



## Intergenerational solidarity in care: A case study in Serbia

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### ABSTRACT

This paper discusses intergenerational solidarity in care from the perspective of women, focusing on mothers as the main providers. It has been carried out in the context of very low fertility, negative population change, and advanced ageing in Serbia, amid conditions of strong familism. Two types of care were analysed: care of children and of elderly parents. Qualitative research was carried out in two towns and their outskirts: Belgrade and Kraljevo. The main method was a case study based on interviews and observation. The first aim was to shed light on the informal support mothers/parents receive around children: who helps them, what help they receive, and why they receive help. The results supported the authors' initial expectations that mothers/parents rely heavily on grandparents, primarily grandmothers. The help grandparents provide is reported to be daily, extensive, and exhaustive. Mothers, however, deem that it contributes to happy and healthy ageing.

Although caring for elderly people is still not widespread among respondents,

they nevertheless presented their views on the issue. Again, in line with initial assumptions, care of elderly people was shown to be an indispensable part of family life. The empirical results reflect that the main explanation stems from strong solidarity based on kinship, which thus moulds both attitudes and behaviour. Elderly parents will be taken care of by their children, and this is considered natural, self-understandable, and an expression of vast gratitude. Putting elderly people into institutional care (nursing homes) is a rare choice that is only made when they cannot live on their own and take care of themselves, or if there are many elderly kin who need support.

### KEY WORDS

intergenerational solidarity | care | women  
| children | elderly parents

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## INTRODUCTION: SETTING THE STAGE

Scholarly literature has extensively documented the fact that Serbia (with-out Kosovo and Metohija throughout the text) is one of the Western Balkan states with long-term and deeply rooted low fertility and negative natural population change. According to data from the most recent demographic statistics, the total fertility rate in Serbia is 1.48 and the negative natural population change is  $-5.4\%$  (Statistical Office of the Republic of Serbia [SORS] 2019a, 2019b). Demographic ageing, being an immediate consequence of long-term low fertility and increased life expectancy at birth, is most pronounced in Serbia and Croatia among Western Balkan countries, with the share of elderly people (65+) being over 18.5% and close to EU levels. This main demographic process is exacerbated by massive emigration, since around five million people have moved out of the region (around a quarter of the total population) over the past two decades (Matković 2017, 2019). Due to selectivity, emigrants are mostly younger, educated, and of working age. Emigration disrupts traditional multigenerational family ties that are beneficial for the care of elderly people who stay behind, thus contributing not only to an increase in the share of elderly people in the domestic population, but also to an enhanced need for long-term care for elderly people (Matković 2017, 2019).

Such demographic challenges are transformed into risks for the social

welfare state via several channels (Matković 2017: 22, Matković 2019:30, 31). First, the increasing volume of elderly people – especially the oldest old (80+) – places a burden on pensions, the health system, and social protection. The shrinking of the workforce due to population ageing deteriorates the economic performance of a society, decreases resources for social funds, and inflates the old-age dependency ratio. In this way, the Western Balkans has become a region where the increased costs of social systems cannot be covered by either immigration or increased economic activity (Matković 2017: 23, 2019:31).

According to the typology of European welfare states, Serbia belongs to the South European or subprotective (familistic) regime, along with Italy, Greece, Spain, and Portugal. Its main feature is a strong reliance on family and informal networks when it comes to sociobiological reproduction, care work, work-family reconciliation, etc. (Bartha and Zentai 2020; Babović 2020; Stanojević 2018; Bettio and Plantenga 2004). Profamilism generates a strong intergenerational solidarity, i.e. dependence on an informal web of kin, friends, and neighbours. An individual is bound to exchange resources with these groups when overcoming major challenges in social biography relating to housing, entry into the desired education and labour market, social promotion, and care for children, elderly people, and sick people, etc. Institutional care and state support for parenthood and family in general is underdeveloped (Bouget,

Spasova and Vanhercke 2016). The very concept of care is defined as “a complex system at the intersections of several human relations, social practices and public affairs that shape the demand, provision and norms of managing physical and emotional assistance to people in need” (Bartha and Zentai 2020: 92).

Southern Europe is also known as a region of protracted transition into adulthood and belated separation from families of origin, all of which is linked to low economic activity among younger generations, delayed entry into marriage and family creation, and low and postponed fertility (Ignjatović 2009: 11; Walther 2016; Tomanović, Stanojević and Ljubičić 2016).

However, there is another contextual aspect of childbearing and parenthood in Serbia. That is persistent patriarchy, presupposing accentuated gender inequality at home, intensive motherhood, and women’s enormous self-sacrifice<sup>1</sup> for children throughout the course of their lives (Blagojević 1997, 2014; Babović 2020; Bobić and Vesković Anđelković 2018). Studies have showed that family has become an even more important resource in the period of post-socialist transformation in Serbia due to the massive pauperisation of the population, a sharp decrease in economic activities,

widespread sacking of workers as a result of economic depression, social and economic restructuring, and the shrinking of social welfare. The ‘run-away into privacy’ i.e. a close reliance on family and relatives has been a spontaneous coping strategy. Material resources, time, activities, social connections, emotional and mental support – all these assets need to be pooled together into family group capitals in order to withstand the hardships of everyday living (Milić et al. 2010; Milić 2004). Therefore, since the beginning of the 1990s, Serbia has been undergoing processes of so-called retraditionalisation and refamilialisation, instead of detraditionalisation and individualisation like in postindustrial states (Milić et al. 2010; Blagojević Hjuson 2014). These processes in Serbia were reflected, inter alia, in the increased share of extended and multifamilial households in urban places in particular, amounting to between a third and a quarter of all households. Strong backing by a family group has been necessary, particularly for young couples and families, as well as single parents – predominantly lone mothers with children as a result of divorce or increased extramarital births. Family solidarity has been shown to be a ubiquitous source of care for elderly, sick, and disabled people, as well as people with special needs, etc. The lack of these private safety nets is conducive to social exclusion and marginalisation, which is documented in fieldwork carried out among homeless, aged, and chronically ill people, as well as immigrants,

<sup>1</sup> The terms ‘sacrificing’ and ‘self-sacrificing’ will be used in this paper in honour of our late colleague and friend, Marina Blagojević Hughson. She was a feminist, sociologist, and demographer who was the first to introduce this emotioanlly fraught concept to the domestic scholarly scene in the 1990s (Blagojević 1997).

refugees, displaced people, and asylum seekers, etc. (Bobić 2019).

