5.6 How Do European Older Adults Use Their Time?
Enrica Coda and Jorge Gonzalez-Chapela

Introduction
Time is at the heart of most economic phenomena, and an accurate measurement of the temporal characteristics of the economic activities is crucial to fully understand individual and societal economic behaviour (see Gershuny, Harvey, and Merz 2004). Furthermore, time-use information can be utilised to better understand the well-being of the population and the implications of public policies. Even though specific time-use surveys are being collected in some countries, the range of accompanying information they provide is not abundant. As a consequence, their ability to answer interdisciplinary research questions is very limited. In contrast, SHARE collects a significant amount of demographic, socio-economic, health, and time-use information for the population of Europeans aged fifty and older, which can be combined to address interdisciplinary research questions in an internationally comparative framework.

Higher life expectancies and lower fertility rates have increased the necessity to know how the elderly allocate their time. This contribution attempts an accounting of time use from the SHARE data and provides a cross-sectional description of the allocation of time by older adults across the countries participating to the SHARE project. Given the various socio-economic conditions across European countries, special emphasis is devoted to the assessment of cross-country differences in time allocation. We also study how the allocation of time varies with gender, age, health status, marital status, living arrangements, and work status. SHARE provides a unique opportunity to relate the allocation of time by elderly individuals to their demographic characteristics as well as to their health status. We should point out, however, that the outcomes for older age groups do not necessarily predict what will happen to younger cohorts, since observed differences between age groups are a combination of age and cohort effects, which can not be disentangled in a single cross-section of data. The availability of longitudinal data in SHARE would provide the possibility to more accurately analyse these issues.

Figure 1. Participation in activities by SHARE older adults
Figure 1 offers an overview of the proportion of respondents in the whole SHARE sample who engaged in several activities in the month prior to the interview. Older adults are very active: about 30 percent of them were working in the market, while 23 percent provided help to relatives and friends, or cared for a sick or disabled adult. They are also fairly involved in social activities: doing voluntary or charity work; going to sport, social or other kind of clubs; taking part in religious, political, or community-related organisations. Some of them even attended an educational or training course. The rest of the contribution investigates the prevalence and time devoted to three activities that represent important aspects of older adults’ lives: market work; the provision of help to relatives outside household, friends and neighbours; and the care for grandchildren. In contrast to the rest of the chapter, we consider as working to all respondents who have worked a positive number of hours in the market.

**The Allocation of Time by European Older Adults: Prevalence**

In addition to asking detailed information on market work, as already discussed in Contribution 5.1, the SHARE questionnaire explicitly asks about the help respondents may have given during the past twelve months to family members outside the household, friends, or neighbours with personal care, practical household help, and help with paperwork. It also asks separately whether during the last twelve months respondents have looked after their grandchildren (without the presence of the parents). These activities become more and more important as people age.

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**Figure 2** Prevalence of market and non-market activities by country and gender

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Figure 2 (see Table 5A.17 in Appendix to this chapter for details) shows the proportion of the elderly engaged in market work, provision of help, and looking after grandchildren. Table 5A.18 in Appendix disaggregates further this information by age classes. The prevalence of these activities is sizeable in all SHARE countries, but with considerable cross-country variation. Both men and women are involved in these activities, although men are much more likely to be working, with the proportion of men working for pay ranging from 30 percent in France and Austria to more than 60 percent in Switzerland. The proportion of men providing help varies from 50 percent in Denmark to 13 percent in Spain. Perhaps surprisingly, the lowest prevalence of provision of help is found among Mediterranean countries. This is possibly due to the fact that this is help given to people outside the household and Mediterranean countries have households of larger sizes. If there is crowding out between helping friends and relatives inside and outside the household, this outcome could be expected. In most countries, more than 4 out of 10 respondents younger than 60 provide some help to other relatives or friends. Spain and Greece are the only countries reporting a prevalence below 30 percent in the youngest age cohort examined. It seems that men in the Nordic countries (Sweden, Denmark and the Netherlands) are more engaged in this than their female counterparts.

