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THE CHANGING STRUCTURE OF HOUSEHOLDS AND FAMILIES, AND ITS IMPACT ON HEALTH IN SPAIN

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Abstract – This paper analyses some of the changes that have affected the family as an institution in Spain, using data from the 2001 census as a reference. Nowadays, there is a growing interest in new developing family structures, since this is another factor that illustrates dramatic changes in all major areas of modern life. Two of these new types of family structures constitute social groups susceptible to inadequate life and health conditions: single mothers and elderly people living alone. Health care in Spain constitutes a burden for the family, and these new types of families are more vulnerable and require special attention.

Key words: Family, health, elderly, single-mother.

Resumo – Alterações recentes na estrutura dos agregados familiares e das famílias e sua influência na saúde em Espanha. Este texto analisa algumas das mudanças que afectaram a instituição familiar em Espanha usando como fonte de referência o recenseamento realizado em 2001. Uma das causas que explica este crescente interesse pelas novas formas familiares reside, provavelmente, nas próprias transformações que vem experimentando o mundo contemporâneo. Num contexto de grandes mudanças na composição familiar destacam-se dois grupos – mães solteiras e divorciadas e pessoas idosas que vivem sós –, pela maior fragilidade económica e de saúde. Em Espanha, os cuidados de saúde recaem sobretudo na família, pelo que estes novos tipos de agregados familiares requerem maior atenção.

Palavras-chave: Família, saúde, pessoas idosas, mães solteiras.

Résumé – Les modifications structurelles récentes des ménages et des familles, et leur influence sur la santé en Espagne. À partir des données du Recensement de la population de 2001, on analyse certains des changements qui ont affecté l'institution familiale en Espagne. Les nouvelles structures familiales ont entrainé des modifications spectaculaires dans tous les secteurs de la vie moderne et

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méritent donc d'être étudiés. Les mères célibataires ou divorcées et les personnes âgées vivant seules sont les deux groupes sociaux qui risquent le plus d'avoir un niveau de vie ou de santé non satisfaisant. En effet, les soins de santé reposent surtout sur la famille, en Espagne, et les nouveaux types de famille, qui sont les plus vulnérables, exigent qu'une attention particulière leur soit prêtée.

***Mots-clés*:** Famille, santé, personnes âgées, mères célibataires.

I. INTRODUCTION

The socio-political and economic transformations that Spain has undergone since the latter part of 1978 have profoundly changed the country. In just a few years, the former autocratic regime that characterized the nation was transformed into a modern, liberal and capitalist system in compliance with the requirements and conditions set by the European Union. During the last decade of the 20th century, the effects of globalization and the consequences of Spain's full integration into the European Union have played a role in modifying the nation's social structures and, consequently, its family structures as well. There currently exist ample empirical and interpretative data attesting to the changes in the Spanish family (Flaquer, 1990; Requena, 1990; Solosona and Treviño 1990). The transformations taking place worldwide in contemporary society probably account for the increased interest in family structures.

The last few years have witnessed the emergence of non-familial subcultures and societies in which new, alternative types of domestic living arrangements or simply co-residence have, to some degree, replaced the family archetype represented by the nuclear family in modern society. What distinguishes these new models from their predecessors is the distance that separates them from the conjugal unit with children, as well as from other more traditional domestic group structures such as the various types of extended families. In conclusion, the modernization of the family institution involves a set of social transformations that collectively indicate an evolution from "a society of families to a society of individuals." (DeVos, 2004; DeVos *et al*., 2004).

Some of the most obvious symptoms of the process involving an increase in the number of non-traditional families[2] are the ongoing decrease in the average size of the domestic household and the increase in the number of one-person, non-nuclear family and single-parent households in which the father or mother is absent as a result of an individual remaining single or getting divorced. Yet some of these structures cannot even be considered familial, given that they fail to constitute reproductive units in either a physical or socio-cultural sense that

[2] These include certain phenomena that are common in Anglo-Saxon urban settings and referred to by their acronyms *dink* (double income, no kids) and *oink* (one income, no kids). These phenomena clearly illustrate that marriage is no longer a strategy related to procreation (at least in increasingly longer portions of the individual and family life-cycles).

would justify this usage. Following this line of argument, a third of German and Danish households do not comprise a family and half of the households in Paris consist of only one person (EHEMU, 2005a, 2005b). Moreover, note should be taken of the increasing number of households made up of individuals over the age of 65 (table I).

