social isolation and lack of support

Previous studies have consistently documented the relevance of social networks to individuals' well-being. Across countries and in different family and welfare systems, the quality, frequency and intensity of social interactions with others and the exchange of emotional, social and financial support have always been found to be important determinants of the individuals' social inclusion. The centrality of the family in these processes is unquestioned everywhere. Family networks are at the core of the individuals' social embeddedness: not only do they usually provide the largest amount of support an individual needs all through her/his life, they also bridge the individual and society. Within the family network, parent-child relations play the most relevant role. In particular,

from the perspective of elderly parents, contact with children represents the main intergenerational-link in otherwise strongly age-segregated social networks, thus fending off the social isolation often associated with old age. Furthermore, after spouses, children are the main providers of emotional and instrumental support to elderly individuals. It is not surprising, therefore, that it has often been argued in the literature that the childless – and in particular, the childless elderly – are a vulnerable group of the population, i.e., people that risk being socially isolated, lacking assistance in the case of deteriorating health and, in the event, being institutionalized at an earlier stage of their lives. It is also argued that, from the perspective of social policy, increasing childlessness rates might represent a challenge – in addition to that of the ageing population - to the current configuration of the systems of long-term care provision. This would be particularly the case for welfare systems, such as those typical in Southern European countries, which rely heavily on social care services provided by the family.

However, some empirical evidence from previous studies calls into question the assumption, often taken for granted, that non-parents are at a higher risk than parents of being isolated and lacking social support. Thus, for example, in their nine-country study of non-parents' social embeddedness Wenger et al. found that “there was no overall consistent pattern of community participation that distinguished those without children from parents”, furthermore “those without children have more contact with siblings, nieces, and nephews than parents tend to have [...] childless women have more contact neighbours [than mothers]” (Wenger et al. 2007: 1447-1448). In fact, this study confirms what has been found in different countries and periods by sociological research on the topic: childless people are not at a higher risk for social isolation than are parents (Chappel and Badger 1989; Eriksen and Gerstel 2002; Rubinstein et al. 1991; Wenger and Burholt 2001; Wenger et al. 2000). This is particularly the case when considering never-married, childless women, or adults without limitations in their daily living activities and who have no major health

problems (Dykstra and Hagestad 2007a). A possible explanation for this result can also be found in results previously published in the literature: childless individuals tend to develop strategies to “compensate” for their lack of children or, in other words, they learn to live outside conventions by constructing alternate paths and alternative non-child-based social networks (Dykstra and Hagestad 2007b; Lisle 1996). In fact, non-parents tend to compensate for their lack of contact and exchange with children by developing more independent and extra-familial lifestyles early on in their lives (Wenger et al. 2007); thus, for example, they access neighbourhood and friends networks and participate in parish activities and volunteer organizations much more frequently than parents do. Furthermore, compensative strategies are also carried out within the kin network. As a matter of fact, the childless usually maintain more intense relations with extended family members, such as cousins, nieces and nephews. In addition, there are two more reasons to doubt that increasing childlessness necessarily leads to increasing demand of public long-term care. Firstly, it has been found that married or partnered non-parents receive much more social support from their spouses than do parents (Ishii-Kuntz and Seccombe 1989). Secondly, as argued by Connidis (2002), the improvement of health status of the elderly population, and thus postponement of dependency, might outpace the increase in childlessness rates.

These findings and arguments seem to be quite reassuring in terms of the social (dis)embeddedness of the childless, and the future capacity of European welfare states to cope with the long-term care needs of the elderly population. Nevertheless, eventually, previous studies also show that in old age, and in particular when need for instrumental help or personal care emerges, non-parents face considerable support deficits. As a matter of fact, non-family (and non-nuclear-family) based social networks have repeatedly been proven to be weak in meeting the long-term health and social care needs of the elderly (see, for example, Albertini and Kohli 2009; Jerrome and Wenger 1999; Schröder-Butterfill and Marianti 2006; Johnson and Catalano

1981; Wenger et al. 2007). In other words, the absence of children is not clearly associated to a disadvantaged situation when health is good, but when someone becomes frail and loses their independence in carrying out daily living activities, childlessness becomes a problem. The worst situation in terms of the availability of informal support is clearly that of the frail elderly who are both childless and unmarried or widowed, especially if they are men (Dykstra and Hagestad 2007a). Thus, in practice, non-parents are more likely to depend on formal care provision than parents. It is not surprising, then, that the never-married or widowed childless have been found to enter residential care or long-stay hospital at younger ages and lower levels of dependency than parents (Wenger 2009). Given these findings, and given that the childless are less likely to access informal support in old age, one might therefore expect their increasing number to augment the demand for public provision of formal long-term care services. Consequently, it would seem that the offer of these services should be increased over the next few decades, in order to meet this additional demand.

