

Caring for people in their ‘third age’

Normative and actual care arrangements for the elderly in Kalavrita, Greece

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For Greek people, the ideal way of living their ‘third age’ is to stay in their own house and, if they become dependent, have children around to take care of their needs. Nowadays, many families cannot adhere to this norm because children’s work obligations mean they either do not have time or are physically not around. Public institutional care for the elderly is scarce, and children do not want their parents there as it is a sign of their inability to care for them. Some families solve the ‘problem’ by hiring migrant women from Eastern Europe as relatively cheap live-in caregivers, while the few homes for the elderly founded by the Greek Orthodox Church have a better reputation than those of the government. This paper presents the findings of an exploratory study of the developments in care arrangements for the elderly in Kalavrita, a small town on the Peloponnese, and of the views of the elderly, their children, and caregivers.

[care arrangements, elderly, stakeholders in care, Greece]

During the almost thirty years I have been visiting Kalavrita, a small town on the Peloponnese, many changes have taken place. Visible are infrastructure developments like roads and the many new hotels and houses; people have benefited from increased tourism and subsidies from the European Union. Less visible are changes in family and household composition, with elderly people staying on their own more compared to before when their children lived close by or in the same house. In the 1990s I started seeing women from Eastern Europe in Kalavrita, employed as live-in caregivers of the frail elderly. These familial changes are true for Greece in general, as well as other countries including Italy and Spain.

The population of Greece, and likewise Kalavrita, is aging. My respondents estimate that about 50% of people in Kalavrita and 60% in the surrounding villages are over sixty years old. Younger people live in cities such as Athens and Patras where more education and job opportunities are available, and many have migrated to the USA and Australia. In the 1980s, young people were also moving to towns, but usu-

ally at least one son stayed to take care of the family house, economic activities, and parents. Nowadays, the normative reciprocity within Greek families in the chain of care is often broken: elderly people have taken care of their own parents, but are not always taken care of by their own children when they reach the stage of dependency. Even if they live close to their parents, children are not always able or willing to take up the responsibility. Old people are either left on their own or other arrangements are made by themselves or their children. Institutional care is not common in Greece where very few public homes for the elderly exist, in bigger towns; moreover, they have a very bad reputation (see van der Geest et al. 2004: 444; Kyriakidou et al. 2001: 9). People I talked to know from hearsay that workers there abuse clients, and that food and hygiene are poor; all said they would never send their parents to such a place. There are only a few private, expensive homes of good quality for elderly people. "... They are like five star hotels for rich old people only. We can never afford such care for our mother," commented a man whose mother is 85.

In this paper I describe the various living conditions and care arrangements for older men and women in the Kalavrita area, the changes, and the views of the involved stakeholders. The paper is based on my observations and conversations over the years since 1981 when I began visiting Kalavrita, a literature review, and two weeks' exploratory fieldwork in November 2009. After introducing Kalavrita and outlining the methodology, I describe how informants talk about traditional care arrangements. I then offer an analysis from literature about national developments putting stress on these arrangements at the local family level and causing changes. Following are my observations of present arrangements and informants' opinions of them. I conclude by presenting my ideas for a larger study and its academic and social relevance.

Methodology

Location

Kalavrita, a town with about 2,000 inhabitants, is nestled on a high plain between dry topped wooded hills. A small river meanders through the green valley. Towering in the distance are the peaks of the Chelmos mountain range. Being the centre of Achaia's prefecture, Kalavrita houses the shops, government offices, secondary school, hospital, court, and postal and telephone centres that service the 45 surrounding villages. The main economic activities in the area are small-scale agriculture, fruit trees, and extensive husbandry (goats and sheep). Tourism is a new economic development. In the 1990s a ski centre was developed on the Chelmos. In summer, Kalavrita is a welcoming, relatively cool refuge for Kalavritinans and Greek tourists who live in the cities most of the year. Foreign tourists mainly come on day trips, taking the spectacular train ride from the seaside through the 22 kilometre long gorge. Tourism is thus seasonal to summer and winter, and mainly during the weekends. Otherwise Kalavrita remains quiet, with only one bus service from Athens and three a day from Patras. Once or twice a day there are local bus services to the surrounding villages along the main roads.