This scenario poses challenges to the quality of life and state of health of the Spanish population, given that the provision of assistance in terms of healthcare has traditionally fallen upon the Spanish family to a significant extent. While the national health system dispenses the medical and technological expertise, the family unit provides the necessary informal health care, affection and support to overcome illness as well as other difficult circumstances. Hence, the family plays an important role in the increased life-expectancy of its members as well as in the treatment of the degenerative diseases and mental-health problems associated with increased longevity (Fernández *et al.*, 2003; Elder and Johnson, 2003).

Table I – The most aged countries in the world.
Quadro I – Os países mais envelhecidos do mundo.

	Population 65+ (%)		Population 80+ (%)		Life Expectancy 2005	
	2005	Projection to 2030	2005	Projection to 2030	Men	Women
Austria	16.0	25.1	4.2	7.3	76.7	82.3
Belgium	17.1	24.7	4.3	7.2	76.2	81.9
Finland	15.9	26.1	3.8	8.0	75.6	82.5
France	16.4	24.2	4.5	7.7	76.7	83.7
Germany	18.6	27.5	4.3	8.0	76.7	82.0
Greece	17.8	24.6	3.4	6.6	76.8	81.6
Italy	19.2	27.5	5.0	8.8	77.9	83.8
Portugal	17.0	24.3	3.8	6.8	74.9	81.3
Spain	16.8	24.7	4.3	7.3	77.0	83.7
Sweden	17.2	23.1	5.3	7.6	78.5	82.9
United Kingdom	16.0	22.9	4.4	6.8	77.1	81.1
EU-25	16.6	24.7	4.1	7.2	75.9	82.0
Japan	19.9	29.6	4.9	12.1	78.1	84.8

Source: Vienna Institute of Demography. IIASA and PRB. European Demographic Data Sheet, 2006 Projections and Life Expectancy of Eurostat. Compiled by the author.

II. NEW TYPES OF FAMILIES AND HOUSEHOLD SIZE

According to some authors, family types can be classified on the basis of the strategic role played by children. The most widespread historical case is

exemplified by the peasant family (the American family farmers who settled the western frontier in the 19th century) whose abundant cultivable lands enabled yield to be constantly increased. This type of family produced many offspring in order to ensure a supply of cheap labour, given that the more children one had, the fewer farm-hands one had to hire. Conversely, a family cultivating a small holding had no economic use for a large number of offspring, although it is true that children in these cases also constituted part of the workforce and were seen as a form of social security in old age at a time when there was no government safety net.

Particularly among members of the urban bourgeoisie, the process of demographic transition and the industrial revolution produced a type of family where the number of offspring is less important than the family's investment in their education with a view to ensuring a better future for them and preventing the degradation of the family pedigree (Requena, 1990).

Nowadays, the decline in the birth rate is the result of a decrease in fertility. This phenomenon can be explained by demographic and non-demographic factors, such as the availability of public health care (social security) and the consequent decline in infant mortality, increased life-expectancy, the widespread availability of contraceptive methods, and the limited legalization of abortion, all of which are a product of general social conditions.

The decline in fertility, alongside the trajectory of other variables in recent times, is neither contingent nor easily reversible, but rather stems from a system of preferences that has evolved to suit a society where the individual takes precedence over the group. The space that the individual requires to act enters into conflict with having children, child-rearing and even marriage, because cohabitation, regardless of group size, requires concessions (Delgado, 1990). The consequences of the current state of affairs are apparent not only in the demographic structure, but also in other aspects of social organization. One could mention the relative ageing of, and consequent long-term decline in, the population, the changes that will have to be made in the services that provide assistance to the elderly, the effects of the latter upon social security expenditure and public health services.