However, the relation between the absence of children and the utilization of formal care services is more complex than one might think. As a matter of fact, two of the very few studies on the utilization of formal care services by the childless clearly indicate that elderly non-parents tend to use formal service provision more frequently and intensively than parents do - and this is in line with the above-mentioned findings. But the same studies also show that the utilization of public care services by the elderly is strongly mediated by the presence of children, who act as advocates on behalf of their parents (Choi 1994; Larsson and Silverstein 2004). Thus, once we control for the availability of informal support, what emerges is that non-parents are not more likely to access formal care than parents. As a consequence, the utilization of public care services by the childless do not fully compensate for the support deficits they face. Not even in a well-developed public welfare system like the Swedish one is reliance on formal services able to clear out the

disadvantage in informal care availability associated with the absence of children. All in all, this finding seems to indicate that in order to meet the social and health care needs of the future childless elderly, public systems must be improved not only in terms of the amount of services delivered, but also in terms of how individuals who need these services access them.

Previous studies on the topic, however, have been conducted almost exclusively on northern and central European countries and the USA. To the best of our knowledge, there are no studies on the social networks of the childless that consider countries characterized by a weakly commodified and defamilialized welfare system, strong family ties, and a model of support exchange based on coresidency and infrequent but intense transfers or resources (Albertini et al. 2007; Naldini 2003; Reher 1998). Therefore, it is not clear how increasing childlessness will impact on Southern European societies and their welfare systems.

The Italian case

Trends in childlessness rate

Permanent childlessness is on the rise in most of European countries. After minimum levels of childlessness across the 1910-1945 birth cohorts, the rate for Western European women born after the 1950s has been between 10 and 20 percent (Rowland 2007). This recent trend started in Northern and Continental European countries, but increasing numbers of women in Italy are also forgoing motherhood (Frejka and Sardon 2003; Gonzáles and Jurado 2006). A cross-country comparison of the prevalence of childlessness can highlight the rapid change in the Italian pattern (Tanturri and Mencarini 2008). Thus, for example, recent studies estimate that the rate of childlessness in Italy may exceed 20 percent in birth cohorts of the mid-1960s (Frejka and Sardon 2003; UN 2003; De Rose *et al.* 2008). This makes Italy more similar to the Northern European model (Ireland, Sweden, Belgium, or Denmark), than to the Mediterranean one (Portugal, Spain,

and, in part, France), where childlessness is still rare. The U-shaped time trend across Italian cohorts reproduces, with a lag of few years, the trend observed in many other Western countries. According to Sobotka (2004), the prevalence of childlessness in Italy is projected to increase considerably if the most recent age-specific first-birth probabilities remain constant at about 23 percent for women born in 1970 and more than 25 percent for those born in 1975. However, when these figures are adjusted for *tempo* effects (i.e., the further postponement of these cohorts of the age at their first child), the prevalence of childlessness should show only a moderate increase: 17 percent for the cohort born in 1970 and 16 percent for that born in 1975 (Sobotka 2004; Frejka and Sobotka 2008).

Moreover, it should be noted that not only is the frequency of childless individuals changing, but also childlessness; this is true even in a traditional context such as Italy, where it is becoming more and more a deliberate and conscious choice for women and couples: voluntary childless women was around 6 to 7 percent of the 1960 cohorts, in stark contrast to the 1.5 percent of the generations born just one or two decades before (Tanturri and Mencarini 2008). In addition, the group of involuntarily childless women and couples is becoming more heterogeneous, including the infertile and the long-term postponers. The latter group can be quite substantial in the difficult context of latest-late Italian transition to adulthood. As a matter of fact, if we consider the life course framework, we know that pathways to childless are more often characterized by late starts in independent living, education and marriage, and that they tend to have dispersed transition timing (Hagestad and Call 2007). In fact, the distinction between the voluntary and involuntary childless emerged among younger cohorts, who are more likely to remain childless while they are in stable relationships. In the literature, it is an issue of debate whether the voluntary childless explicitly choose not to have children. On the other hand, it has been reckoned that the childless

in contemporary cohorts of old people are less likely to have made a conscious decision whether or not to have children (Dykstra and Hagestad 2007b).

