

Disability-free grandparenthood in Italy: changes between 1998 and 2016

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In Italy, grandparents are a fundamental source of care for children, and families are the main source of support for older individuals. Margherita Moretti, Elisa Cisotto and Alessandra De Rose study disability-free grandparenthood in Italy, its evolution between 1998 and 2016, and the drivers of the changes observed.

In the 20th century, Europe underwent significant demographic changes, including increased life expectancy and lower birth rates, leading to rapid population aging. Living longer means that different generations overlap for more years. However, lower and delayed fertility often result in people assuming family roles, such as grandparenthood, at older ages. As the transition to grandparenthood occurs later in life, the health status of grandparents becomes a crucial factor. Their health can strongly influence both the duration and quality of intergenerational relationships, determining whether grandparents are net providers or recipients of care (Grundy, 2005). This dynamic can affect family interactions and adult children's outcomes, including labour force participation and fertility decisions (Moussa 2019, Rutigliano 2020). Gender differences also play a role, with women typically becoming grandparents earlier and living longer than men, but often experiencing poorer health.

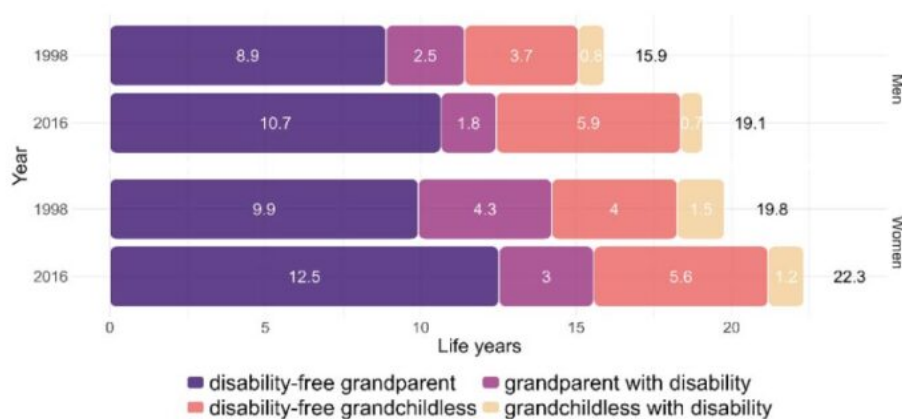
Grandparents' health in Italy

Italy is characterized by low fertility rates and high survival (Billari e Tomassini 2021), combined with a strong family-focused welfare system that emphasizes robust support networks among family members throughout life (Dykstra and Fokkema 2011). Furthermore, public care provision for children and older individuals is often inadequate, leading Italian families to rely heavily on grandparents for childcare. Conversely, grandparents themselves depend on family support when they are in need of care, often placing a significant burden on young adults, especially women.

The average age at grandparenthood in Italy increased by three years between 1998 and 2016, both for men (59 to 62) and women (54 to 57; Cisotto et al. 2022). How has this affected the evolution of disability-free grandparenthood (DFGP)?

DFGP, originally proposed by Margolis and Wright (2017), indicates the average numbers of years lived as a disability-free grandparent, and it results from the combination of three different age-specific sets of risks: mortality, disability and grandparenthood. In a recent paper (Moretti, Cisotto and De Rose 2024) we estimated DFGP for Italians aged 65 and over between 1998 and 2016, focusing on gender differences and the drivers of change.

Figure 1. Life expectancy at age 65 by grandparent–disability status for Italian men and women in 1998 and 2016

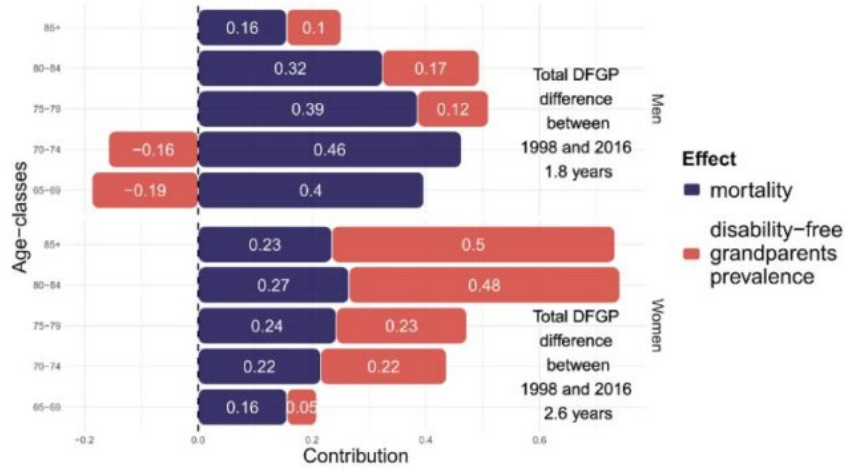


Source: Moretti, Cisotto and De Rose (2024).