Marriage provided the framework within which children were raised and it also served to curtail reproduction, but current population control does not constitute the motivation either for postponing marriage or for not getting married, since the efficacy of current contraceptive methods renders this approach obsolete. This fact can be illustrated by the number of single young people between the ages of 25 and 34 (346 290) who live alone in Spain (table II), as well as by the number (2 587 867) of those who live with their parents.

Both the decline in the marriage rate and the postponement of marriage have spurred a rise in the number of consensual living arrangements, in the divorce rate, in the number of children born out of wedlock, in abortion rates and in the rate of voluntary sterilization, with a concomitant change in the structure of the family (Moen *et al.*, 1992).

Therefore, it is evident that new life trajectories and lifestyles have arisen that are disconnected both from the demands of reproduction and from the mainstream family structures, given that procreation and the traditional domestic role of women have diminished in importance in favour of their investing in human capital and joining the workforce. Furthermore, marriage is a fragile institution and the bureaucratisation of the welfare system ensures that the state will perform tasks that were formerly the preserve of the family (Lagarde, 1999).

While the number of households increased by 20% between 1991 and 2001, the population grew by only 5%. According to the 2001 census, there were 14 187 169 households, which amounts to 19.7% more than in 1991 (table II). In between 1991 and 2001, household structure and size changed significantly. Among these changes we find a considerable increase in the number of households comprising one person (from almost 1.6 to almost 2.8 million). In addition, households consisting of a family and a non-relative have undergone an almost five-fold increase.

There is a tendency among young people to become independent at a later age than in the past. To illustrate this fact, almost 7 million young people (25 to 34 years old), or 37.7% of the total, of whom 43.5% are male and 31.7% are female, still live with their parents. Over the last ten years, there has been a significant increase in the number of people over the age of 65 (26.6%), but in relative terms, it is the population over the age of 85 (44.6%) that has increased the most, having shot up by 160%. The elderly, especially elderly women, have a growing tendency to live alone. Whereas in 1991 there were 60,000 elderly people living alone, by 2001 that number had jumped to 199 362 (table II).

Table II – Some indicators in Spain.
Quadro II – Indicadores seleccionados relativos a Espanha.

Type	**Number 2001**	**% Change 2001/1991**
Number of Households	14 187 169	19.7
Households with only one individual	2 876 572	81.9
Average household size (persons)	2.9	-9.4
25-34: singles living alone	346 290	208.7
25-34: singles living with their parents	2 587 867	51.2
Childless couples	2 448 542	22.3
Couples with 3 children or more	853 831	-41.7
Step families	232 863	–
Unmarried couples	563 785	155.0
Over the age of 65	6 796 936	26.6
Over 85 and living alone	199 362	160.0

Source: INE: Census. Compiled by the author.

Table III – Types of household in 2001 by order of size.
Quadro III – Agregados familiares em 2001 segundo a sua composição.

Total number of Households	**14 187 169**	**100%**
Only one individual	2 876 572	20.27
Couples with two children	2 512 616	17.71
Couples without children	2 448 542	17.25
Couples with one child	2 184 314	15.39
Mothers with children	938 719	6.61
Couples with three children	677 322	4.77
Couples with children and a relative	521 026	3.67
Families without couples and their dependent children	395 362	2.78
Two or more couples with dependent children.	281 118	1.98
Couples without children but with a relative	262 699	1.85
Families living with a non-relative	250 059	1.76
Couples with 4 or more children	176 509	1.24
Other	662 311	4.66

Source: INE: Census. Compiled by the author.

Table IV – Percentage of households with one individual by age in 2001.
Quadro IV – Percentagem de agregados familiares constituídos por um único indivíduo em 2001, segundo a idade.

15-34	15.6%
35-64	33.0%
65 years or over	51.3%

Source: INE: Census. Compiled by the author.

Therefore, the “couple with two children” family type, which accounts for 17.7% of the total number of households, predominates in Spain, followed by the “childless-couple” type accounting for 17.3% (table III). The latter have increased by half a million to over two million over the same period (1991-2001). The number of households consisting of one family living with a non-relative has undergone a five-fold increase since the previous census. This phenomenon has been triggered largely by the increase in domestic live-in help associated with the upsurge in immigration to Spain. It can also be seen that there has been a decrease (41.7%) in the number of couples with three or more children (table II). The rise in single occupant households is due, above all, to the young people aged between 15 and 34 and the elderly people over 65 who live alone (table IV).

