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Family life courses and intergenerational influences on later-life health and well-being in Europe

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Family influences on health and well-being



- Family identified by older people as one of the most important domains of life and a major source of help and care
- Better health and lower mortality among married people; Marital and fertility *histories* also associated with health
- Older people who see friends and family 3+ times a week half as likely to develop depression; for those 70+, contact with family most important (*Teo et al, JAGs, 2015*)
- Associations between living alone/few social contacts and risk of cognitive decline.
- Unpartnered/childless older people use more formal services
- Family also a potential source of stress

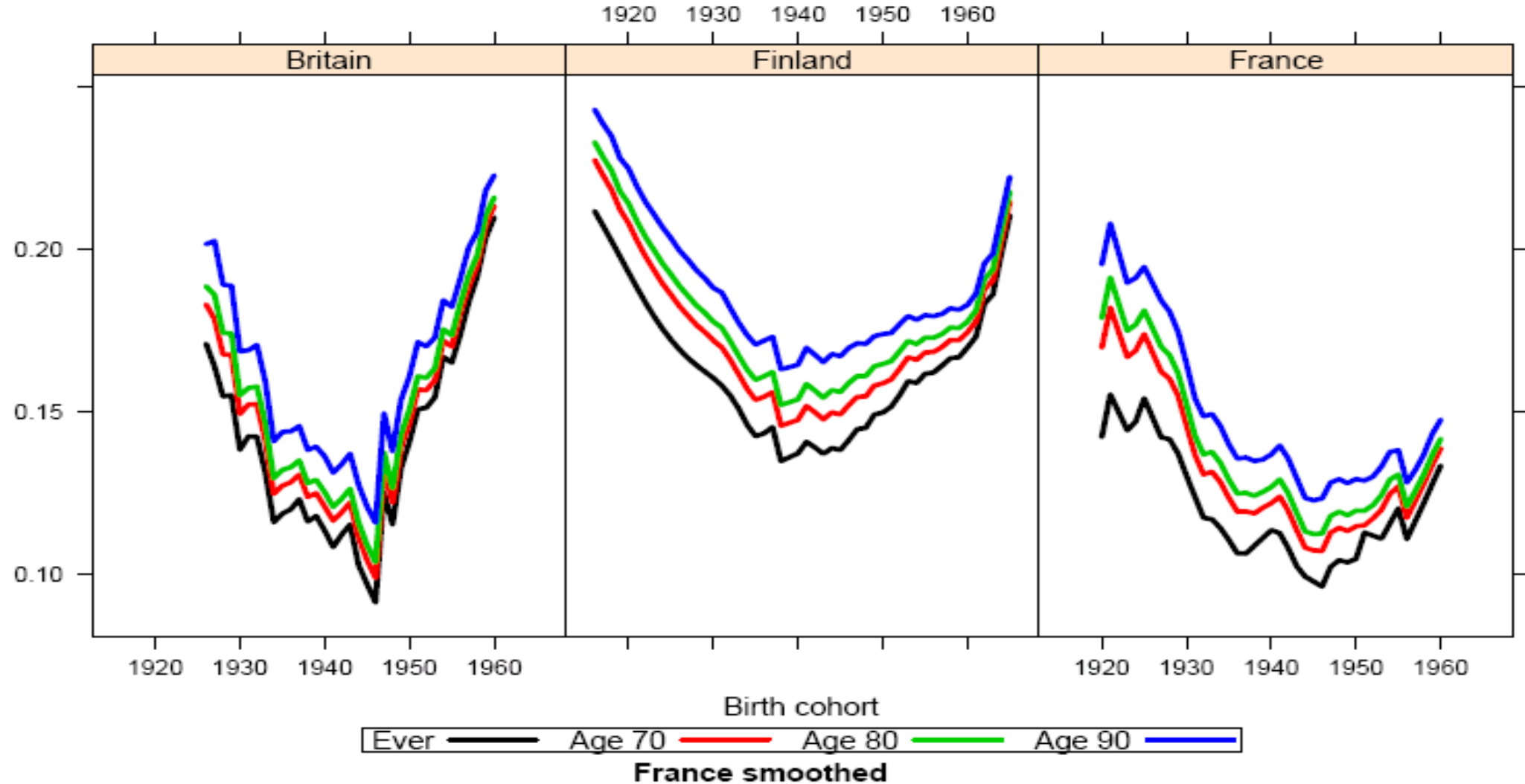


Availability of close family for older people in Europe:



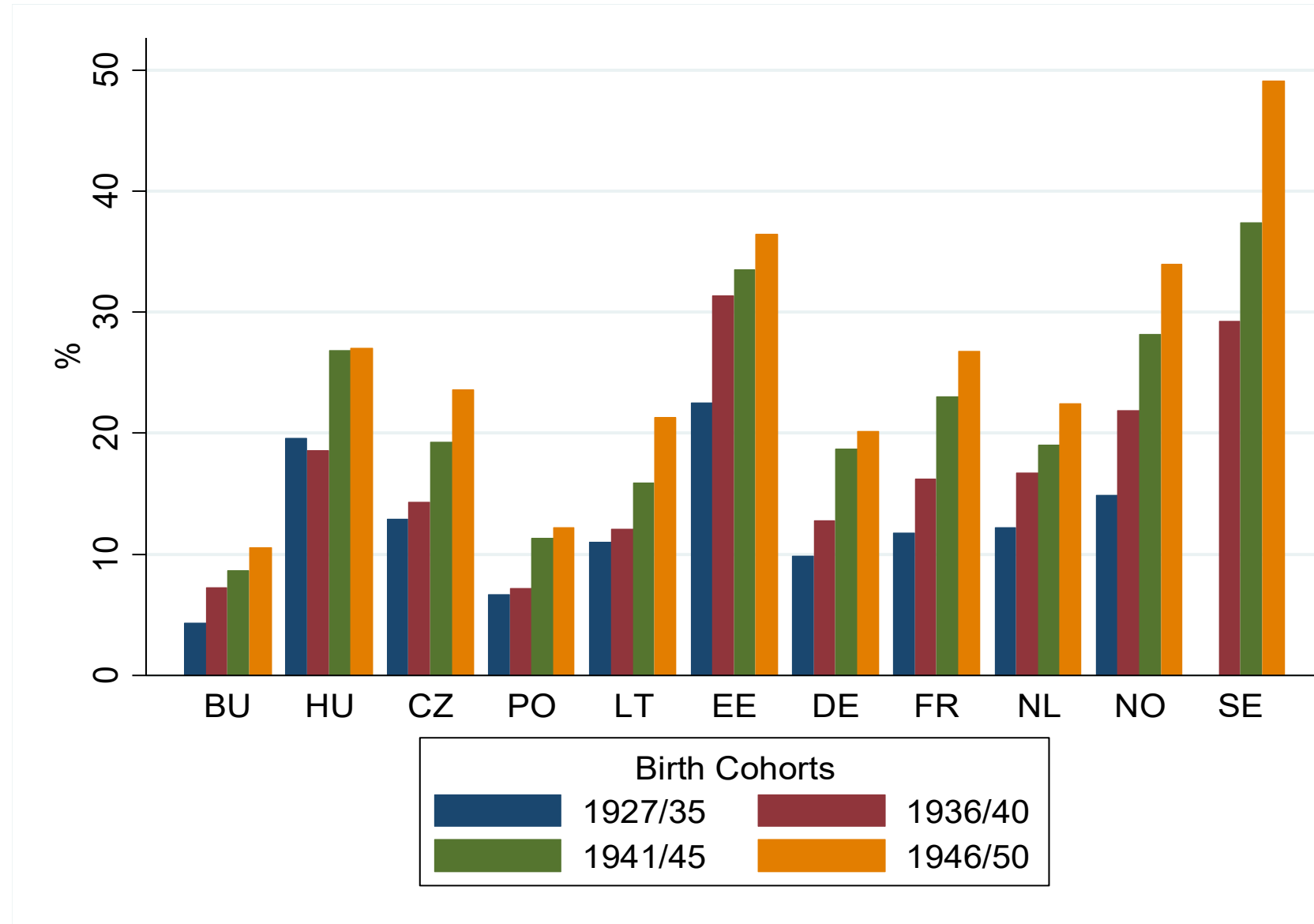
- Reduced mortality especially among men has **increased the proportion of older people who are married** – but large regional differences
- Those born in the **1940s had the highest rates of marriage ever experienced**, more early parenthood and less childlessness than earlier or later cohorts
- **This trend is now starting to reverse** as later born cohorts reach older age
- ‘Second demographic transition’ type changes among those born mid 1950s onwards (increased individualism, growth of **divorce** and non standard partnership trajectories) may impact family support