Respondents and methods

Two institutional care arrangements presently exist for dependent elderly in Kalavrita town: 1) the Kallimanopoulio home for the elderly (HfE) run by the Greek Orthodox Church, and 2) the 'Help at Home' (HaH) office. I conducted several in-depth interviews with the director and social worker of the HfE about general topics, including conditions of the elderly and in particular those staying at the institution, how the institution is run, and the challenges they meet. I spent two mornings observing the routines in the HfE and talking to residents and staff about how they view the care given and more generally about their lives, family, and getting old.

Several in-depth interviews and conversations were held with the HaH team members in their office and I accompanied them on their work visiting elderly people in the villages. I was able to observe their work and the living and care situations of the elderly, and to talk to five of their clients and one Bulgarian caregiver.

I had in-depth interviews with two elderly people in their houses: Chiona is the 85 year old mother of a friend, who lives in a village about 14 km from town; Iannis is my 86 year old former neighbour (I used to rent an apartment in Kalavrita). I also talked with their children about how they saw their parents' care needs and how they try to organize it. Furthermore, I had many conversations on the topic with friends and people I knew and met. Everyone was very interested, helpful, and had an opinion. The interviews (in Greek) were recorded, translated and transcribed into English, and I made daily reports of the conversations and observations.

A literature study was conducted before the fieldwork on important themes, including demographic developments, family, migration, social security, public and private care for the elderly, national socioeconomic and political developments.

Reflections and limitations

I had some unease about starting formal research in familiar surroundings, particularly considering that those who had previously been 'just' neighbours, acquaintances, friends, and their family were now to be my informants. It felt opportunistic to focus our conversations on the subject I was researching after not having seen some people for five years. Therefore, of course in practice our conversations also covered other (unrelated) topics.

Older people proved to be a relatively easy research group, because most of them have time, enjoy the company, and like to talk about their lives; Van der Geest et al. (2004: 441) observed "... at their age conversing is a way of life." The migrants taking care of elderly people were more difficult to reach; I was only able to speak briefly with one. Other researchers have mentioned the need to establish trust with this group before getting access (Tastsogoulou & Hadjicostandi 2003; Mul 2002). I believe that in further research where I would have more time, this would not be a problem. I understand from talking to local people that there is no tension between locals and migrants in Kalavrita. This supports Tastsogoulou and Hadjicostandi's (2003: 210) observation that the situation with migrants in small towns and villages may be bet-

ter than in cities because people have more personal relationships, which reduces the impersonal and negative stereotypes.

Although the fieldwork lasted only two weeks, I have been able to add validity to the study through my long-lasting connection to and observations in Kalavrita, and by situating my findings in the literature about the elderly, and socioeconomic and political developments in Greece.

Traditional normative care arrangements within families

Anthropologists studying Greek rural areas identified the centrality of the family to structuring economic and social life (Friedl 1986: 42; Dimen 1986: 53, 64). Within families, Greek people are socialized in moral obligations of reciprocity to care for one another (Triantafyllou & Mestheneos 1996). Between generations, at some stages there is immediate reciprocity, when grandparents take care of grandchildren and their adult children work and provide for them. At both ends of life there is extended reciprocity: children will reciprocate the care they receive in the future, and the old have already given their share. Elderly people in Kalavrita described how they used to live with their parents and parents-in-law in the same or nearby house. Grandparents who had less strength worked in the kitchen garden, took care of the chickens, and supervised their grandchildren so that the stronger (and younger) members of the family could work in the fields or take the goats to the upper fields for grazing. Grandmothers cleaned the house and cooked for the family and grandfathers were responsible for the firewood. Their tasks became less with diminishing strength. When people became needy and bedridden, their children took care of them until they died. The elderly only went to hospital when really sick.

Chiona remembers when she moved into the two room house of her parents-in-law after marriage, where she raised her six children. At first all adults contributed to the economic and social production of the household, but when they became dependent, she had to care for her parents-in-law:

I had a good father-in-law – he talked nicely to me, like “sit down,” “you better sleep in the afternoon because we are old and are not sleepy at that time.” He said he was not hungry and that we should eat. He died young, 63 or so, from heart problems. ... My mother-in-law still lived for eight years. She was a good housewife, could cook very well, and bake good bread. She was a bit hard though. They both stayed in the house till they died and I took care of them. It was hard, with two old people and six children...