The Spanish household unit has steadily been losing members over time. By way of illustration, the average household size fell from 3.2 members in 1991 to 2.9 members in 2001. The percentage of households consisting of six members or more declined during the same period from 8% to 4.1%. Nevertheless, the number of one-person households almost doubled during the same decade. In terms of size, two-person households (25.2%) and four-person households (21.5%) are the most common (table V).

Table V – Household distribution by number of members (%).
Quadro V – Agregados familiares por número de membros (%).

	1991	**2001**
1 person	13.3	20.3
2 persons	23.2	25.2
3 persons	20.6	21.2
4 persons	23.0	21.5
5 persons	11.8	7.8
6 or more persons	8.0	4.1
Total	100	100

Source: INE: Census. Compiled by the author

The rise in the number of households with only one individual, from 593 000 in 1991 to 1 210 697 in 2001, is due, above all, to single people living alone. The number of *single* young people aged between 25 and 34 that live alone trebled from 112 173 in 1991 to 346 290 in 2001. The number of women over 65 who live alone increased by 49.7% between the last two censuses and amounted to 1 043 471 in 2001. Because of the increase in broken marriages, 167 000 households consist of one individual living alone, these being mainly separated or divorced men. By contrast, the number of separated or divorced women living alone is only 105 000 (a majority of whom have children). Despite the aforementioned figures, however, more than half of all Spanish households comprise two generations and, in 4.4% of them, three generations live together. It is important to point out that these occur mainly in Andalusia (17.1%), Catalunya (14.8%) and Galicia (14.8%) (IMSERSO, 2005).

The number of families composed of mothers with children is 1 329 960, of which 149 057 are single mothers (26 220 under the age of 25). 40% of these households comprise single mothers and their children only and, in 19 000 of them, the mother is unemployed. 625 000 of these families comprise widowed mothers living with one or more children. It is important to highlight that 26.5% are made up of either separated or divorced mothers with their children. There are seven women in this situation for every man; and in 18.5% of the cases, no household members is employed, as a result of which they become highly dependent on any alimony they might be entitled to receive from their ex-husbands.

As a result of the changes in family make-up, the two emergent groups that present the greatest challenges in terms of living conditions and health issues are mothers with children and over-65s living alone (Rodriguez, 1994; Fernández and Tobío, 1999).

III. FAMILIES IN WHICH WOMEN ARE RESPONSIBLE FOR HOUSEHOLD AND HEALTH ISSUES

This section focuses on the family type that, in recent years, has undergone the most dramatic increase of all amongst those under analysis here: female-headed households, which, historically, have been subjected to exclusion from mainstream society (CES, 2000).

Despite the numbers, only recently have we begun to witness the publication of research focusing on these households, and only recently has space been devoted to them in psychology and sociology texts dealing with family models. This absence in the literature contrasts with the fact that this group is heavily reliant on many of the agencies set up by the Spanish social security system to, among other things, provide social services, look after women or address health issues. These service providers have found these women to be among the groups at highest risk of suffering marginalization and health problems. According to census data, most of these families are headed by women who are divorced, widowed, or single (Jiménez *et al.*, 2001, 2002).

The predicament in which many of these Spanish families currently find themselves should at the very least constitute cause for alarm. Firstly, slightly fewer than 60% of these families manage to live independently; in other words, over 40% of these female-headed families are unable to even form their own independent household, insofar as they depend upon other family members. The situation is particularly serious in the case of single mothers. Only 28% of the latter can afford to live independently, which means that 72% of Spanish single mothers are obliged to live with their children under the auspices of other institutions or relatives because they lack the resources to live independently (Fernández *et al.*, 2003). However, the vast majority of mothers in these circumstances still manage to engage in a remunerated activity. Unfortunately, these tend to be in precarious circumstances, i.e. without contracts and typically on hourly wages, the consequence being that they earn an irregular income and lack access to even the most rudimentary government safety-net. This precariousness does not come about as a matter of chance. Many of these single mothers become trapped in this situation partly because of a lack of education and work experience and partly because of their need to balance family and work responsibilities. Given that the job market only offers highly rigid work schedules, they end up performing work that is paid under the table so that they can mesh their work-schedules with their family responsibilities (Morgado *et al.*, 2001).