Among older people, the childless can also be parents who have lost their children. Nevertheless, with the current survival rates, the proportion of current parents who outlive all of their children is decreasing, and remains very small (less than one percent; Beets 2005). In any case, within a few decades, in an aging society such as Italy, the net effect of these two opposing tendencies on the number of childless elderly (the sharp increase in the always-childless and the decrease in the number of individuals survived by their children) will be a dramatic increase in the number of the childless elderly.

Welfare system characteristics and the potential impact of childlessness

As mentioned above, the Italian welfare system is characterised by a low level of decommodification and defamilialization (Esping-Andersen 1999). More precisely, the system is based on the principle of familialism by default, thus (implicitly or explicitly) leaving to the (unsupported) families the responsibility of providing care and economic help to dependent individuals (Millar and Warman 1996; Saraceno 2010). In this context, informal support networks are crucial to the support of individuals when they get old and frail. Previous research has shown that family ties in Southern Europe are particularly strong and, moreover, that extended family networks are usually available to provide economic support to individuals in difficult circumstances (Bentolila and Ichino 2007). It has also been found that the exchange of resources between extended family members is largely based on co-residency, and that the intergenerational exchange of resources tends to be less frequent, more intense and more connected to individual needs than in other European countries (Kohli and Albertini 2007).

We could therefore formulate different hypotheses regarding the effect of childlessness in Italy. On the one hand, we could hypothesize that, due to the high level of familialization of the Italian welfare system, the consequences of childlessness on the individual's well being are equally or more severe in Italy than in other European countries. The strongly family-based character of the Southern European welfare system may add to the vulnerability of non-parents, whose nuclear family is by definition smaller and non age-differentiated. On the other hand, extended family obligations (both legally and culturally determined) could potentially offset the negative consequences that childlessness has on the provision of social support. The fact that in Southern Europe reciprocal support obligations – both by law and *de facto* – are more extended than in other European countries could, to some extent, outpace the negative effect of not having children. Thus Italian familism, by extending support obligations well beyond the nuclear family – and thus allowing access to the time and financial resources of nephews, nieces, siblings, cousins and so forth – would provide the childless with a similar amount of practical and emotional support as that received by parents.

Data, variables and research strategy

The data we use in our empirical analyses are from the 2003 ISTAT survey on Family and Social Subjects (FSS), which was conducted in more than 19,000 households for a total of almost 50,000 individuals (aged from 0 to 104 years). We include in our analyses all respondents aged thirty years and older, leaving a total of 33,759 cases. Women represent about 53 percent of the selected respondents. The mean and median age of the sample is slightly below 54 years.

The FSS contains detailed information on the individual's fertility history, the number of natural, step, adopted and fostered children, and on desired fertility. The survey also contains a

section, linked to the UNECE Gender and Generation Programme¹, which focuses on kinship and family (and non-family) support networks. In particular, the following information was gathered on support given and/or received²: (i) all the types of support that the respondent has received from someone living outside the household in the four weeks prior to the interview; (ii) indication of the most important type of support given among those indicated above; (iii) indication of to/from whom the respondent gave/received the most important type of support, i.e., relatives, non relatives and public sector. The only difference between the questions regarding the amount of support given and received is that among the possible beneficiaries of support given, volunteering organizations and, of course, public services are not taken into account. However, an *ad hoc* question about participation in volunteer activities is included in the questionnaire. It may also be worth noting that the FSS also collects information on whether the household employs domestic workers, babysitters or other (paid) care personnel.