The normative arrangements between generations, as I observed in the eighties and early nineties of the last century still exist in some cases, as in the situations of Chiona and Michalis described below.

Chiona is frail and dependent; she underwent a heart operation last summer, has high blood pressure, problems hearing (uses a hearing device), and complains about pain in

her legs, hands, and back. She lives alone in her house. Five of her children live in Athens and Patras; "... they are all good children." One son stays with his wife and two children in their own house next door. He has his own business, his wife works in a hotel in Kalavrita, and their children attend primary school there because there is no school in the village. They take care of Chiona and help her with shopping, cooking, firewood, cleaning, and keep her company. Chiona is happy with the arrangement: "Here, the children are coming, I pass my time well. I got older, but I am okay."

Michalis is a single man of 62 in Kalavrita who lived with and cared for his parents until they died – first his father, then his mother who died five years ago. When she was sick and had to go to hospital, he visited daily (I remember going with him), and took care of her when she came home sickly, hardly being able to do any housework. On the weekends and during holidays one of his four married sisters would come from town to help. "When she finally died in the hospital I took her home and we washed her and dressed her. We brought her to church and the graveyard from home as we should."

Traditional care arrangements under stress

Since the early nineteen-eighties, national demographic, socioeconomic, and political developments have resulted in many Greek families being unable to conform to the duty of care for their elderly. Firstly, there is a huge fertility decline with an average of 1.3 children per woman of child bearing age (Daniilidou et al. 2003; Tastsogoulou & Hadjicostandi 2003: 192). This, in combination with rising life expectancy, is increasing the proportion of elderly people in Greece (Kyriakidou et al. 2001: 3-4). Daniilidou et al. (2003) found that Greece has the lowest fertility rate in Europe and the highest proportion of older people. They refer to the 2001 Greek statistical yearbook which calculated that 16.9% of the population was of the 'third age' – a common expression for older people. Karagiannaki (2005) calculates that the ratio of people over 65 years to those between 15 and 64 has increased from 1:5.2 in 1974 to 1:3.9 in 1999.

Second, Greek women, the principal caregivers within families (see De Boulay 1986: 141-3), are increasingly participating in the labour force, because basic expenses have increased and people have become used to higher consumption (Fakiolas & Maratou-Alipranti 2000: 112). Female labour force participation (ages 19 to 59) increased from 33% in 1974 to 48% in 1999 (Karagiannaki 2005: 9). In the face of underdeveloped public social welfare services, and little or no change in the mentality of men to assist with housekeeping, help is needed in the care of children and the elderly (Tastsogoulou & Hadjicostandi 2003: 193).

Third, there is outmigration from traditional agricultural regions in Greece to distant cities and abroad (see Van der Geest et al. 2004: 436). Aside from the physical distance, the younger generations in towns also develop another culture (Karagiannaki 2005): they are departing from traditional family centeredness to be more individualistic and private, and young parents prioritize their nuclear family, especially their

children's education (see Just 2000: 77-79). I encountered various examples of clashes between extended and nuclear family obligations, as in the following case:

Panajiotis told me that he left his frail elderly father Iannis (who had many heart surgeries last year) in the (good) care of a neighbour, to go and live in Patras this year because of school opportunities for his children. His son wants to become a medical doctor and because of the competitive entrance requirements, he needs high quality extra lessons that are unavailable in Kalavrita.

Thus, demographic, economic and political changes made that nowadays there are less adult children around in rural areas to care for dependent parents(-in-law) themselves. Still, children feel the duty of reciprocity and try to arrange for care in other ways. National and international developments created some new solutions, as the following will describe.

Present care for the elderly in Kalavrita

Managing at home without formal (paid) help

Older people I talked to prefer to stay in their house, even when they are alone and cannot do everything as before. They say they adjust their needs and manage with simple food and a house that is less clean. In winter they now purchase firewood instead of cutting it themselves. Instead of baking their own bread they buy it. They sit a lot and watch television if they own one. The cold winters bring additional problems of keeping their houses warm and navigating the steep alleys and paths that are, even without snow and frost, difficult to manoeuvre for people with mobility problems.