The analysis of data extracted from the 2006 family budgetary survey (Encuesta de Presupuestos Familiares, EPF) shows that one out of every three families headed by single mothers is on the verge of poverty. Hence, not only are these mothers poor, their children also find themselves in an economically precarious situation, as recently stated by the Spanish UNICEF Commission: "Three times as many children living in families headed by one adult live in poverty as compared with families headed by two adults, and their numbers have increased significantly." (Cantó and Mercader, 2000). Widowers' pensions tend to be quite low and, in the case of separated or divorced women, many ex-husbands do not pay the allowances that are due, or pay less than the amounts that were agreed upon. Therefore, in a scandalous number of cases, the fathers in these families are in fact contributing to the impoverishment of their own children.

The conditions faced by these women, as outlined above, obviously render their lives difficult, as these single mothers have to struggle to support their families. As a consequence, they are also subjected to the inherent health problems caused by stress. In the research carried out by Jiménez *et al.*, (2002), 75% of the women included in the study had in the past seemingly experienced mental health problems such as anxiety, digestive disorders, sleeping difficulties, emotional problems, depression, etc…. Mothers who did not have jobs when they became single were more likely to have developed these disorders than those who did.

Although single-parent Spanish families find themselves in more precarious circumstances than the other family types, single motherhood in and of itself does not cause these processes. In our opinion, which coincides with the thesis expressed by the Red Europea de Mujeres (European Network of Women) (1990), single motherhood merely lays bare the endemic lack of both time and resources that women face in our society. Forming a couple both masks and promotes this negative state of affairs. Contrary to the opinion expressed by those who hold certain ideological views, forming a couple within a patriarchal context is not a guarantee of being well-off for many women; rather, it can lead to personal impoverishment, given that these women invest all their personal capital into the couple's project – causing that capital to decrease rather than increase and preventing them from updating or adapting their skills to their changing needs.

On the other hand, those families in which mothers hold a university degree do not appear to experience much difficulty in accessing the labour market. Their level of employment, which is the highest amongst single mothers, is similar to that of single fathers and at times higher than the employment levels found amongst non-single-parent heads of households. It seems clear that the difference between this subgroup and the remainder of the single mothers is their ability to draw on resources that allow them to maintain their independence. The transition to a situation of living alone is easier for those mothers who earn a regular income or who can draw on personal resources from the outset when they

experience this change of status. Therefore, it is clear that public institutions ought to allocate resources to changing certain components of the education that is traditionally imparted to women in our society. We assert that women should be educated to be independent rather than dependent – not only in the economic sense, which is important, but also in the emotional sense, so that they can live alone without suffering anguish or distress (Lagarde, 1999).

When we look at other European countries such as Finland, Sweden or Denmark, it is possible to observe that households headed by single mothers exhibit a poverty rate that is lower than the average for the rest of households (European Parliament, 1996). Therefore, in these countries families headed by single mothers are less likely to suffer social marginalization, with its possible attendant negative health consequences. We do not consider this to be a coincidence, given that these (and other) European countries have specific measures in place to support single parent families that are lacking in Spain, according to a report presented by the European Parliament (1996). These provisions include advancing benefit payments to buy food in the event of non-payment, the development of job training programmes or priority access to infant child-care. Therefore, we assert that our public institutions should face up to their responsibilities and change the conditions that cause such a high percentage of single mothers and their families to fall below the poverty line and suffer health problems as a consequence. Only by engaging public institutions can we ensure that these mothers and their children will be able to maintain a quality of life that promotes physical and emotional wellbeing (Cantó and Mercader, 2000).