We begin our analyses by providing a description of the prevalence of support received and given according to gender and parenthood status. Concerning the latter variable, it is worth noting that in all of the following analyses we make a distinction among younger and still fecund childless individuals between those who stated that they want to have children in the next future, and those who stated that they do not. We then analyse existing qualitative differences between the support networks of the two groups, i.e., we explore to what extent the type of support given/received, and the type of support providers/beneficiaries, differs between parents and the childless.

¹ The Generations and Gender Programme (GGP) is a system of national Generations and Gender Surveys (GGS) and contextual databases which aims at improving the knowledge base for policy-making in UNECE countries, see: <http://www.unece.org/pau/ggp/Welcome.html>

² For a detailed description of the questionnaire see: http://www.istat.it/strumenti/rispondenti/indagini/famiglia_societa/famigliesoggettisociali/indagine_2003.

In the last part of our analyses, we examine the support given together with the support received by the individual. As a matter of fact, these are just two different dimensions (or directions) of the same phenomenon, i.e., support exchange. Support exchange, indeed, is largely based on norms of solidarity and expectations of reciprocity, and the difficulty in reciprocating received support is also an important dimension of social exclusion. In other words, individuals can be considered at risk of social exclusion not only when they do not receive enough support from outside the household, but also when they cannot reciprocate the help that they have received. Thus, different combinations of giving and receiving support are a good indicator of different situations of social exclusion. In particular, following Saraceno et al. (2005: 71), we distinguish four different situations with respect to individuals' position within the exchange networks: isolation (neither giving nor receiving); dependence (receiving but not giving), self-sufficiency (giving but not receiving); reciprocity (giving and receiving). At this point of our analysis, moreover, we perform a multivariate analysis of resource exchange by implementing multinomial logistic regression models. This allows us to examine the existing correlation between the absence of children and the risk of exclusion within the support networks, while controlling for possible compositional factors. In a further step of our analyses we consider the interaction between health conditions and parenthood status. This allows us to test the idea that the support networks of the childless are particularly weak in responding to intensive care needs, and thus tend to fade as health status deteriorates.

Results

The prevalence of childlessness

Overall, slightly more than 20 percent of the individuals in our sample are childless; the percentage is larger among men than women (table 1), mainly due to higher age at marriage and

at the first child's birth.³ As might be expected, the proportion of non-mothers is clearly higher among those under 50 years of age, who have not completed their fertility. It is also interesting to note that in this group of the population the proportion of women who do not have children and declare that they do not want any in the future is much lower than the percentage of childless women found in the following age groups - less than 5 percent *versus* more than 11 percent. There are two main explanations that might help explain this discrepancy. Firstly, there may have been a marked change in desired fertility level among the youngest generations. Secondly, a number of the young women who have not yet had a child but desire to may eventually remain involuntarily childless. Focusing on those in age groups 50 years and above, a marked difference clearly emerges in the prevalence of childlessness between those aged 50 to 70 and the oldest group, with the oldest women showing childlessness levels of about 6 percentage points higher than those recorded among the younger population. This finding is consistent with what we know about trends in the childlessness rate in Italy.

[TABLE 1 ABOUT HERE]

Giving and receiving support

Table 2 reports the percentage of individuals – by gender, age and parenthood status – who have received/given any type of support in the four weeks prior to the interview. It clearly emerges from these data that the likelihood of receiving support is much more related to age (and the life course) for parents than for childless people. Parents are more likely to receive support from outside the household at ages that are typically associated with the childrearing years (from the ages of 30 to 49) or with deteriorating health status (older than 70), than when they are from 50

³ The rate of childlessness we found in the FSS is consistent with the data reported by Rowland (2007).

to 70 years old. In contrast, the likelihood of receiving help for non-parents is quite stable throughout the entire life course. The only notable exception to this pattern is represented by the oldest childless women, whose chances of receiving support are almost twice that of other age groups. This is likely due to the fact that a large share of these women, being widows, cannot rely on the support of a spouse. More in general, when comparing parents and non-parents, these results show that the latter are more likely to receive support from outside the household when they are in the age range of 50 to 70 years of age, whereas they tend to receive less support than parents when they are younger, and as much as support as parents when they are older.