If they do not have children or other family nearby, the elderly may get help from neighbours with shopping, cleaning, and cooking – sometimes paid for. Usually children who live in towns close by will come during the weekends with provisions, and will leave some cooked food for the week.

Iannis says that his son and family who live in Patras come to keep him company and take care of him every weekend. I am there on a Friday evening when his granddaughter comes bursting in and lovingly sits next to him, holding and caressing his hand, asking him how he is. The food his daughter-in-law cooks lasts him a few days. They pay his neighbour – who also has a job elsewhere – to come to help him, clean every day and prepare food for him. Her husband checks on him every evening after work and sits down with him for a chat (he also comes in this Friday evening).

If not physically around, children usually have frequent contact with their parents and so show emotional care or arrange care from a distance. Kyriakidou et al.'s study of elderly care within families also showed that even when they do not live together, there is still a lot of help exchanged between generations, with 65% of their elderly

respondents in daily contact with their children (2001: 7). The telephone is an important medium. In general, Greek people like to phone a lot and most older people living at home said they were in almost daily contact with their children. In the three hours I was with Chiona, two of her sons phoned to ask how she was – one of them called thrice to check whether his brother who lives next to her had taken her blood pressure.

Children said they felt uneasy about leaving their elderly parents alone at home. Many had asked their parents to live with them in town, or come there in winter, but most old people did not want this. Although they know they might still be of use somehow to their children and grandchildren by doing small household chores, they say they often feel lonely there because the family are away most of the day at work or school. Chiona does stay about two months in Athens every winter, but says she does not like to stay longer because there is not much for her to do.

Hiring help at home

A way for dependent elderly people to stay at home is to hire part-time or live-in women to care; part-timers may be Greek, but most live-ins are from Eastern Europe (see Mul 2002 for Crete). Usually the children make the arrangements and the elderly pay, with their children's help if needed. When I first came to Kalavrita there were no foreigners, now one sees many. People in Kalavrita recount how they came alone or in couples and have now established families whose children attend school. Mainly from Albania, Romania, Russia, and Georgia, the men work in construction, the women in cleaning, restaurants, and elderly care.

Two developments made hiring carers possible: immigration and pensions. The opening of the borders of Eastern European countries, where it is hard to make a living, caused an influx of economic migrants (Tastsogoulou & Hadjicostandi 2003: 1993). The first were Greeks from Albania and Russia expelled from Turkey. It is relatively easy for migrants to find work in the large, flexible, and mostly seasonal informal economic sector of agriculture and construction, where employers do not pay taxes or health insurance (Fakiolas & Maratou-Alipranti 2000: 107; Papadopoulou 2004: 177).

Further, paying for care at home has been made possible because since 1993 all older people receive pensions, even those who have not contributed to pension scheme, including housewives and farmers (Lampousaki 2009: 3). Amounts differ and depend on the scheme, but range from € 315 a month for farmers and housewives, € 800 for labourers, to € 1,600 for some government workers (respondents' information). The current economic crisis in Greece – thought to be related to high national debts and pensions – may impact negatively on this arrangement for elderly care.

All older people said that if they cannot manage alone or with the help of neighbours or family, they would prefer to pay for care by a Greek or foreign woman – as long as they can stay in their house. They are very attached to their houses and the soil and do not want to move. However, people told me it is not easy to find such women. Greek women usually have their own work and family, or they want employment with

health insurance included. Additionally, young Greek women do not like this kind of work. One can try to get foreign women through word of mouth or agencies in Patras and Athens, but not all want to come and live in a small isolated village. Present rates are between € 600 and € 700 a month for a live-in caregiver, which is too expensive for poorer families, especially if the elderly person lives alone with just one pension. Having a live-in foreign woman is also not always easy for either party. Informants told me it is difficult when caregivers do not speak Greek or cannot cook Greek food. For a live-in caregiver working hours are long and unfixed, plus it can be boring and they may feel isolated in a small village (see Fakiolas & Maratou-Alipranti 2000: 114). Moreover, since it is not a labour arrangement but has the characteristics of a family relation of protection and trust, usually there is no health or accident insurance (see Harantzaroula 2005). With the HaH team I visited a house where the arrangement seems to work well:

The old woman, sitting in a wheelchair, her children in Patras, is taken care of by a live-in Bulgarian woman of around fifty. Lunch is on the nicely laid out table: potatoes, beans, feta, and bowl of fresh fruit. The old woman has red cones on her healthy looking face – “Yes, we have just been outside together” says the Bulgarian woman. She has already worked for the family for six years – also when the husband was still alive; he died three years ago. She says she likes it here. She got the job through an office in Patras. Job opportunities in Bulgaria are very poor, so she came to Greece to help her family by sending money home.