Nevertheless, in Spain children and students alike tend to be supported by their parents and, up until now, society has not exerted any pressure upon the state to take up its share of the burden. It is accepted, almost without exception, that pensioners and disabled people should receive government monetary aid, so one might be surprised to learn that this is in fact a relatively recent situation. Indeed, old-age pensions have been the exception rather than the rule until well into the 20th century. Priorities may be changing (Duran, 1992), although there are more than four million women over the age of 65 (30.9%), who play a fundamental role within their family circles. This shows that, in absolute terms, 1 282000 of these women still play a crucial role as caretakers within their own nuclear families – above all, by looking after their grandchildren.

IV. THE HEALTH CONCERNS OF SENIOR CITIZENS

During the Greco-Roman era, the average life expectancy was around 32 years. By the mid-19th century, life expectancy had increased to 40 and, by 1930, it had reached 55 years. Nowadays, life expectancy stands at 80 years. The decrease in birth and fertility rates over the past few decades has been accom-

panied by an unprecedented and accelerated increase in longevity. Multiple issues have arisen as a consequence of demographic ageing – from health issues to economic, family and household ones. These are, possibly, the most important issues and challenges that will have to be addressed by both public entities and society in general (Kinsella, 2000).

The number of senior citizens, and especially the number of those over the age of 85, increased dramatically in between the last two censuses, by 26 and 44.6% respectively (table II). It is important to highlight these increases due to the fact that this group requires special assistance and has particular healthcare needs. In 2006, there were 7.2 million elderly people, which amounted to 17% of the total Spanish population. Castile and León, Asturias, Aragón and Galicia are the regions that exhibit the highest relative percentages of senior citizens, with more than 20% of the population being over the age of 65 in each case.

According to the INE (National Statistical Institute, Instituto Nacional de Estadística), the elderly will account for 24.7% of the population by 2030. According to the UN, unless there is a change to this tendency, Spain will be the country with the oldest population in the world after Japan (table 1). The 80 and over cohort has grown the most over the last decade (reaching 4.3% of the population in 2005) (table I). On the other hand, those under the age of 20 have shrunk the most in relative terms. The number of elderly people underwent a seven-fold increase during the course of the 20th century, whereas the population of Spain merely doubled. The 80+ cohort is 2 million strong; hence, it has increased by a factor of 13. Life expectancy is one of the highest in Europe and in the world: 80 years (77.0 for men and 83.7 for women) (table I).

The relative weight of the elderly in the Spanish population reflects the trajectory of the mortality rate over the course of the last century. In summary, this evolution has been linked to increases in life expectancy, which shot up by 46.5 years over the course of the 20th century. The differences in life expectancy are linked to the state of health in such a way that, although the elderly population lives longer, they are also less healthy (table VI). According to the survey on disabilities, deficiencies and health (INE, 2006), elderly women are in a poorer state of health and suffer more illnesses per person than elderly men. Important differences between these two groups are also to be found when we take into account the differential effect upon functional capacities of *disability*, which involves functional limitations of some kind and a limited ability to carry out daily activities (more than a third of the women over the age of 65 have some kind of disability, compared to one out of four men of that age), as well as *dependency*, in which case assistance is necessary (table VI).

During the last decade, the degree to which the elderly are able to retain their independence has noticeably improved (whereas young people have been finding it increasingly difficult to set up their own households due to the difficulties that they face in finding work and acquiring a house).

Table VI – Health and dependence in the population over the age of 65.
Quadro VI – Saúde e dependência entre a população com mais de 65 anos.

	Men	Women
Chronic illness	79.3%	86.2%
Illnesses per person	3.57	4.05
Disability	27.1%	35.9% (1 490 000)
Limitations	16.1%	27.5% (1 141 000)
Dependence	11.7%	21.2% (880 000)
Very good health	8.4%	7.0%
Good health	35.8%	30.2%
Regular (fair)	38.4%	40.1%
Poor health	14.8%	18.8%
Very poor health	2.6%	4.0%

Source: INE: Encuesta de salud 2006. (Health survey 2006).
IMSERSO-CIS. Compiled by the author.