There is also one practice that is very common nowadays, as confirmed by our research in this paper: grandparents – particularly grandmothers but with a rising proportion of grandfathers – tend to pull out of the workforce in order to care for their grandchildren and help over-occupied parents. Thus, it is demonstrated that unpaid work at home (in chores and care) by predominantly women takes up several hours per weekday and can even add up to the equivalent of a full-time job (sometimes including weekends). This comes at the expense of leisure time, i.e. relaxation and personal development (Babović 2020). This finding is also mirrored in our empirical research, a part of which will be presented below. On the other hand, as our respondents communicated, poor living standards did not allow for some sort of compensation to the elderly in terms of quality cultural consumption, recreation, leisure, etc., because of poor pensions and salaries, and also the absence of wider public initiatives like free access to cultural events, subsidised visits to spa centres, and travels at least once a year, etc.

Advanced population ageing in Serbia exerts further pressure onto individuals, families, and women, in particular when it comes to caring for the elderly, sometimes even two generations (elderly parents plus their own parents and/or other relatives, residing together or living separately) (cf. Di Gessa, Zaninotto and Glaser 2020). It should be emphasised that care is not restricted only to physi-

cal/practical engagement, but includes also financial resources, time, and intensive emotional investment (Di Gessa, G., P. Zaninotto, K. Glaser 2020, Babović 2020). Empirical studies worldwide show that elderly people prefer home care over institutional care (Bartha and Zentai 2020; Aronson and Neysmith 1997). In Serbia's case, one important reason for opting out of paid assistance originates from a lack of material resources, because poverty is extremely common among elderly people in particular, while public assistance at home (medical treatment, geriatric help, etc.) is not available for many of those in need (Matković 2012; Rašević 2010). The capacities of public nursing homes are insufficient and their geographic distribution is uneven in Serbia (Lukić and Gnjatović Stojilković 2019). On top of that, a strong social stigma against such homes still exists. Private nursing homes have been on the increase lately, but many of them are costly; they offer a variable quality of service and aren't affordable for many in need (Matković 2012).

Middle-aged or 'sandwich' generations – those in between children and the elderly – seem to be faced with prominent and multiple challenges within the aforementioned context in Serbia. Since the former are cohorts of the most economically productive, healthy, and vital people, they are torn between balancing family and paid work, advancing their career, and caring for their children while simultaneously, in some cases, also caring for elderly (65+) and oldest old (80+) relatives. The burden of care imposed

predominantly on women (Bartha and Zentai 2020), particularly lone mothers, contributes to their vulnerable position in the labour market. That is why many of them resort to withdrawal, which further increases the risk of falling into poverty (Bobić and Dragišić Labaš 2020).

Bearing in mind population projections in the EU and Serbia in the years and decades to come, it is plausible to expect three and four generations surviving in one family. Thus, the volume of need for care will expand and include several groups: children, sick, disabled, and more and more frequently, elderly people (Bartha and Zentai 2020; Becker and Steinbach 2012; Matković 2012; Schoenmackers and Kotowska 2005; Avramov and Maskova 2004). This seems to be the reason why in many EU countries – particularly those with universalistic values and state policies – a system of long-term care was introduced as far back as the 1980s. This kind of system recognises responsibilities relating to care in a wider sense. It recognises children and others in need through schemes of cash transfers and in-kind services, such as in-home assistance, paid leave, institutional support at the local level, etc., all of which are aimed at enhancing the quality of life of employed people who are also caregivers (cf: Bouget, Spasova and Vanhercke 2016). In one comparative analysis of relevant social policies, Serbia is placed among European countries with underdeveloped support schemes for carers, following the prevalent familistic model. Benefits tailored to dependents are evaluated as insuffi-

cient, especially at the local level, with eligibility criteria set very strictly. As such, these benefits are assessed to be designed only to assist the most impoverished members of society (Bouget, Spasova and Vanhercke 2016: 9; Matković 2012; 2, 16).

### **Main concept**

The upper demographic and social challenges in Serbia have created the context for carrying out a qualitative study aimed at developing an in-depth understanding of intergenerational solidarity in care.

A theoretical model of intergenerational solidarity has been adopted. It encompasses six dimensions: 1) associative solidarity relating to the extent and nature of personal contacts; 2) affective solidarity, i.e. the perception of emotional closeness; 3) functional solidarity or mutual support; 4) structural solidarity or structural (family) opportunities; 5) normative solidarity based on the affirmation of family values; and 6) conflicts between generations (cf: Becker and Steinbach 2012: 545). Our research dealt mostly with the third and fifth dimensions, while others were tackled only briefly.