Proportion of women at selected ages with no living child: cohorts born 1920-60



% ever-divorced by age 55 by birth cohort

- Source: GGS Wave 1; data are weighted
- sample of people who had at least one partner in life



Intergenerational support in Europe:

From children to older parents associated with:

- Lower education
- Female gender
- Fewer/no siblings
- Parental disability
- Mother a widow
- **Father divorced –**
- Southern rather than Northern Europe
- Reciprocity
- Proximity

From older parents to adult children associated with:

- Higher income
- Home owner
- Low disability
- **Being a divorced man –**
- Children's age and proximity
- Reciprocity
- Southern rather than Northern Europe

Less variation between social groups in Southern than in Northern Europe

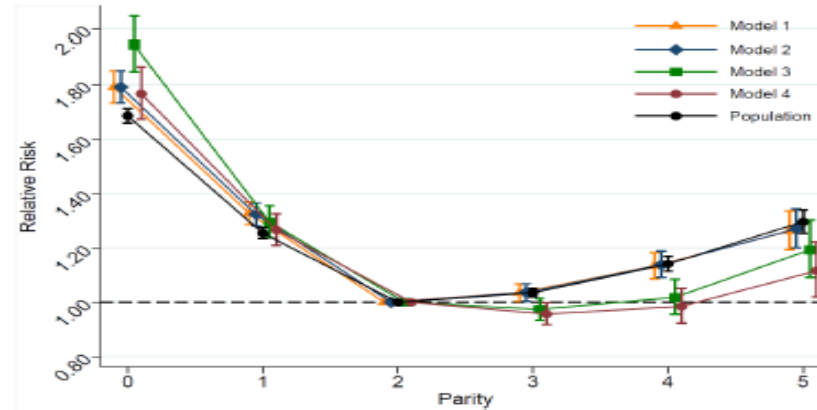
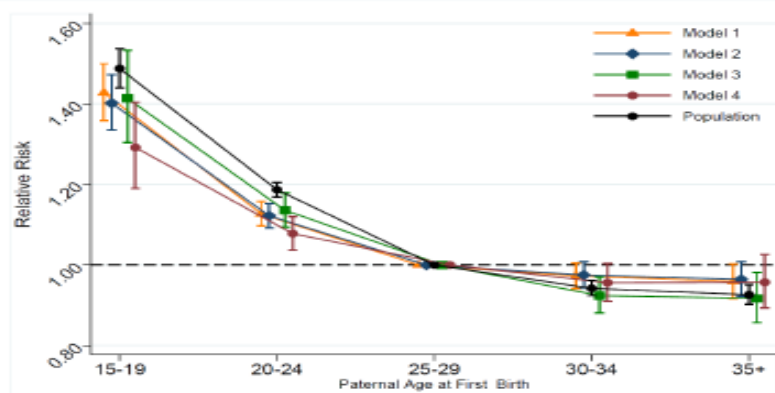
How may fertility histories and availability of children influence health in later life?