Out of the 6.8 millions of people over the age of 65, nearly 1 360 000 live alone, and three out of every four of the latter are women. Amongst those over the age of 75, 27% live alone. Nonetheless, the most common arrangement amongst the elderly consists of households made up of an elderly person and one of his or her offspring (2.5 million), followed by an elderly person living with his or her spouse (2.3 million). Only 1.2% of senior citizens live in homes for the elderly or institutions – three out of every four of these being women. In addition, more than half of the men over 85 years old are married, whilst this is the case for only 10.1% of the women in that age group. In turn, the percentage of widowed women (79.2%) is almost twice as high as that for men (40.7%). Thus, one is struck by the fact that the elderly continue to a very large extent to live in their own homes, which is a consequence of their increased longevity, alongside the simultaneous improvement in their standard of living (mortality rates have fallen as a result of the improvement in their quality of life). It is important to highlight that their standard of living has largely improved due to the expansion of the pensions and universal health care systems. Thanks to improvements in nutrition, hygiene, health and pensions, the elderly have gained in physical and economic independence and, as a corollary, have also been able to remain considerably autonomous. As a result, they have often had to take mothers with their children under their roof, such that three generations can now often be found living in the same house (4.4% of the households).

The increase in life expectancy and the fall in the birth rates have thus led to an increase in the relative weight of the elderly population, which implies that there will be an increasing demand for assistance in the future. As a result of the decline in the number of carers – typically housewives who would provide

that care for free –, people increasingly look to the state to fill in the gaps. (Durán, 1992). According to the IMSERSO (2005), the percentage of people over 65 years old that are dependent amounts to 15%, and usually (in 85% of the cases) it is the family that provides the bulk of the required care. The fact that women have been joining the work force in increasingly greater numbers, in addition to the factors mentioned above, has made it more difficult to ensure an adequate provision of caretakers despite the increase in demand. Moreover, due to the insufficient resources allocated to assisting the elderly (homecare services and day centres), it is clear that the shortage of informal carers and the high demand for assistance represent a challenge for public entities and the political establishment, which tend to rely on the informal sector due its low cost.

The perception of one's state of health is a good indicator of the level of assistance and other services that should be provided, since it clearly correlates with health, morbidity and a healthy old age on the part of the public. Ageing entails an increase in the prevalence of chronic and degenerative illnesses, many of which lead to difficulties in terms of functioning. The main source of pain afflicting the elderly is of an osteoarticular character. Therefore, the difficulty involved in carrying out daily activities increases with age (VVAA, 2002).

Nine percent of the Spanish population has some sort of disability, and women represent 58% of this group. Almost half of the population between the ages of 80 and 84 suffer from some form of disability (47.4%) and for those over 85, this percentage rises to 63%. The most common type of disability is lack of mobility outside the home, which affects more than 65% of disabled people over the age of 64. The most common illnesses affecting the elderly are of the ostearticular type, such as rheumatoid arthritis, those affecting the brain, such as Alzheimer's, Parkinson's and senile dementia, and finally the multiple illnesses resulting from degenerative processes inherent to old age.

In order to address the problems that are associated with dependence and the needs of the elderly more generally, we need to mobilize public resources and entities, but also and most importantly private resources. Generally speaking, families still provide most of the care to the elderly; however, this seems to be changing. According to a survey carried out by CES-IMSERSO, two thirds of those who need help to carry out their daily tasks receive help from some member of their family, with daughters accounting for 39.9%, spouses 15.8%, sons 5.5%, daughters-in-law 2.6% and grandchildren 2.3%, with other family members also playing a part. The next most important source of assistance after the family is hired help, which accounts for more than one fourth of the assistance provided to those in need of help to carry out their daily tasks.

However, help does not only go in one direction, i.e. from families to the elderly, but also in the opposite direction: for example, one out of every nine women over the age of 65 (11.1) help another person to carry out his/her daily tasks. Eighty percent of these women provide help to relatives, typically their husbands or children. This shows how active and dynamic this network of family

support is. Overall, 17.6% of all elderly women receive help from some family member, but 9.3% of them in turn help somebody else within the family to carry out these same activities.