The interpretation of results refers to two types of care: childcare and care for elderly people. Intergenerational solidarity in care is presented from the point of view of middle generations, i.e. mothers who act as major caregivers. The main goal was to answer three main questions: who cares for children and the elderly, what do they do, and why do they do it? Answers to these questions can help us

understand the actors and practices, and the reasons behind what they do. This was achieved through two more specific research goals: 1) disclosing the problems mothers encounter in bringing up children and the help they receive; and 2) prevailing attitudes and practices in the care of elderly parents.

## METHOD

The fieldwork was carried out from the beginning of March until mid-August 2020. The state of emergency in response to the COVID-19 pandemic had a significant impact on the data collection process. It was almost impossible to convene face-to-face interviews under such circumstances because of concerns about transmitting the infection. After the relaxation of the government's measures against COVID-19, the researchers resumed their fieldwork, although many interviews continued to take place online using Viber, Zoom, and Skype.

The main research technique was interviewing subjects based on semi-structured questionnaire, which was designed in line with the main and specific goals. Observation was also employed as a complementary method. The sample purposefully incorporated mothers from two cities – Belgrade and Kraljevo – from both urban and rural settlements (centre and periphery). Thus, we applied the case study method, with quotas introduced regarding place of residence, age, and education.

The age span of the sample was 26-50. This range was chosen for two reasons: firstly because of the very

aims of the research reflected in a theoretical sample, and secondly because of information from official statistics. According to the latter, the mean age at first birth for women in Serbia in 2018 was 28.6 (SORS 2019a), meaning that many women become mothers at a younger age. This is more of the case among women with lower education (secondary and primary) who start childbearing and serious relationships earlier than their better-educated counterparts, who postpone these activities. The eldest respondents had already had their children and were engaged in care for both their grandchildren and their elderly relatives.

The sample was further designed by taking into account respondents' different levels of education. Our initial plan was to cover an equal number of mothers with secondary and tertiary education. As for those with the lowest levels of education, we expected that these respondents would be least represented due to their overall low share in the total population (Table 1). In the following pages, we will present an exploration of the aforementioned two main dimensions of intergenerational solidarity.

The first assumption was that mothers living in extended or multi-family households would have an advantage compared to small (nuclear) families and/or those living far away from kin (grandmothers in particular) in terms of receiving frequent provision in care. We looked at the type of households our respondents lived in, then whether they received help and to what extent, etc. We also examined

whether single parents were entitled to a larger provision of care than couples.

Secondly, we presupposed that other than proximity, the working and material conditions of both parents and grandparents might have had an impact on the involvement of elderly relatives. Consequently, we asked respondents about their own and their parents' paid work. Thus, we examined whether working status had any effects on childcare.

Thirdly, we asked whether mothers deemed that their elderly relatives were overburdened by childcare. We expected that mothers would strongly support their own parents' sacrifice because they considered it beneficial for the older generation's quality of life and 'happy' ageing.

Our fourth assumption, based on our primary experience, was that the role of grandparents, particularly grandmothers, would revolve mainly around practical activities with children in addition to their help with housework. We also tested whether mothers/couples received financial and emotional support from their elderly relatives. Material support is considered an important asset bearing in mind the difficult socioeconomic settings in the country and the fact that young people typically struggle to find jobs, especially good and well-paid ones. This, in addition to problems caused by a shortage of housing, has been a major challenge ever since the 1990s. These conditions have bolstered the re-establishment of extended households, especially in urban settings (i.e. retraditionalisation and refamiliarisation).

Finally, we presupposed that mothers felt both obliged and wanted to repay their parents by looking after them once they got old. We also assumed that few mothers would opt for institutional care (nursing homes).

In the end, we deem that this qualitative study has laid some basic foundations for further empirical studies, both representative and in-depth ones that need to include other actors' perspectives (fathers, grandparents, wider kin, etc).

## RESULTS

The case study included 44 mothers. More than half of them (24) were residing in Belgrade (12 in the centre and 12 on the periphery/outskirts) at the time of the interviews (Table 1). The remaining 20 respondents were from Kraljevo, 10 from urban part (centre) and 10 from other settlements (periphery). As for their education, half of the interviewees from Kraljevo (10) had tertiary education, followed by secondary (7) and primary (3). Similarly, in Belgrade, half (12) had completed tertiary education, two of whom had PhDs. Nine interviewees had only completed secondary education, two only had elementary education, while one had not completed primary school. Interviewers shared the common impression that it was most difficult to find women with the lowest level of education. This can be explained by the age structure of our sample. Since the mothers belonged to middle-aged generations, they were, by default, better educated, which is

due to the higher cultural and human capital of today's mothers and parents, as well as the postponement of childbearing and marriage due to prolonged education, delayed entry into employment, etc. (Mirić 2018). Hence, few members of our sample were lowly educated. The very fact that it was difficult to find mothers with lower education contributed to the fact that the sample was somewhat skewed towards a larger share of

higher education. Namely, the initial plan was to carry out interviews with five mothers with tertiary, five with secondary, and two with elementary education in Belgrade, from both the centre and the periphery. Similarly, in Kraljevo, the plan was to include four respondents with higher, four with secondary, and two with elementary education, also both from the centre and the periphery.