Other solutions for care at home

Elderly people without children generally find it more difficult when they become dependent on others. They must rely on the help and advice of other family members if they have them, or neighbours. I was told that some elderly people in Kalavrita have taken steps to ensure care in their old age by adopting a poor family who will inherit their house and possessions in exchange for care during their old age. One Albanian family already lives in the house of an elderly woman whom they cared for until she died.

Assistance by the ‘Help at Home’ team

Elderly people who need extra assistance can apply to HaH. It started as a programme in 1992 designed by the Ministry of Health and Welfare and overseen by the municipalities. The team consists of a social worker, a nurse, two assistants, and sometimes a doctor. In Kalavrita the programme started in 2002 when Vassilis, the social worker, went round the villages to identify people who needed care. This he did in consultation with the *proedros* (village president), using a specific form to log the problems and family situation. Now the elderly themselves or their children may request this free support. At the time of fieldwork, the Kalavrita team was providing social care, nursing care, and household help to 95 people in 32 villages. The team tries to visit

clients weekly; in winter this is not always possible when it is dangerous driving on the icy mountain roads. The elderly know which mornings they come and phone in advance if they want the team to buy or bring something. According to the team the biggest problem for the elderly is loneliness, especially when they are house-bound; the steep village streets make using a walking device or wheelchair impossible.

The team's work is valued highly by all parties. They bring medicines and goods, sometimes pay a bill, dress a client, clean, cook, or just have a chat – all according to the clients' wishes. One important task seems to be the taking of blood pressure; people eagerly wait for this. The nurse gives them the readings and praises them if values are within normal range. The descriptions below show the elderly people's living conditions and the care they receive.

A big man sits waiting for us in the sun on the porch of his house. He has problems walking with his stick. He accompanies us inside to the living room, which is also the kitchen. His wife lies in the small, dark adjoining bedroom wrapped in blankets but no sheets. I only see her thin white face and dark-ringed sunken eyes peeping out. Vassilis says she cannot see or hear much, but has no special disease; she is just old. The house is dirty and untidy. The man says he does the cooking – some *mavro magerevma* (literally black [not proper] cooking). He asks Vassilis whether he knows a woman to come help to take care of his wife, to wash her, cook, clean the house; their previous helper left after ten years. Now he must do everything himself. The nurse takes both their blood pressure and the helpers make cream for a week for the wife who cannot eat solid food.

In the next village a woman already stands at the gate of her old house when we pass, waiting. Inside is her husband – a loving couple, they say, already 57 years together. They are frail, he is 85 she about 82. They have lived in this house – a sitting room, kitchen, and bedroom – their whole life, and had their four children here. Now they are old but say they manage together. The children live in Patras, and have their own house in the village where they come during weekends. Vassilis and I have a chat and a sweet with the couple. The nurse measures their blood pressure and hands them their medicines.

The HaH team makes it possible for dependent elderly to live longer at home – as they prefer to. However, the team also identifies those elderly who really cannot stay on their own and who need in-house care or admission to an institution for elderly care or hospital.

Institutional care

The Kallimanopoulio home for the elderly (HfE) in Kalavrita was founded by the Greek Orthodox Church in 1989, in answer to the poor condition of dependent elderly people in the area, explains the director. In total 72 people live here, cared for by 36 staff members, including nurses, helpers, cleaners, and a physiotherapist, and attended by two visiting doctors. Most of the residents are from the surrounding villages. Funding comes partly from the elderly who pay 80% of their pension. However, this only

amounts to about 30% of the costs to run the institution, according to the director. The rest is paid for from gifts by rich Kalavritinans and the church. This makes income uncertain and the director finds it a struggle every month to make ends meet.