There has been an increase in the provision of social services in recent years; however, the levels of coverage remain extremely low. The level of coverage of the assistance to individuals in their homes (SAD, launched by the government in 2001 as part of its gerontological plan, which foresaw providing home services to 8% of the elderly) is a mere 3.13%. Only 2.05% are able to rely on assistance over the phone, and there is only one day-centre for every 200 elderly people. This means that only 9.43% of the elderly actually or potentially benefit from some sort of social service care. With regard to the costs of these services, SAD costs 172.68 euros per month, while phone assistance costs 21.13 euros per month; the public cost for a place in a day centre is 533.50 euros per month. This amount almost doubles in the case of old-age homes that are partially subsidised by the government (1.300 euros) (Casado *et al.*, 2001). Therefore, there is a need for day-centres and day hospitals, physical therapy centres, facilities that provide basic personal care and teleassistance. There is no doubt that the elderly are in serious need of a better quality of life and of better public and private gerontological services.

V. CONCLUSION

Over the last thirty years, the family has undergone radical changes in industrialized countries. We have witnessed an upsurge in those family types that involve forms of co-habitation which are based on non-reproductive strategies. This has involved a concomitant decrease in the importance of kinship as a primary function.

Nevertheless, we need to clarify a few points on this subject. It should not be taken for granted that the future of the Spanish family will be similar to the future of the family in other developed societies. Looking at the family patterns of other societies in an attempt to draw conclusions that could be extrapolated to the Spanish setting is sometimes misleading. Nevertheless, we must ask ourselves what effects the appearance of a new generation of highly educated workers who are well integrated into the job market, the significant rise in the number of salaried workers and the drastic decline in domestic labour will have on family strategies and on family types. If we add to the aforementioned factors the systematic transfer of economic resources to the state via taxes, we are probably heading towards an even greater prevalence of strategies involving cohabitation patterns that are not based on family links.

It has been pointed out that individuals tend to spend significant parts of their life cycles, both in terms of duration and importance, in cohabitation settings that do not obey or reflect to any particular plan, project or strategy. That is the case for the large number of people who remain dependent on their families,

but also for the not at all insignificant number of those who live alone or in single-parent households as a result of the disintegration of their initial projected family plans.

Finally, it is important to point out that describing the different family types in Spain as a whole overlooks the possibly different strategies for setting up a family in the different regions that make up the country. It is true that in some Spanish regions (particularly Galicia, Asturias, Cantabria, the Basque Country, Navarre, North of Aragon and Catalunya), large extended families still remain in existence to a significant extent, which is intimately linked to inheritance strategies that benefit one sole heir. However, the analysis presented above is valid even in the case of these regions, since there, too, the nuclear family is the most common of all types. In order to understand the meaning of the simplest family patterns, we must study the latter in the particular settings where they occur. Thus, it is for instance in the rural areas of Castile and Leon that we find the highest relative percentage of households comprised of only one individual – which is obviously not motivated by solitary life projects detached from reproductive ambitions, but rather correlates with the disintegration of previously-existing nuclear families. In turn, this disintegration is to a large extent linked to a combination of factors, including the ageing of the rural population itself and the massive flow of emigrants to settings where the concept of the traditional family does not exist.

The problem with dependents (children, elderly and the ill) is that there seems to be a certain degree of elasticity in the quantity and quality of care given to them. The basic difference between the ascending dependents and the descendants is that the number of the former cannot be regulated, whereas that of the latter can. Among the features that shape Spanish culture is the idea that the elderly and the ill cannot be left to die. By contrast, thanks to highly reliable, low-cost contraceptive methods, birth control involves far fewer problems. Bringing up children requires a home as an indispensable means of reproduction, but the average home costs five times the annual earnings of an average Spanish middle-class family and many single mothers and young people do not even earn half the average salary when they first enter the labour market, as a result of which it is difficult for them to set up an independent household.

Dependency is a social risk. Whether or not an individual feels emotionally well is more important in determining the quality of his or her day-to-day existence than the number of illnesses that may afflict him. A person's perceived state of health is determined not only by physical factors, but also by numerous important social ones. It is obvious that those sectors of the population that are most in need of assistance are precisely those that have the least chance of obtaining it through market mechanisms – and that these are often the very same individuals who are least able to make themselves heard when it comes to asking for government support. It is important to stress that the need for assistance in one's old age increases proportionally to the fall in the economic resources that one has at his or her disposal.

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