**Table 1** The analysis of the sample

		Belgrade	Kraljevo
Type of settlements	Urban/Centre	12	10
	Other/Periphery	12	10
Age structure	The youngest	26	28
	The oldest	50	49
	Mean age	31,8	30,3
Level of education	Elementary	3	3
	Secondary	9	7
	Tertiary	12	10
Living standards	Bad	1	2
	Good	20	16
	Very good	3	2
Household structure	Women and child/children	2	1
	Women, child/children, and kin	4	5
	Spouses/Partners with child/children	15	10
	Spouses/Partners, child/children, and some kin	3	4
Number of children	1	13	5
	2	5	10
	3	4	5
	4	2	/
Age at birth of first child	The youngest	19	17
	The oldest	37	33
	Mean age	26,5	26,3

Source: own calculations

As for the age structure, the youngest respondent from Belgrade was 26 years old, while the oldest was 50, whereas the youngest from Kraljevo was 28 and the oldest 49. The majority were married – 16 in Kraljevo and 14

in Belgrade. Seven mothers lived in a cohabitation – five in Belgrade and two in Kraljevo, while six were divorced (four in Belgrade, two in Kraljevo) with one widow from Belgrade. These results show that the



destandardisation of life and the pluralisation of living arrangements are underway in Serbia, although belatedly compared to more developed European populations (Tomanović 2017). Most of the interviewed women assessed their living standard as good (from categories including bad, good, and very good). Only one coming from Belgrade and two from Kraljevo claimed to have a bad living standard, while five said they have a very good standard of living (two in Kraljevo and three in Belgrade). Household revenues were reported to come from salaries in most cases, i.e., from regular employment. This was stated by 12 respondents in Kraljevo and as many as 19 from Belgrade.

Nuclear family households were most prevalent: half of all in Kraljevo (10) and more than half in Belgrade (15). There were six multiple-family households altogether, comprising women living with their spouses and children in union with parents-in-law (two in Belgrade and two in Kraljevo). Furthermore, two women from Belgrade lived with their husband, children, and parents. Three women from Kraljevo reported unions where they lived with partners, children, and kin (either a grandmother, grandfather, aunt/uncle, or sibling).

There were eight single mothers overall, the majority of whom (five) were living with one or more relatives. Two were from Kraljevo and two from Belgrade. One single mother in Belgrade dwelled with a child and her parents. Only three single mothers lived solely with a child – two in Belgrade and one in Kraljevo. This sup-

ports the aforementioned statement about familism being strongly manifested within one-parent families.

Mean age at the birth of the first child is similar in both cities, regardless of the type of settlement. In Kraljevo, in the urban area, it was 26.3, with the youngest respondent being 17 and the eldest 33. Similarly, in the rural area, the youngest was 18 and the eldest 33, with the mean age being 26.9 years.<sup>2</sup> In central Belgrade, the youngest respondent was 19 when she gave birth to her first child, while the eldest was 37, with a mean age of 26.5. On the periphery of the capital, the youngest mother was 22 and the eldest 32, with a mean age of 25.5.

The majority of mothers in Belgrade had only one child (13), while in Kraljevo there were as few as five out of 20 with only one child. Half of all women in Kraljevo had two children (10), while only five out of 24 women in Belgrade had two, and two women had four. Five mothers from Kraljevo had three children, while there were four in Belgrade.

In the next chapters, we will analyse the main results. They will be divided into childcare and the care of elderly parents.

### **Childcare**

When designing the questionnaire, we focused on intergenerational solidarity at home, meaning we wanted to look at the informal assistance mothers received with parenting.

<sup>2</sup> The average age at first childbirth in Serbia was 27.8 years in 2018, thus our respondents are comparatively younger (SORS 2019a: 72).

The following were the guiding questions:

- What generates intergenerational solidarity between parents and grandparents around (grand)children?
- How do mothers perceive and assess the engagement of grandparents (predominantly)?
- How many hours per day are they engaged?
- Do mothers admit that grandparents are overloaded?
- How do mothers evaluate grandparents' quality of life, bearing in mind the vast amount of time they spend providing care?

Based on the interpretation of empirical evidence, we came to the conclusion that elderly people were included in care to a great extent, primarily in looking after children and in housework (cooking, cleaning, washing up, etc.). In quantitative terms, their work can be measured from three to four hours per weekday up to a full working day, i.e. eight hours. In the case of one mother of newborn twin boys, one of whom was sick and required long-term medical care, the grandmother was on duty looking after the healthy child 24 hours a day, seven days a week.

As many as 32 of the 44 interviewed women from both cities reported that they had help from their own or their partner's parents, or both of them. Most of those 32 claimed to receive enormous support from their own parents – 11 from Kraljevo and eight from Belgrade. Two mothers cited solidarity from other relatives: an aunt (Belgrade) and a sister (Kralje-

vo). The latter was travelling on a daily basis from the city to the village. As for the rest, in 10 cases (five in each city), mothers and fathers were the sole caregivers, while in two cases the mother was on her own. Thus, 12 out of 44 mothers (27.2%) reported a lack of help from informal networks.

Our results showed that financial and emotional support were not listed as primary and most important. This is probably because of the huge practical contribution grandparents make in both childcare and housework, thus leaving little time and space for fulfilling higher-order needs such as emotional exchange, time spent together in leisure, recreation, playing, etc. In other words, had grandparents been relieved of everyday, circular, repetitive tasks, much more time and energy would have been saved for emotional support, communication, and interactions with younger generations, both children and grandchildren. The absence of major need for financial help might be linked to somewhat better material conditions reported by mothers. Valuable financial and emotional support were nonetheless identified by divorced mothers and the aforementioned mother of a sick twin son.

As we've already pointed out, our research has confirmed the important sacrifice many grandmothers make – withdrawing from paid work in order to take up care for their grandchildren: *“Although in principle, I know many of them who have left their job in order to help their daughter with the child... Grannies are entirely devoted to their grandchildren because mums*

*have to work, and so they choose what is less wasteful. To put it concretely, in this case – grandmother worked in a shop and she resigned to care for a child. Her monthly salary was around 20,000 dinars and her daughter worked in a bank, so why would she leave her job? Something had to be sacrificed. Were my mother employed when I needed help with my first and second children, I would have to take leave, or to juggle somehow, or to hire some women when I didn't actually know what kind of people they were, then let my child stay with them. When I leave my children with my mum, I don't need to think about anything..."* (39, secondary school, three children, Kraljevo, centre).