- **Direct effects** physiological consequences of pregnancy and childbirth (for women)
- **Indirect effects** e.g. costs/benefits of child rearing, social support and interaction with children (and grandchildren) in later life; influences on life course trajectories, e.g. early childbearing may increase risks of divorce and constrain career opportunities
- **Selection** and reverse causation e.g. poor health or health related behaviours may reduce chances of partnership and parenthood; childhood disadvantage association with early parenthood – and with health

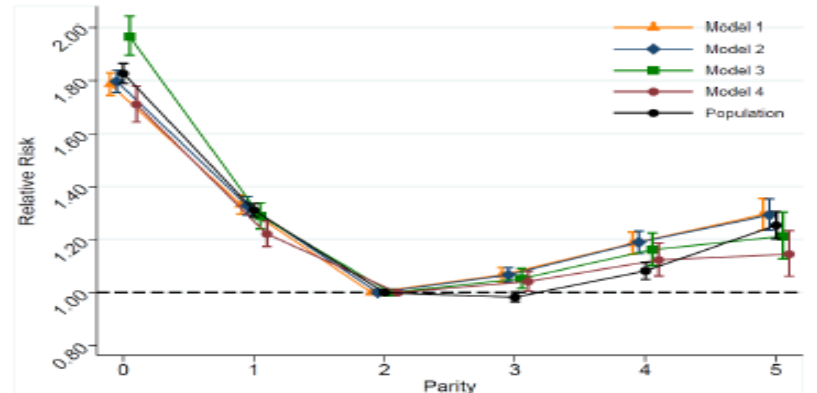
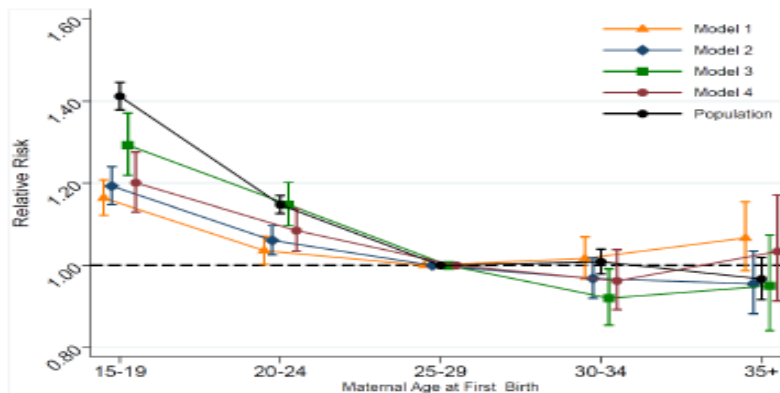
Effects may vary over time and place. Most studies show best health and lowest mortality for parents of 2-4 children.

Fertility and all cause mortality: Results from sibling comparison (and other) models; deaths at ages 45-80 birth cohorts 1932-60, whole Swedish population