The difference between men and women in providing help does not go in a unique direction. Except for the cohort of 55 to 60 years old, women are consistently more likely to provide help, possibly because they are less likely to be active in the labour market. At older ages, the fraction of respondents giving help decreases, perhaps because they are likely to be in need of help themselves due to failing health. Many grandparents across Europe look after their grandchildren. This is an activity which engages grandfathers and grandmothers alike at all ages. The prevalence varies across countries and across ages, with peaks between 60 and 65. The countries where there is a larger prevalence of care for grandchildren are Denmark and the Netherlands, where more than 6 out of 10 women and more than 4 out of 10 men between 60 and 65 do so. Younger grandparents display noticeable gender differences in the patterns of caring for grandchildren, with grandmothers much more likely to look after grandchildren than grandfathers, since younger men are still working. Among the oldest elderly across Europe, it is more frequent for grandfathers than for grandmothers (maybe because grandmothers are busy looking after other household members in need).

Using a simple measure of living arrangements which allows us to distinguish whether respondents live with their children or not, Table 5A.19 in Appendix shows the proportion of older persons engaged in these activities by marital status and living arrangements. Presumably, co-residing with children places more demands on people’s time, and this may affect the extent to which they engage in activities outside of the household. Singles and those who are part of a couple, are more likely to be working if they have children still living with them. They are also more likely to provide help. Singles living with children are more likely to look after grandchildren, compared to those that do not live with their children. In contrast, respondents in a couple living with children are less likely to be taking care of grandchildren.

To what extent does health status affect people’s ability to engage in these activities? SHARE allows us to relate individual behaviour to a very rich set of health information. Figure 3 correlates the prevalence of market work, provision of help and care for grandchildren, with two dimensions of elderly well-being: physical and mental health. We evaluate physical health by constructing an indicator of functionality based on objective
information on respondents’ ability to manage their daily routine. In particular, it denotes whether they are limited in basic activities of daily living or in more complex tasks requiring a combination of physical, mental, emotional, and cognitive functions. We evaluate mental health using an indicator of whether the respondents would be likely to be diagnosed as suffering from a depressive disorder for which therapeutic intervention would be indicated. Across countries, functionally limited respondents are less likely to be engaged in all the three activities. In particular, they are less likely to be still working compared to their healthier counterparts. However, there is also a fair degree of cross-country variation possibly due to social norms and institutional differences: the Swiss elderly stand out for their sizeable involvement in all three activities even when they are functionally limited. The relationship between the prevalence of market work, provision of help and care for grandchildren and depression seems to follow a similar pattern, although the limiting effect of depression seems to be less strong (not shown).

![Graph showing prevalence of market and non-market activities by country and health status]

**Figure 3 Prevalence of market and non-market activities by country and health status**

**The Allocation of Time by European Older Adults: Hours**

Time devoted to market work is estimated from questions about the usual weekly hours of work in the main job, secondary job/s, and overtime. Hours of help provided and hours spent looking after grandchildren, are obtained by asking, firstly, how frequent these activities are, and, then, the number of usual hours in the selected periodicity.

Figure 4 (see Table 5A.20 for details) displays how many hours per day European older adults devote to those three activities. On average, a 50+ European devotes 1.5 hours per day to work in the market, 0.3 hours to help relatives, friends, or neighbours, and 0.5 hours to look after grandchildren. Thus, the contribution to economic activity by European older adults is by no means limited to market work, since unpaid but economically productive activities such as providing help and caring for grandchildren have certainly importance (see also Gauthier and Smeeding 2003). Residents in Switzerland, Sweden, and Denmark devote about one hour more per day to market work than residents in Italy, Spain, or Austria. Since the hours of market work of those who are working are pretty similar across European countries (see Table 5A.21), these figures show how time-use and participation are jointly determined by participation patterns. Although quantitatively much less important, we observe significant variation in the amount of help provided, from a maximum of 0.5 hours per day in Italy to a minimum of 0.2 in France. On the other hand, a clear geographical gradient is observed for the amount of time devoted to look after grandchildren: the average amount increases as we move south. What factors
are creating these time-use differences across European countries?