The interpretation of results confirmed our first assumption that women living in extended households received vast support from cohabiting parents, be it their own or their partner's. This was particularly common when grandparents were unemployed or retired. In the case of nuclear families, regular support originated mostly from the mother's parents – primarily grandmothers.

All respondents, regardless of the type of household they lived in, received voluminous help from grandmothers with housework, i.e. cooking and cleaning, in addition to everyday childcare. Many implied that they received financial and emotional support, although they didn't say this openly: *"We receive help from my husband's parents, as mine are a bit far away. Most of help is in keeping up children. My mother-in-law is always there to look after children whenever I*

*need, when I need to do something or have to go out, so I don't need to bring the children with me. She is the one who mostly takes care of the children, and occasionally it's my husband's sister. From time to time, when I cannot manage, they (her husband's parents) take the children to kindergarten... if we ask them they also help us financially. They actually support us entirely. I consult with my mother-in-law about everything in the household and we do things together in agreement with her – I prepare lunch... We also decide together what we are going to do in the backyard, like when to plant flowers – we do everything together. When she can, she does things, when I can, I do them"* (24, higher education, two children, Belgrade, periphery).

As already highlighted, aside from proximity, grandparents' economic activity has proven to be important. Assistance was much more significant if elderly relatives were either retired or unemployed, as cited by mothers from nuclear families: *"My parents look after my children, take them to and from school, and prepare meals when I am busy. Actually, when needed, they help in every single way. They are always there for me, for advice and support. They live nearby and that makes it easier for them to step in. They are retired. Luckily, they were retired when my first child was born, so they were at our disposal"* (37, secondary school, two children, Kraljevo, centre).

However, even cohabitation and economic inactivity were not a guarantee that grandparents would help

out: *“When the children were small, my husband’s parents did not help at all... They did not have any revenue... they did not want to look after them, especially his mother. My mother would look after them much more often. When we had our first child, we lived with them (husband’s parents) and they did not engage at all. I asked her (mother-in-law) several times why and she responded that it was my duty to look after my children. My mother helped me when the baby was born. My father-in-law lived on his own above us in the old house, while my mother-in-law lived with us. He did not want to interfere; he was that kind of a man... Even when we went to a party, I had to bring my child with me. Or my mother would come to look after her (the daughter). She lived in Kraljevo. She used to come whenever I called her. It was not every day, but once or twice a week, when I got too tired and could not manage. She never complained. She went to work and came to us afterwards”* (46, elementary school, two children, Kraljevo, periphery).

Our expectations were mostly proven correct with regards to single mothers. Namely, irrespectively of living arrangements (whether they lived solely with their child or with relatives), almost all of them received all sorts of support. This was confirmed by other empirical findings on single parents (Tomanović, Ljubičić and Stanojević 2014; Hughson 2015: 115).

One divorced mother did not get any assistance from her family because of their traditional values and

their reluctance to accept her decision to end a marriage. As such, she was full of resentment: *“I would like to have some understanding and support from their side, and that is not the case even today... when speaking of a divorce, because it would be much easier for me to undergo some stuff. I did not have any help from anyone. My daughter and I were left alone in Kraljevo. I did not get to know many people, only my colleagues at work, so we were left on our own. My parents did not offer me the chance to come and live with them because they could not come to terms with that (the divorce). They used to repeat: ‘That has not occurred to anyone in our family,’ and so on... I regret that they still don’t understand it – that’s something they so rigidly stick to and there is no way to talk about it. I am sad because I see other parents who support their children and I see how they have empathy. My ex-husband had a lot of understanding from his parents and sister, there was also violence present... and his parents stayed behind him. Nobody stayed behind me and I feel so aggrieved about that. That’s why my child will always be able to count on me”* (37, secondary school, one child, Kraljevo, centre).

Luckily, refusing divorce as a rational solution for unhappy marriages has not proven to be the rule. The stories of the other divorced mothers confirmed our expectations that physical and, moreover, emotional support was crucial for women’s stability and their children’s healthy rearing: *“Well, I think that at that time my parents were my strongest backup, because*

*our marriage did not work out from the very start” (42, higher education, one child, Belgrade, centre).*

An outstanding example of unconditional care was reported by a lone mother from Kraljevo: *“At the time when I got divorced, I was pregnant and returned to my parents’ house. There was some contemplation of going for an abortion, but my parents said: ‘No – we brought you and your brother up, so we can accept your child. Therefore, they have been a big support. I always had backup from them, it never happened that they failed... So, yes, from the very beginning I had full support from both my parents and my brother, all of us were living together. It covered financial assistance and also help around the household – in short, 24-hour aid” (49, elementary education, one child, Kraljevo, periphery).*

Besides help received in the course of a divorce and in the aftermath, mothers also spoke about how parents offered them strong support with career development. This was emphasised in the cases of mothers who gave birth while studying: *“Oh, mum’s help was ever-present, from the very first day... to look after my daughter, literally for all sorts of help I needed when my daughter was born. It related to finances, to looking after her, to housework – literally everything. She was already retired and assisted me a lot around the household and with my children. It took up to several hours per day – she used to come and stay here so that I could go and study. So, we were replacing each other until I finished university. She used to come*

*to us, and I went to her apartment to study. It was at least five hours per day, thus she literally took care of the whole house” (40, higher education, two children, Kraljevo, centre).*

Based on the above interpretations, we can assume that the model of strong reliance on family has been thoroughly confirmed. Grandparents – grandmothers in particular – have been shown to be the main help providers in childcare in terms of practical tasks, while financial support is somewhat less clearly defined. Emotional support is identified as highly valuable in crucial life events such as divorce, completion of education, and career development, etc. In most cases, familial support is reported as enormous, unconditional, and ever-present.