Women: All-cause Mortality



Men: All-cause Mortality

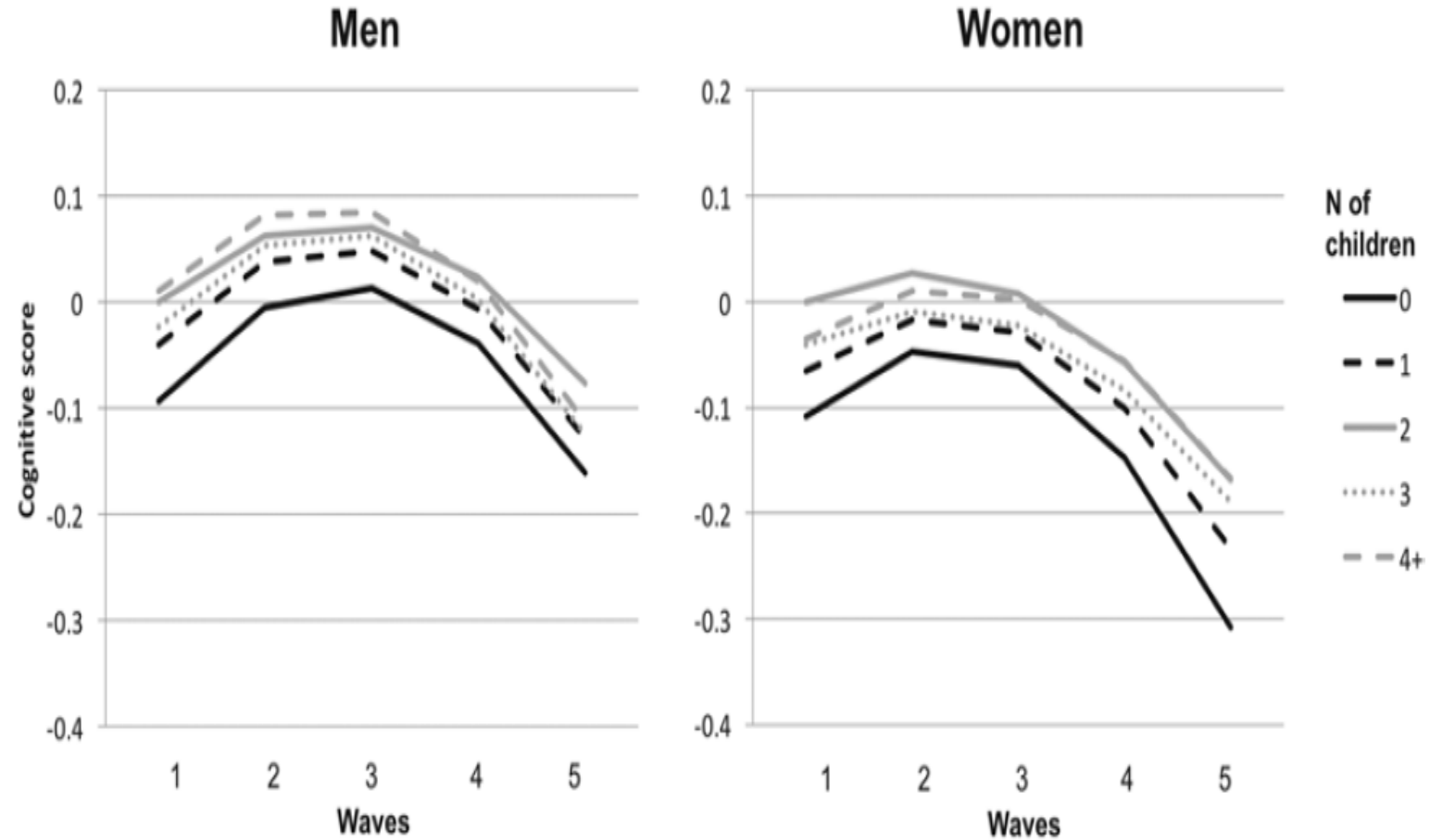


- Model 1: Regular Cox model, adjusting for birth year
- Model 2: Regular Cox model, adjusting for birth year and observed parental SES.
- Model 3: Stratified Cox model, adjusting for birth year, age of index person's mother at time of index person's birth.
- Model 4: Stratified Cox model, adjusting for birth year, age of index person's mother, attained SES, educational attainment, and time-varying marital status.

Change (growth curve models) in cognitive functioning by parity, people aged 50 + at baseline, England (ELSA), 2002-2010

Models adjusted for age, partnership, SES, smoking, physical activity, sense of control and social contacts.