In 1998, Italian men aged 65 had a life expectancy of about 16 years, half of which were spent as healthy grandfathers. For women, the figures were about 20 years and 10 years, respectively. By 2016, life expectancy at age 65 had increased by over three years for men and by two and a half years for women. DFGP also increased to over 10 years for men and 12 years for women. In short, grandparents lived more disability-free years of overlap with their grandchildren in 2016 than 18 years before.

Despite longer life expectancy and DFGP, however, the *proportion* of life spent as grandparents after age 65 decreased for men, from 70% to 65%, and the gender gap in DFGP increased, with women enjoying nearly two more years of disability-free grandparenthood than men. In relative terms, in 2016, women had a higher proportion of their life expectancy at age 65 as grandmothers than men had as grandfathers (almost 70% for women and 65% for men). However, women spent a smaller share of their grandparent years free from disability (80% vs. 85% for men). Indeed, Italian women report more years of disability than men (Moretti & Strozza, 2022), both in general and in their years as grandmothers.

Figure 2. Contributions of mortality and disability-free grandparent prevalence to the DFGP difference between 1998 and 2016 for Italian older men and women, by age classes

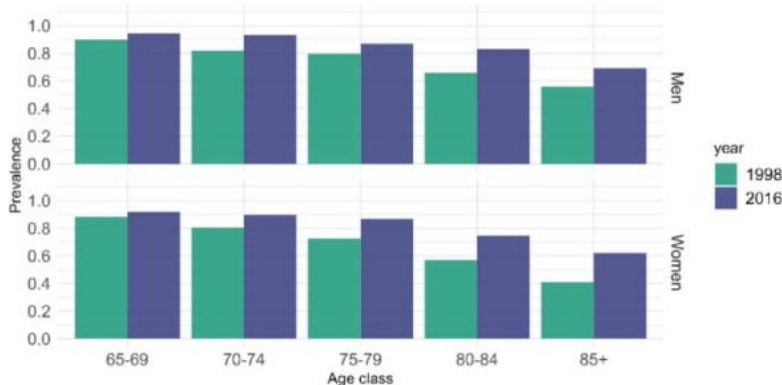


Source: Moretti, Cisotto and De Rose (2024).

Drivers of changes in disability-free grandparenthood

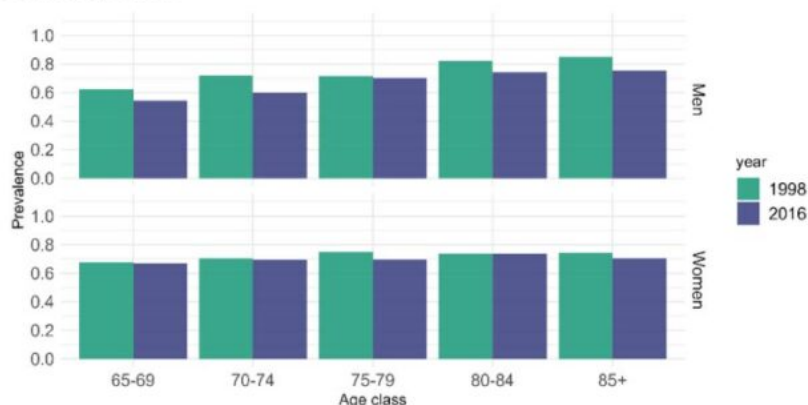
Improvements in health and longer survival were the main reasons for increased DFGP over time (Figure 2). For men, however, the decrease in the prevalence of grandparents at younger ages, due to reduced and delayed grandparenthood, slowed the increase in grandparenthood years, and this is reflected in the smaller increase in disability-free grandparent years. For women, at younger ages (65 to 79), reduced mortality was the main reason for the increase in DFGP. At older ages, improvements in population health (lower disability prevalence) and a relatively constant prevalence of grandmothers were the most important factors. For men, instead, the changes in DFGP are explained almost totally by the lengthening of life. The decrease in the prevalence of grandfathers at younger ages (65 to 74), partially offsets the gains from reduced mortality and disability risks over the three decades (Figures 3 and 4).

Figure 3. Age-specific share of disability-free Italian older-adults, by gender, 1998 and 2016



Source: Moretti, Cisotto and De Rose (2024).

Figure 4. Age-specific share of Italian older-adult grandparents, by gender, 1998 and 2016



Source: Moretti, Cisotto and De Rose (2024).

Conclusions

These findings highlight the complex interplay between the factors that determine the evolution of healthy grandparenthood. They also show that policies aimed at improving the health and well-being of older adults also affect others, their relatives in particular, by modifying the likelihood that older family members will be net providers or receivers of care.

References

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