Accordingly, one mother claimed that it had set high future standards for them to live up to: *“I think when we reach their age, we won’t be able to do a tenth as much as they give to us. That is so much sacrifice, and I suspect that our generations will rarely be able to return the favour” (41, secondary school, two children, Belgrade, periphery).*

All respondents who were provided with help agreed that elderly relatives were overwhelmed. On the other hand, they considered that childcare made their lives cheerful and gave them purpose: *“Well, okay, I am sure that she (her mother) is overloaded, because she is already fairly elderly, so this must be, for sure, physically exhausting. Although she would never admit that. I think it is primarily a pleasure for her... and a need to spend*

*more time with her grandchildren*" (35, secondary school, one child, Belgrade, centre). This seems to be clear evidence of how familism cognitively moulds intergenerational relationships. Grandparents, particularly grandmothers, devote themselves in toto, first to their children, and afterwards to their grandchildren. However, there is still no clear delineation between practical and physical work – which is tiresome and repetitive (cooking, washing up, cleaning, then tasks involving the child: feeding, putting clothes on, walking outside, etc.) – and creative activities (interaction, playing, doing things together, cultural consumption, leisure time, etc.). The latter tasks are less burdensome and regular (not necessarily part of the daily routine) but are much more gratifying and satisfying for all parties.

Finally, it seems worth mentioning that mothers evaluated grandparents' emotional support and their role in the children's upbringing as irreplaceable. They said that it could not be compared to or compensated for by any other type of care, including institutional care (babysitting, kindergartens, after-school care, etc.). Therefore, although fully aware of elderly relatives being more or less snowed under when providing care, mothers still deemed this role indispensable.

### **Care of (elderly) parents**

In most cases, caring for elderly relatives was not part of our respondents' everyday routine, because many of their parents were still independent and remained in paid work. Therefore, their narratives typically reflected

their views/statements and not their everyday practice. However, they mirrored relevant value orientations that seems likely to shape their future behaviour. The following questions were posed to the interviewees:

- Do you think that you and your partner/husband 'owe' support to your (elderly) parents?
- Do you think they are/will be a burden?
- Would you be willing to allow them to live with you once they're no longer able to care for themselves or become widowed?

Caring for elderly relatives is natural, expected, and self-understandable for the vast majority of respondents, even for a small portion of those who didn't receive any help with childcare.

Supporting elderly people is deemed unconditional: *"I don't feel I owe them anything, but I do think it is something that is implied, and not only because someone looked after my child. For example, at the moment, due to particular circumstances – because we all live together – my children are more regularly looked after by my husband's parents, but that still doesn't mean that tomorrow they will be getting more of my attention than my parents, who were less engaged"* (26, higher education, one child, Belgrade, periphery).

A divorced single mother from Belgrade highlighted that elderly relatives would be cared for as a result of sheer love and gratitude. She added that thanks to her parents, not only did she successfully bring up her child, but also advanced in her career: *"Of*

*course, I feel an enormous thankfulness, yes. I also feel I owe them, but it is not a debt in terms of the requirement to repay. No. They simply taught me how to return all they did for me to my daughter, and also how to help them once they get older, in a way that their ageing can be decent. It is not a burden in the sense of ‘Oh, why me...?’ but a sort of a duty to be fair... They’ve earned this credit, but not on purpose so they can blackmail me now. No, they’ve given so much of themselves and that’s why so much needs to be given back. It is not mandatory, but it is implicit in a way” (38, higher education, one child, Belgrade, periphery).*

Caring for elderly relatives is placed in the context of reciprocity: *“Well, it is not an obligation, more an expression of gratitude, because everyone needs to bear in mind that the wheel of fortune turns around. When we were small, they looked after us, they brought us up to be good people. Later on, when they become weaker and if our help is of vital importance for them, of course, I do think we should be around” (29, higher education, one child, Belgrade, periphery).*

On the contrary, some respondents expressed a social pressure to fulfil normative expectations: *“Well, I don’t think we have any kind of obligation, but considering that they are our parents, it is expected from us to have feelings for them when they grow older and frail, so we certainly need to help them with whatever they need” (27, higher education, one child, Belgrade, periphery).*

Most of our respondents would allow their parents and/or their spouses to move in with them once they can no longer take care of themselves: *“My parents are fine now, thank God. But when it becomes necessary, of course I will bring them in. I feel obliged when I remember how much they helped me, so I will provide for them when time comes. My mother used to care for my grandma, too. When speaking of my mother-in-law, I don’t feel any obligation, but certainly, I would be there for her because of some relationships and because it is humane. I have a brother and I can agree with him on sharing tasks regarding my parents; he already performs some of these. He lives nearby and takes part in some little things every day. Of course, I would be ready to allow them to live with me if necessary” (37, secondary school, two children, Kraljevo, centre).*

The feeling of duty and genuine willingness to care for elderly relatives is also confirmed by mothers who did not receive assistance despite needing it for various reasons, such as emotional or physical distance, parents’ unavailability, etc. All of them still claimed that elderly relatives – particularly those who are fragile – should be provided with care. An extreme example was expressed by the aforementioned woman who gave birth to twins, one of whom was sick for a long time. She did not get any help from her mother-in-law even though she lived nearby. Despite that, she is ready to help her mother-in-law once she gets old: *“I am not quite sure if I would be able to allow my mother-in-law to live with us after all that hap-*

pened. Probably yes, but to be entirely honest, that is only because of my husband. In other words, only because she is his mother and because of his emotions towards her. As for my will – never” (35, higher education – PhD, two children, Belgrade, centre).