Read & Grundy J Gerontol Soc Sci 2016



Depression among older people: are children protective? East v West Europe



- Availability of children may be especially important in Eastern Europe because:
 - Much higher rates of widowhood
 - Past lower rates of childlessness, but also more one child families may lead to lack of available child and feelings of regret about past family building
 - Mismatch between expectations and actualities: previously relatively generous pensions and health care access eroded
 - Much higher rates of material hardship so greater need for support
 - Stress arising from social upheaval; resurgent familialism
- **Are children therefore more important for mental health in Eastern than in Western Europe?**

Data and Methods

- Analysed variation in depressive symptoms by partnership and number of children (0,1,2,3,4+) using country fixed effects and robust standard errors; conditional change models in longitudinal analysis
- Co-variates: Whether lived with both parents in childhood; education; any deceased children; difficulties making ends meet; 3 health measures; receipt and provision of financial and emotional support; onset of health problems/financial difficulties and partner loss in longitudinal models

Sample for study:

Wave 1 : **West**: Belgium, France, Norway, Sweden.

East: Bulgaria, Czech Republic, Georgia, Romania, Russia.

Wave 2: **West**: France, **East**: Bulgaria , Czech Republic, Georgia.



Results:

Level of depressive symptoms higher in East than West (as shown in earlier studies)

Unpartnered had more depressive symptoms than the partnered (stronger effect in East); financial strain and worse physical health positively associated with depression; more education protective.