The Kallimanopoulio consists of two departments. The first is a big building on the last street on the hill overlooking Kalavrita. It was purpose built and opened its doors in 1989. Here 32 relatively well, mostly mobile, but dependent elderly people live in an open institution. The director says “We cannot close doors for people who are used to open spaces around them. It is different for people from town – they are used to a balcony and do not see the sky. We do not want this to be a prison. For people from the village an institution is like a prison.”

The daily routine of the institution is broken three mornings a week when the social worker organizes a handicraft session or takes residents out for a coffee. I am also a diversion for some: during lunch with them – four at a table in a bright spacious room overlooking the mountains – some are curious and look at me, some smile, while others seem not to notice. Two women stand up several times, come to my table and ask questions in English, while the attending staff cheer them on: “What is your name?”, “What is your age?”, “Where are you from?” Both women have lived in Australia. One of them comes and says simply: “My man is dead,” and walks away again.

After lunch residents docilely go for their nap – some have to be helped by a nurse. I am reminded of a hotel – plain rooms with three beds in a row plus bathroom, no personal belongings. The director says that residents are allowed to bring things from home, but not many because there is no space. He thinks that most people from the villages have nothing to bring. “What can they bring? A chair?” When I point to a small television near a bed, he says: “Yes, that is of one old woman. She was very attached to her television so she could take it. But of course not all can bring a TV.” After the nap they drink coffee at 5:00pm and have light dinner at 7:00pm. Bedtime is usually at 8:00pm or 9:00pm.

The second building down at the river was originally the church orphanage founded after World War II. It eventually closed because of lack of orphans. Since 2002 the building has housed a closed institution, consisting of a ground floor for bedridden people and a first floor for people with dementia and light psychiatric cases. There is a big difference between bedridden patients in terms of mental awareness and their ability to do things for themselves. Some are here for revalidation after surgery, some following a stroke, while others are in the last stages of Alzheimer’s.

The day I am here, the social worker keeps interested residents on the first floor busy making a paper house. It involves colouring, cutting, and gluing – not all can do everything and the social worker tries to delegate tasks to those who can. (The social worker is trained to work with children, and says she can do most activities with the elderly too.) The people here are definitely more dependent than those in the open building. Elderly residents here without dementia usually come when they have a health problem and are bedridden. When they get better, however, if there is no one to care for them at home they have to stay. Some of their stories are sad, such as that of a childless widow, 92 years old.

Two years ago she broke her hip from falling and needed surgery. After the operation she was revalidated at the floor for the bedridden. When she could walk again she was 'upgraded' to this floor. With tears in her eyes she tells me that she has no one, not even a cat, no one to visit her, and that she does not have money. She would like to live in her own house – it is there, but is now inhabited by snakes and mice. She would like to get someone to live with her, a girl or woman to cook and clean, but she has no money for that. She and her husband worked their whole life. Now, she says, she does not have money even to buy a soft drink. Her husband died some five years ago. The family she has cannot take care of her because they are too old or sick. She is not happy at all and wants to go home. She says she has no connections with the people here.

The nurses and helpers ("the ladies with the plastic gloves," as one of them calls herself) are very sweet and caring. Most are women over thirty from the Kalavrita area, and know all the elderly by name. The technician and other auxiliary staff also know them and make jokes. It feels like a family to me – with the elderly as the children.

Opinions on the HfE vary among different stakeholders. The employees are generally positive. The social worker says she enjoys the good atmosphere; she feels the warmth of everyone towards the elderly, unlike the institution she worked at in Patras. A helper who works in the kitchen also says that she likes her job – it is gratifying because she has the feeling she can really help people. She finds the *stenogoria* – the sadness – of the residents the most difficult aspect of the job, and also sometimes feels sad seeing them. Then she has to talk to herself and get over it, she says.

According to the social worker, residents are well cared for, but she notes that some do not talk because they do not feel well, feel alone and sad about being here. She explains that in the beginning some may like it, because they have good food and company compared to the loneliness in their village; though some residents, even after ten years at the HfE, still feel the pain of having to leave their house. The director sees the HfE as the only solution for some dependent elderly people without care, but he also realizes that none are here by their own decision, but were brought by their children or family. Like the social worker, he sees it as a problem that many do not want to talk.

People in Kalavrita are divided. Some people talk negatively about children who send their parents to the HfE and about conditions there. Rumours also go around that the elderly have to hand over their entire pensions. However, most people I spoke to said they have become positive about the institution and were proud to have it in Kalavrita.