As for giving support to others, it is interesting to note that, while the probability of giving help decreases monotonically at increasing ages for the childless, parents aged 50 to 69 years are more likely to provide support to others than either younger or older parents. Indeed, these are clearly parents of the so-called “pivot generation”, i.e., they are involved in simultaneously supporting both their young adult children and elderly parents. Next, when comparing non-parents to parents we find that, at any age, the childless are less likely to give support than parents. Moreover, this is true independently of the willingness of respondents to have children in the near future. This latter result seems to contradict previous research findings indicating that the childless develop strategies early in their lives that reinforce their structurally weaker social networks. However, it is worth noting that here we are only considering exchange of support rather than general social contacts, which has been the focus of many previous studies.

[TABLE 2 ABOUT HERE]

The qualitative differences: from/to whom and which type of support?

The above reported statistics indicate that there are substantial quantitative differences in the support exchange networks of parents and non-parents. Generally speaking, they seem to point to

the fact that the latter are less likely to exchange support with non co-resident individuals. Quite interestingly, FSS data show that considerable differences are also to be found in the qualitative characteristics of support networks. In fact, the analyses of both the type of support exchanged and the relation to the donors/receivers of the support reveal marked differences between the networks of parents and the childless.

Support received

At young ages, as might be expected, the most substantial support received by parents is in the form of help in looking after their children.⁴ Non-parents, instead, are more likely to report financial transfers or help with domestic work as the most substantial form of support they have received. Marked differences also emerge among the young childless. In particular, those who declared not to want children report much more frequently that they have received support related to health care or personal care for adult family members. Speculating on this result, one might argue that a substantial portion of this group reports not wanting a child because they are already overloaded with problems related to their own, or other co-residing family members', bad health status. From the perspective of our research, however, the most striking differences are those concerning older age groups and regarding intensive forms of personal care, such as health care support and personal care of adult family members.⁵ Among the middle-aged and elderly individuals these types of support are reported more frequently by the childless than by parents. However, among the extremely elderly (i.e., 70 or more years old), when dependency increases and need intensifies, differences go in the opposite direction. In particular, 38.7 percent of fathers

⁴ Here and in the following section the results of the analyses of the most frequent types of support exchanged are not reported due to lack of space. These data can be obtained from the corresponding author.

⁵ On the relevance of this type of support versus help with domestic work or with paperwork, and on the relation between public and private provision of personal care see Brandt et al. (2009).

and 48.1 percent of mothers report having received “health care” or “personal care for adult member” during the last month, whereas percentages for these types of support are just 16 and 18 percent among childless men and women. It is therefore clear that the type of support that very elderly childless people receive tends to be non-personal and less intensive. Thus, for example, they are much more likely than parents to receive support in the form of “keeping company”. To the extent that these differences are not due to substantially different health conditions between parents and the elderly, this is a clear indication that a deficit of instrumental support among the elderly non-parents exists.

Adding to this picture, we also observe marked differences between parents and non-parents’ networks in terms of the identity of support providers (table 3). The amount of support coming from non-relatives and from volunteer associations and public services is much greater in the networks of the childless than in those of parents. Furthermore, differences are greatest in the oldest group: more than 70 percent of the support received by elderly fathers and mothers comes from relatives, *versus* just 40 percent for non-parents. That is to say that the largest portion of the help received by non-parents over 70 is provided by non-relatives, volunteer associations and the public sector. In particular, considering public provision of support, it is worth noting that more than 20 percent of elderly childless men reported the public sector as the provider of the most important support they have received, whereas among fathers this value is just 11 percent. Particularly striking is that, again, among the childless over 70, women are more likely to receive support from non-relatives (44 percent) than from relatives (41 percent). In addition, both for elderly men and women, the absence of children is clearly correlated with a higher prevalence of help received from volunteer organizations. If one thinks of the type of intensive support that the extremely elderly are likely to need, it is clear that the contribution made by non-relatives, non-for-profit organizations and public services in supporting the welfare of the childless is not

marginal. Actually, as the shown by the data reported above, the intervention of these providers in favour of the elderly non-parents is able to offset the lack of social support from relatives, in quantitative terms at least, if not in qualitative ones.

[TABLE 3 ABOUT HERE]

Support given

Differences between the networks of parents and the childless are less striking when we consider the type of support they give to others. Among those older than 50 years, and particularly among women, parents are much more involved in looking after (grand)children, whereas, childless people are more likely to support other people by keeping company or transferring economic resources. In contrast, analysis of the identity of those who receive the respondents' support reveals interesting differences between parents and the childless (table 4).