Regarding gender differences, we observe that, not surprisingly, men devote more time to work in the market than women (the difference, of about one hour and a half per day, is statistically significant for all countries). However, women tend to devote more time to provide help (the difference across genders is statistically significant in France and Greece) and to care for grandchildren (being the difference statistically significant in Greece).

*Figure 4* Allocation of Time by SHARE Older Adults: Average daily hours
Figure 5 shows the effects of physical and mental health on the allocation of time. Individuals in a worse physical health condition tend to work considerably less in the market and devote less time to help others and to look after grandchildren (the reduction in help provided is statistically significant in Germany, Italy, and Spain; the reduction in time caring for grandchildren, in Denmark and Germany). While the evidence suggests that physical health is correlated to the allocation of time to both market and non-market activities, it also suggests that mental health is usually not related to the allocation of time to non-market activities (not shown).

We next study the allocation of time separately for individuals who are working (i.e., performing some market work) and those who are not working (mainly retirees, unemployed, disabled, and homemaker). Results are shown in Tables 5A.21 and 5A.22, respectively. The average difference in market work amongst working individuals is greater than 5 hours, except in countries like The Netherlands and Greece, in which it is slightly lower. Interestingly enough, the claim that individuals working devote the same number of hours to provide help than those non-working can not be rejected in none country, except Switzerland, where help provided by non-workers doubles the help provided by workers. Regarding the time devoted to look after grandchildren, however, we observe that non-workers tend to devote more time to this pursuit than workers (the difference, of about half an hour, is statistically significant in The Netherlands, Switzerland, Italy, Spain, and Greece). Thus, the extra-discretionary time brought about by non-working in the market seems to be only partially re-allocated to non-market activities.

In all countries, working women spend almost as much time as their male counterparts at work. However, conditional on working, women spend more time than men both providing help and caring for grandchildren, especially in southern countries. The pattern of non-market activities for non-working individuals is very similar. When the effects of age are considered, we observe a reduction in market work for those who are working: on average, a 50-54 years old European devotes 5.3 hours per day to this pursuit, while only 3.5 daily hours are devoted by a 65+ European. Regarding non-market activities, help provided is unrelated to age for those working, although it decreases with age amongst those non-working. Interestingly enough, for the latter population, looking after grandchildren decreases after age 65+ (the peak, 0.9 hours per day, is achieved in the 60-64 age interval), while tend to increase with age amongst those working. (These results are not shown for
brevity, but are available upon request.) These patterns are suggesting that the effects attributed to "age" can be as a matter of fact caused by other variables like health status (not in vain, chronological time elapses exogenously to individuals).

Tables 5A.23 and 5A.24 in Appendix address the allocation of time among these activities by marital status and living arrangements, showing that single respondents and respondents who are part of a couple are more likely to be working if they have children still living with them. Consistent with our intuition, single respondents living with children are more likely to spend the time devoted to non-market activities by taking care of their grandchildren than by providing help to others outside their household.

Conclusions

- SHARE allows us to jointly investigate the allocation of time to both market and non-market activities along different dimensions. Time spent during a typical day varies considerably across countries, even after gender, age, marital status, living arrangements and health status are conditioned out. Social norms and institutional arrangements may explain part of the variability we have documented.

- The contribution to economic activity by older adults is by no means limited to market work. The SHARE data allow us to account for about twenty percent of available daily time of the total population, and for about forty percent of available daily time of the working population.

- The amount of hours spent helping others or looking after grandchildren is not trivial. To the extent that if they were not provided by the respondents, these services should be bought in the marketplace, the economic value of these non-market activities is of a relevant magnitude.

References