Caring for elderly relatives was already a part of everyday life in several cases, due to their longevity and the presence of multiple generations in family. Thus, some respondents have not only shown themselves to be willing but were actually able to speak about real-life experience. One woman from Kraljevo talked about how she took part in caring for her paternal grandmother: “My father had a mother who was mentally ill and had to live with them when she became unable to take care of herself, because my dad was the only child. However, when those mental problems occurred, they affected the whole family and I helped my father a lot, since it hit him hard. Eventually, we took her to a nursing home upon her request, and then when she got there she wanted to leave, despite having previously wanted to go there. We had visited many such homes, and in the end we selected the most expensive one in order to provide her with good conditions. It was very hard to pay for it then... my father was ready to sell something to avoid placing her in some bad setting, although in the end, due to those mental problems, she did not appreciate his efforts...” (36, higher education, two children, Kraljevo, centre).

A similar narrative was recorded with another interviewee from Belgrade: “Well, both he (her husband)

and I had lived with our parents, and at some point in time, our grandparents came to live with us, because they were old, frail, and sick. So in my case my granny lived with us for 10 years; she had a stroke and suffered major consequences. She was immobile, so she needed full-time care 24 hours a day: diapers, food, help changing clothes, everything. So we took care of her, and... the same happened with F’s granny (initial of husband’s first name). The difference was that F’s granny had Alzheimer’s disease, and naturally as her condition deteriorated, she was more and more bedridden, thus needed more help, so to speak” (35, secondary education, one child, Belgrade, centre).

One very persuasive example of caring for elderly relatives in the current conditions of the COVID-19 pandemic was communicated by a respondent from Belgrade, who, being divorced, lived with her parents. At the time, the Serbian government imposed a state of emergency, during which elderly people (65+) were forbidden from going outside for more than a month. During this time, she was forced to supply both her parents and other older relatives: “But I am aware for example now... during corona time it was obvious how difficult it was when everybody depended on you. And I just talked to I (first name’s initial of her sister), about that, because at the same time, both of them (her parents) were not allowed to go out, as they were pensioners, so they counted on you, you ran to the pharmacy, then they forgot what they needed, so you went to the pharmacy



*six times a day... Every second day they needed something from the grocery store, etc. I also have an aunt, aged 85, living in Banovo Brdo. She does not have children, you understand, so I had to deliver items to her as well...”* (42, higher education, one child, Belgrade, centre). This woman also looked after her ex-father-in-law: *“Besides all this, a couple of years ago, A’s father (initial of her daughter’s first name), my ex-husband, moved to Montenegro and due to coronavirus, he was under the lockdown there. In the meantime his mother died, and his dad was left alone. He is semi-disabled and does not have anyone to lean on, because he (her ex-husband) is the only son. So I also provided for him. And it was okay! We all have good relationships, this is not a problem. So, in a way I performed a tour: Bežanijska Kosa, Banovo Brdo, Jajinci! And I brought them all they needed: food, water, and other things...”*

A respondent from Kraljevo used to look after her husband’s grandmother: *“Up until recently, we have had a grandmother in house. I mean I also looked after her, she was fair to me, and she helped me. She died recently. I could always leave my daughter to look after K (her son) in a baby-walker, while I went down to give her a meal, to see if she needed a water, to bring her an apple, put in a log and light a fire. It was not difficult for me. She deserved that, so it really was not hard for me”* (28, secondary education, two children, Kraljevo, periphery).

Only three of the 44 women opted for elderly relatives to be placed in nursing homes: *“No, I don’t think that parents can be a burden. They should be able to lead a normal life and be active as long as possible, and when that isn’t the case anymore, that role should be taken up by us as their children, and if we are unable to help, there are nursing homes. I think they are a good solution. If a parent is not able to live on her/his own, I consider homes for elderly to be a better solution because there they will receive 24-hour care, full service and attention, and doctors’ assistance. I think that it wouldn’t be a good option for them to live with their grandchildren and us. In such a case, the solution is a home for elderly people”* (29, higher education, one child, Belgrade, periphery).

The decision to go to a nursing home, however, depends on parents’ willingness, regardless of children’s readiness to live together: *“For sure, we would be willing to live with both my parents and his. However, we know that both mine and his... as they used to say, and they very often repeat, will go to a nursing home straight away once they grow old. It’s as simple as that, that’s how they think”* (27, secondary school, one child, Belgrade, periphery).

As one can assume, caring for elderly relatives seems to be an integral part of a ‘normal’ and natural family practice, irrespective of previous ‘contributions’ and behaviour, i.e. no matter whether they ‘deserved’ that as parents and grandparents or not. The option of institutional care (nursing

homes) is rarely accepted and, if so, only in cases when elderly people cannot live on their own and care for themselves, or if there are many of them in a family, all of whom need care.

## CONCLUSION

Our research was designed to cast light on intergenerational solidarity in the provision of two main types of care: for children and elderly parents, from the viewpoint of mothers. Our findings matched initial expectations. Care, being rooted in familism and predominantly woman-centred, is extensive and time-consuming and takes place throughout life. As such, it is shown to be firmly based on mutual or intergenerational solidarity i.e. informal networks of kin, predominantly. It is, however, a double-edged sword – the middle generation (parents) sacrifice for the wellbeing of their children with the immense help of their own parents. Later on, they will compensate for their ‘debt’ towards the older generation by caring for them once they become old and frail.