Below the age of 60, both groups of the population are much more likely to transfer resources to their relatives than to other people. In fact, although parents are more likely than the childless to support their relatives, more than 50 percent of the childless report relatives as the recipients of the most important support they gave in the last four weeks. Further analysis reveals that non-parents compensate for their lack of children by transferring more to relatives from the previous generations (parents and grandparents) and also to their siblings. In addition, it should be noted that they are also more likely to participate in volunteer organizations. This picture changes dramatically when considering individuals older than 60 years. As a matter of fact, while transfers to relatives increase among the parents, the opposite is found among the childless. Thus, for example, among respondents aged 60 to 69, 73 percent of mothers had given some form of support to their relatives during the month prior to the interview, whereas less than 40 percent of the childless women supported family members. On the other hand, more than 40 percent of

transfers made by non-mothers had gone to non-relatives. Furthermore, while more than 31 percent of childless women had been involved in volunteer organizations, just 16 percent of mothers were involved in this form of support of other people. In sum, the support networks of older parents and childless individuals are markedly different in terms of who receives their help: for the former group, the recipients are more likely to be members of the family group, whereas for the latter, they are more likely to involve friends, neighbours and general civic engagement.

[TABLE 4 ABOUT HERE]

The childless within the support exchange network

From the descriptive analyses reported above it has emerged that childless people are less likely than parents to receive support at early stages of their life, and just as likely as parents to receive support when they are very old and frail. This seems to contradict previous research findings, thus suggesting that the peculiarities of the Italian family and welfare systems help to prevent social isolation and lack of support among the oldest group of non-parents. However, as has been argued above, when evaluating individual risks of social exclusion it is important to consider not only how likely they are to receive support, but also to what extent they are able to reciprocate this help. Moreover, some of the previous results could potentially be due to mere compositional effects, such as, for example, between group differences in utilization of professional private care services, economic well-being, and so forth. For this reason, in the next part of the study we adopt multinomial logistic regression models in order to better assess the impact of childlessness on an individual's position within support exchange networks. We will also test the notion that it is particularly when health deteriorates and the need for intense care arises that the childless lack social support from outside the household. The results of these analyses are reported in table 5.

From the results of the first model, we can affirm that respondents in the youngest and oldest group are those who are more likely to find themselves in situations in which they only receive help, although the former group is also the one with the higher likelihood of reciprocating the support received. Women are more likely than men to be in a situation of self-sufficiency or reciprocity. In addition, confirming previous findings in the literature, bad health is shown to have a marked positive effect on the probability of being dependent, but also, quite surprisingly, of reciprocating received support. It is also shown that having a partner and/or co-residing with another adult has a negative effect on receiving help from outside the household; when respondents received paid care they are also more likely to get and/or give support from/to unpaid non co-residing persons. However, from the perspective of the present study, the most interesting result is that being childless significantly increases the individuals' chances of being isolated. In addition, the strongest negative effect we found is on the likelihood for the childless to be in situations of reciprocity.

In the second regression model, we introduce an interaction term between health conditions and parenthood status. Indeed, we are here testing the idea that higher social isolation among the childlessness is, at least partially, due to the fact that their support networks tend to fade away when needs for intensive personal and health-related care arise. The results of our analysis contradict this interpretation. In fact, when dependency in daily living activities emerges, the probability of receiving support increases much more for non-parents than for parents. Nonetheless, childless individuals in bad health are still more likely to be socially isolated than parents.

[TABLE 6 ABOUT HERE]

Conclusions

In the present paper we have explored the existing relation between parenthood status and the lack of instrumental and emotional support in Italy. Previous research on Nordic and Continental European societies has shown that non-parents are at no greater risk for social isolation than are parents. However, it has also been found that when health deteriorates and as people age, childless individuals tend to face sizeable informal support deficits, which appear not to be fully compensated for by more frequent access to formal public care provision. From the perspective of long term care policies this finding, together with the simultaneous phenomena of population ageing and increasing childlessness rates, points to the need for further reinforcing the provision of non-family based public care services. There are several reasons, however, for which one could hypothesize that the effect of childlessness on support networks might be different in Southern European countries. The specific characteristics of the Mediterranean welfare and family systems and the specific pattern of intergenerational relations found in Spain, Italy and Greece, are likely to have a considerable impact on the relation between the absence of children and the availability of social support.