Michalis talks negatively about two children who sent their mother to the HfE when they could have cared for her. The mother felt sad and died soon. Michalis thinks that life in the HfE is boring although definitely the quality is much better than in the public HfE. He says: "Everything is clean and people get good care. The food is good, everything is, but people have to live with the time. They wake up at a certain time, eat, are bathed, their room is cleaned, eat again, and sleep. Old people die quickly there from 'stenogoria'. They are not used to this life. However, for some it is a good solution, especially if the old person has dementia and does not recognize others anymore and does not know what he does, like Costas' mother."

Costas explains how his mother with Alzheimer's is best off in the Kallimanopoulio. He and his brother and their wives first tried to manage themselves, and then with live-in help from a Romanian woman. His mother got worse and did worrying things like not lighting the fire when the gas was on, wandering outside, wanting to get dressed in the middle of the night to go to church, etc. Then they heard about the HfE section at the river. He thinks there is very good care there: it is clean, and good food, clothes, and medical care are provided. He saw it as the best solution. His mother pays 90% of her pension of € 500, so the HfE is cheaper than hiring a foreign woman, he comments.

None of the older people I spoke to in the HfE wanted to be there. They were used to living alone and did not like sharing a room with people they did not know. They would prefer to live in their own house, with help. In the HfE they have to live according to the rules (for instance, bathing every day) and time regime of the institution.

Dependency and need for care

Dependency in old age is usually progressive. Tennstedt and Kinby (1994: 863) coin the term 'frailty in old age' that refers to 'chronically dependent older people with a variety of physical and/or cognitive impairments that impede daily functioning'. Dependency is an elastic term, however, and defined differently by different stakeholders. There is no clear-cut start of dependency or frailty, and what is implied by 'normal daily functioning' is influenced by culture, social position, age, personal disposition, and health. Stakeholders may also have different ideas about what care is needed; elderly people adjust their lifestyle and expectations, and their needs may be different from those identified by their children and caregivers. The elderly I talked to did not express concern about relying on others for practical help, or about being curtailed in their functioning – they see it as a normal life stage. However, they want to be dependent on their own terms – that is, get the assistance they feel they need, in the place they want, and by the people they prefer. Children do feel responsible for the care of their parents and are torn between the norm and what they can and want to do. They know people will speak negatively about them when they do not perform their duty, and positively when they endure a difficult period of taking care of their parents(-in-law). Greek people generally value those who endure hardship (according to several respondents and my own experiences).

The Greek population is aging and more people will become dependent and frail, and need care. This exploratory study of the living conditions of and care arrangements for elderly people in Kalavrita proves that the issue of care for dependent elderly needs urgent attention of the Greek government. Traditional arrangements of care by children or family are under stress, the HaH team cannot give sufficient support, and until now, there are too few public institutions for the elderly, and those that exist have a bad name. The current economic crisis will only aggravate the problems: with the proposed lower pensions and salaries live-in help by women from Eastern Europe will become unaffordable for the majority of dependent elderly.

This exploratory study has identified some important academic and social issues for further study: 1) The various stakeholders' perceptions of what constitutes good practical and emotional care, and how their views agree or differ; 2) Actual care in institutions; whether caregivers give only 'bed and body' care or also show respect and empathy, and how the elderly value this (see Kotsabassaki et al. 2002); 3) Migration trends (from Eastern Europe) and working conditions of migrant women caring for elderly; their life stories, agendas, wishes, and family situation in their home countries; 4) Elderly and their children's perceptions of duty and the norm of reciprocity in caring for parents: affection and devotion, commitment, or moral obligation; or do not wish to conform to the norm (see Binstock 2001: 239; Karagiannaki 2005; Triantafyllou & Mestheneos 1996).

These topics may contribute to ethnography of Greece by analysing how family, gender and generation relations and notions of duty and reciprocity within families are changing under influence of bigger developments, outside the local sphere. Furthermore, the study may serve social issues because studying the coping mechanisms, practical solutions, preferences, and views of various stakeholders – the elderly, their children, and caregivers including migrants – may contribute to structural solutions: The insights may serve evidence-based recommendations for improving conditions and care for Greek elderly, so that they may be able to live a satisfying 'third age'.

Notes

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