This implies that intergenerational solidarity is crucial for sustaining the current level of fertility, i.e. sociobiological reproduction in Serbia. In other words, it seems that were it not for informal networks, even (long-term) low fertility would not have been sustained, under the conditions of the shrinking of social state, clientelism, and economic neoliberalism. The latest research shows that the unavailability of grandparents’ care

for children due to physical distancing among relatives because of COVID-19 might influence couples’ fertility plans in the near future, especially in Italy and Spain (Luppi, Arpino and Rosina 2020).

Care, however, drains human capital and affects the quality of life of caregivers, and most probably slows further childbearing, particularly of higher orders, due to the anticipation of an enormous and lifelong commitment. The challenges facing middle-aged or ‘sandwich’ generations relating to resolving multiple problems of social biography (education, employment, career, housing, union formation, childbearing, etc.) in addition to the enormous pressure of care are, in our opinion, the less studied side of low fertility. As such, it requires further research, preferably through complementary approaches. The results of our qualitative study have revealed insights and interpretations that need to be further tested on larger samples.

One of the interesting findings tackles the relationship between younger and older generations, grandparents and grandchildren. We are well aware from both experts’ literature and everyday experience that social interaction is important for elderly people’s wellbeing, emotional stability, and mental health, especially for the prevention of mental illness, i.e. depression in contemporary individualised societies. However, relationships among all three generations – children, parents, and grandparents – would be more rewarding if they were relieved of circular, repetitive tasks, especially in the case of grandmothers

(Di Gessa, Zaninotto and Glaser 2020). Then they could focus more on communication, common (outdoor) activities, leisure time, and playing, etc. This will be particularly relevant in the future, when grandparents will be physically and mentally more capable thanks to medical and technological progress in treatment and care (Stojilković Gnjatović 2018).

In advanced economies, active or productive ageing is common (part-time jobs, temporary work activities, hobbies, leisure time, recreation, life-long learning, volunteering, etc.). This implies that elderly people have been adopting diversified lifestyles, released from responsibilities and duties to family and kin, and according to personal affinities (Castagnaro and Cagiano de Azevedo 2013; Schoenmaeckers and Kotowska 2005; Avramov and Maskova 2004).

Prolonged economic activity combined with delayed and gradual retirement, under the conditions of improved quality of life in Serbia, at least for some groups and social strata, will probably impose challenges sooner or later. Thus, grandparents might not be able to fully devote themselves to childcare as they do now.

Last but not least, if under the conditions of the current and future demographic regime of accelerated ageing, familism remains a basic policy response to human reproduction, then the state will be pressed to support family much more and much better, especially people engaged in care. As comparative analyses demonstrate, one primary task of Eastern European states is to enhance economic produc-

tivity so as to raise wages and pensions in order to enlarge personal and family resources. This would allow for the diversification of consumption and improved standards of living, including the pluralisation of lifestyles (Schoenmaeckers and Kotowska 2005). The other task seems to be the development of the concept of ‘long-term care,’ which has been underway in European countries since the 1980s and 1990s. Its focus is on the work-life balance of employed carers (‘sandwich’ generations), and not only dependents, children, elderly people, and others in need. State-supported in-home services (e.g. medical assistance, household services) and institutional care would significantly relieve family members of the burden of care and allow intergenerational relationships to become much more satisfying and rewarding.

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# Međugeneracijska solidarnost u staranju – slučaj Srbije

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## SAŽETAK

U radu se raspravlja o međugeneracijskoj solidarnosti u staranju iz ugla žena – majki kao glavnih aktera u ovom kompleksnom domenu. Analiza je smeštena u sociodemografski kontekst veoma niskog rađanja, negativnog prirodnog prirašaja, depopulacije i poodmaklog starenja, a u uslovima snažnog familizma. Dva oblika staranja su analizirana: briga o deci i o roditeljima u starosti. Sprovedeno je kvalitativno istraživanje u dva grada u Srbiji – Beogradu i Kraljevu, uključujući urbani deo i ostala naselja, odnosno centar grada i periferiju. Metodološki je primenjena studija slučaja, zasnovana na intervjuima i posmatranju. Osnovni cilj je bio da se osvetli neformalna podrška u roditeljstvu, polazeći od odgovora na sledeća tri pitanja: ko, šta i zašto. Dobijeni rezultati su potvrdili početne pretpostavke autorki da se majke, odnosno roditelji, snažno oslanjaju na babe i dede, posebno majke sa majčine strane. Pomoć baba i deda je ocenjena kao svakodnevna, velika i iscrpljujuća. Ispitanice/majke, međutim, smatraju da briga o unucima popravlja kvalitet života babama i dedama, te da im olakšava i ulepšava starenje. Mada u uzorku nije bila prisutna aktuelna praksa brige o starima u većoj

meri, jer je većina roditelja još uvek bila vitalna, ispitanice su iskazale svoje relevantne stavove po ovom pitanju. Ponovo, sasvim u skladu sa očekivanjima autorki, briga o starima se pokazala kao važan sastavni deo porodičnog života. Analiza empirijske evidencije pokazuje da je razlog tome u snažnoj međugeneracijskoj solidarnosti zasnovanoj na srodstvu, koja kao takva oblikuje i stavove i ponašanja. O starima će se, onda kada to bude potrebno, starati njihovi potomci, jer je to normalno, prirodno, podrazumevano, i izraz je velike zahvalnosti i ljubavi. Veoma mali broj ispitanica se zalaže za institucionalna rešenja (domove za stare) i to samo ukoliko stari nisu u stanju da se sami brinu o sebi ili ako bude mnogo starih lica u užoj i široj porodici kojima je potrebna stalna briga i nega.

## KLJUČNE REČI

međugeneracijska solidarnost | staranje | žene | deca | stariji

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