Our analyses show that childless people in Italy tend to receive less support at early stages of their life and as much support as parents when they grow very old and frail. From the perspective of social policy, this latter finding looks quite reassuring. It is worth noting, however, that when we turn to analysing the qualitative aspects of non-parents' support networks, we immediately realize that these are structurally weaker networks, being strongly based on non-relatives' support and help provided by the public services and volunteer organizations. Most importantly, the social networks of the childless seem to provide less intense and less personal social support than those typically needed by the extremely elderly, and mainly focus on keeping company and helping with domestic tasks. This weakness is further confirmed by the results of our multivariate analyses:

ceteris paribus, non-parents are more likely to be in situations in which they neither give nor receive support to/from outside the household. It would be mistaken, however, not to underline that our results show that the contribution of non-parents to other's people's well-being is still significant. Most importantly, the childless are much more likely than parents to participate in volunteer and charitable organizations. In this respect, they might also be seen as the pioneers of a post-familial civic engagement.

The policy implications of these results are widespread. Firstly, since support from public services and volunteer organizations proves to be one of the main alternatives to support provided by children, it is clear that the strongly family-based welfare systems in Southern Europe are more vulnerable to increasing demand for social support by non-parents. Next, the role of volunteer organizations, both in meeting additional welfare demand from elderly non-parents and in channelling the offer of their support to other people, clearly points to the need for reinforcing such organizations. Thirdly, reinforcing the role of the non-for-profit sector, however, cannot be conceived as an alternative to an increase in public long-term care services. In fact, our analyses show that what non-parents lack the most is precisely the type of intensive health and social care support that only professional carers can provide.

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TABLES

Table 1: Distribution across different parenthood status by gender and age.

Age	Men				Women			
	Father	Childless	Childless & do not want children	Total	Mother	Childless	Childless & do not want children	Total
30-49	62.1	33.7	4.2	100	74.7	20.4	4.9	100
50-59	87.1	12.9	-	100	88.9	11.1	-	100
60-69	89.2	10.8	-	100	89.2	10.8	-	100
70+	87.1	12.9	-	100	83.3	16.7	-	100

Table 2: Likelihood of giving and receiving support by parenthood status, gender and age.

Age	Men				Women		
	Father	Childless	Childless & do not want children	Mother	Childless	Childless & do not want children	
SUPPORT RECEIVED							
30-49	23.4	10.0	14.4	20.9	13.2	13.4	
50-59	7.1	15.0	-	6.1	13.1	-	
60-69	6.7	12.7	-	8.4	13.0	-	
70+	16.8	16.6	-	23.5	25.4	-	
SUPPORT GIVEN							
30-49	28.1	21.2	14.5	32.8	31.5	31.4	
50-59	29.9	24.1	-	37.8	29.4	-	
60-69	30.9	16.3	-	37.3	25.7	-	
70+	20.4	11.3	-	17.4	11.6	-	

TABLE 3: Distribution across different types of support givers by parenthood, gender and age.

Age		Men			Women		
		Childless	Childless & do not want children	Mother	Childless	Childless & do not want children	Childless
30-49	Relatives	84.1	69.5	60.4	81.6	70.2	46.1
	Non relatives	12.1	24.3	25.0	14.4	23.0	24.4
	Volunteer associations	1.0	1.9	13.1	0.9	0.9	0.0
	Public social services	2.7	4.2	1.5	3.1	5.9	29.5
	Total	100	100	100	100	100	100
50-59	Relatives	59.5	67.5		55.9	49.3	
	Non relatives	29.1	22.0		30.1	38.7	
	Volunteer associations	2.5	0.0		1.9	0.0	
	Public social services	8.9	10.5		12.1	12.0	
	Total	100	100		100	100	
60-69	Relatives	58.2	46.2		64.7	56.7	
	Non relatives	25.6	25.6		23.3	33.1	
	Volunteer associations	2.4	3.1		5.8	3.7	
	Public social services	13.8	25.1		6.2	6.6	
	Total	100	100		100	100	
70+	Relatives	73.2	40.3		70.0	41.5	
	Non relatives	14.2	29.2		18.1	43.6	
	Volunteer associations	1.7	10.0		2.8	5.4	
	Public social services	11.0	20.6		9.1	9.5	
	Total	100	100		100	100	

TABLE 4: Distribution across different types of support receivers and participation in volunteer activities by parenthood, gender and age.

Age		Men			Women		
		Childless	Childless & do not want children	Mother	Childless	Childless & do not want children	Childless
30-49	Relatives & volunteering	2.9	3.9	3.5	3.0	2.1	3.6
	Relatives & not volunteering	54.2	46.1	57.4	54.4	49.4	48.5
	Non relatives & volunteering	11.3	9.1	11.0	10.6	13.1	11.7
	Non relatives & not volunteering	25.6	31.5	20.2	27.2	28.5	30.6
	Only volunteering	6.0	9.5	8.0	4.9	6.9	5.7
	Total	100	100	100	100	100	100
50-59	Relatives & volunteering	3.1	5.1		3.9	5.0	
	Relatives & not volunteering	55.1	45.4		62.2	45.4	
	Non relatives & volunteering	10.2	9.6		8.3	15.6	
	Non relatives & not volunteering	22.6	32.7		20.0	23.2	
	Only volunteering	9.0	7.2		5.7	10.8	
	Total	100	100		100	100	
60-69	Relatives & volunteering	2.5	4.4		3.7	5.1	
	Relatives & not volunteering	64.9	29.9		69.3	34.8	
	Non relatives & volunteering	5.9	11.7		6.7	7.2	
	Non relatives & not volunteering	19.3	38.8		14.5	33.9	
	Only volunteering	7.5	15.2		5.8	19.0	
	Total	100	100		100	100	
70+	Relatives & volunteering	3.6	8.7		2.4	7.9	
	Relatives & not volunteering	66.1	30.2		66.6	38.7	
	Non relatives & volunteering	8.6	22.0		7.7	15.4	
	Non relatives & not volunteering	17.6	28.5		19.7	30.8	
	Only volunteering	4.1	10.5		3.5	7.2	
	Total	100	100		100	100	

Table 5 Regression models of individual's position within support networks by parenthood status* (33759 observations)

<i>Relative Risk Ratios</i> (ref. outcome: isolation)	MODEL 1			MODEL 2		
	Dependence	Self sufficiency	Reciprocity	Dependence	Self sufficiency	Reciprocity
VARIABLES						
Parenthood status (ref. parent)						
Childless	0.529***	0.748***	0.444***	0.470***	0.748***	0.442***
Childless & does not want	0.522***	0.956	0.264***	0.432***	0.971	0.249***
ADL or IADL (ref. no): yes	3.174***	0.591***	1.358**	2.781***	0.610***	1.328*
Interactions						
ADL/IADL*Childless				1.817***	0.824	1.020
ADL/IADL*Childless & does not want				2.093*	0.544	1.822
Age in classes (ref. 50-59)						
30-49	2.691***	0.710***	1.747***	2.702***	0.711***	1.746***
60-69	0.913	1.015	0.811	0.924	1.015	0.813
70+	1.657***	0.494***	0.741*	1.688***	0.494***	0.744*
Gender (ref. Male)						
female	0.907**	1.400***	1.307***	0.909**	1.399***	1.308***
Employment status (ref. employed)						
Other condition	1.255***	1.087*	0.835**	1.218**	1.089*	0.831**
Pensioner	0.879	1.367***	0.923	0.869	1.368***	0.922
Receiving professional assistance or aid	1.842***	1.161*	1.811***	1.820***	1.161*	1.808***
Has a partner or co-resides with another adult individual	0.512***	0.927	0.476***	0.522***	0.928	0.476***
Constant	0.174***	0.478***	0.216***	0.176***	0.477***	0.217***

*** p<0.01, ** p<0.05, * p<0.1

*Due to space limitations some regression coefficients are omitted, i.e., those regarding: educational level, employment status, civil status, region of residence. The full regression results can be obtained from the corresponding author.