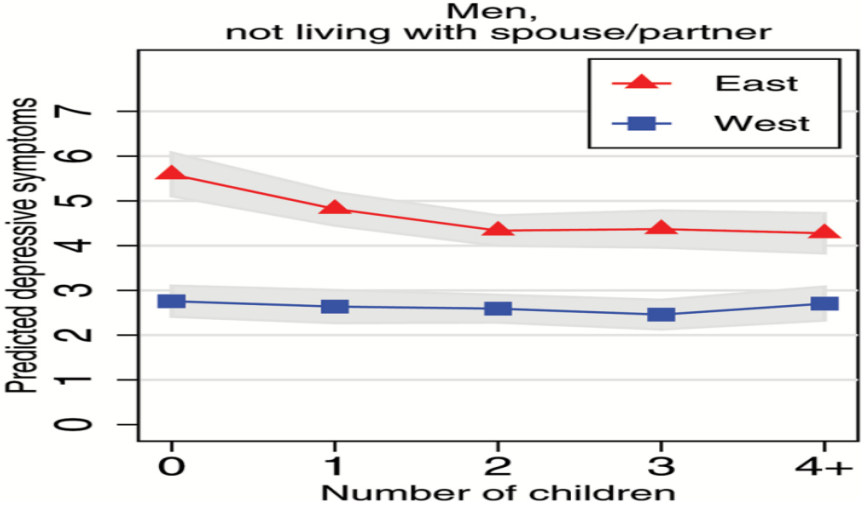
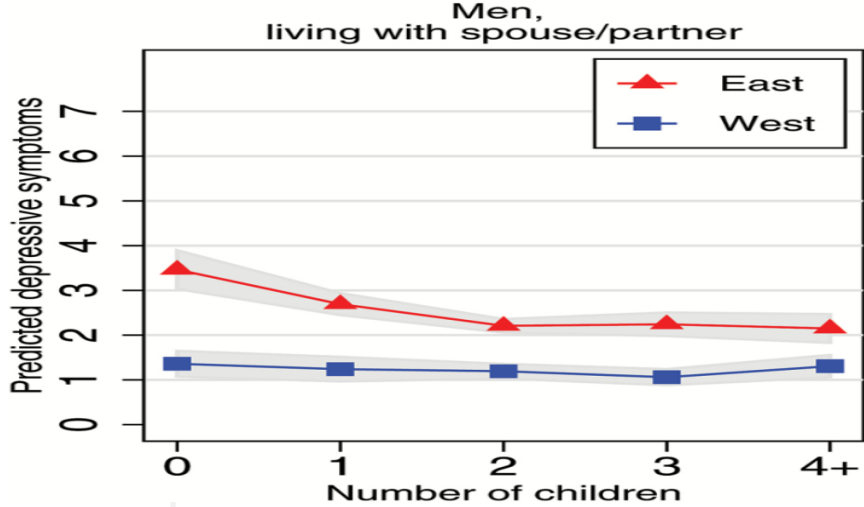
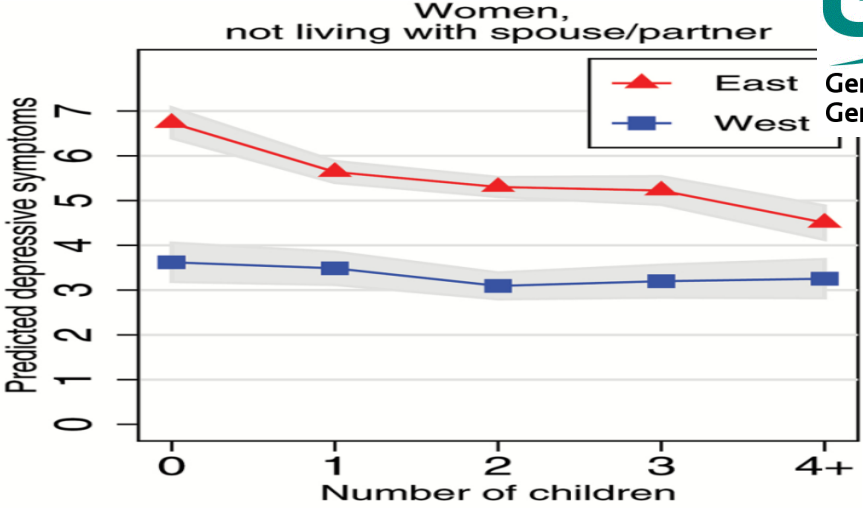
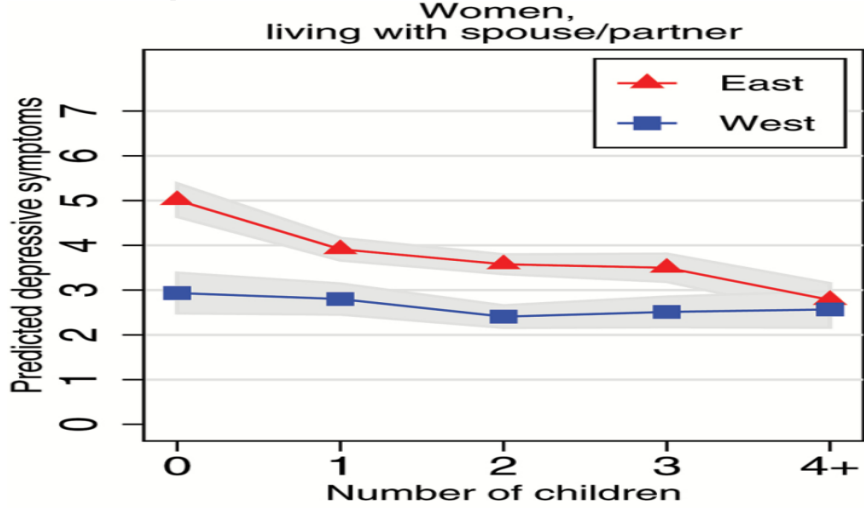
In Eastern but not Western countries childlessness and having only one child rather than two or more was associated with more depressive symptoms

Longitudinal analysis of the Eastern countries showed that parents with infrequent contact with children had greater increases in depressive symptoms

Predicted mean depressive symptoms at baseline by partnership status and number of children: East v West



Generations and Gender Programme



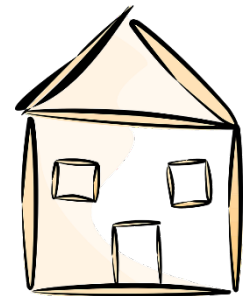
From: Grundy et al 2019 Number of Children, Partnership Status, and Later-life Depression in Eastern and Western Europe
 J Gerontol B Psychol Sci Soc Sci.. doi:10.1093/geronb/gbx050

Co-residence in later life

Co-residence may have either positive or negative effects on later-life well-being.

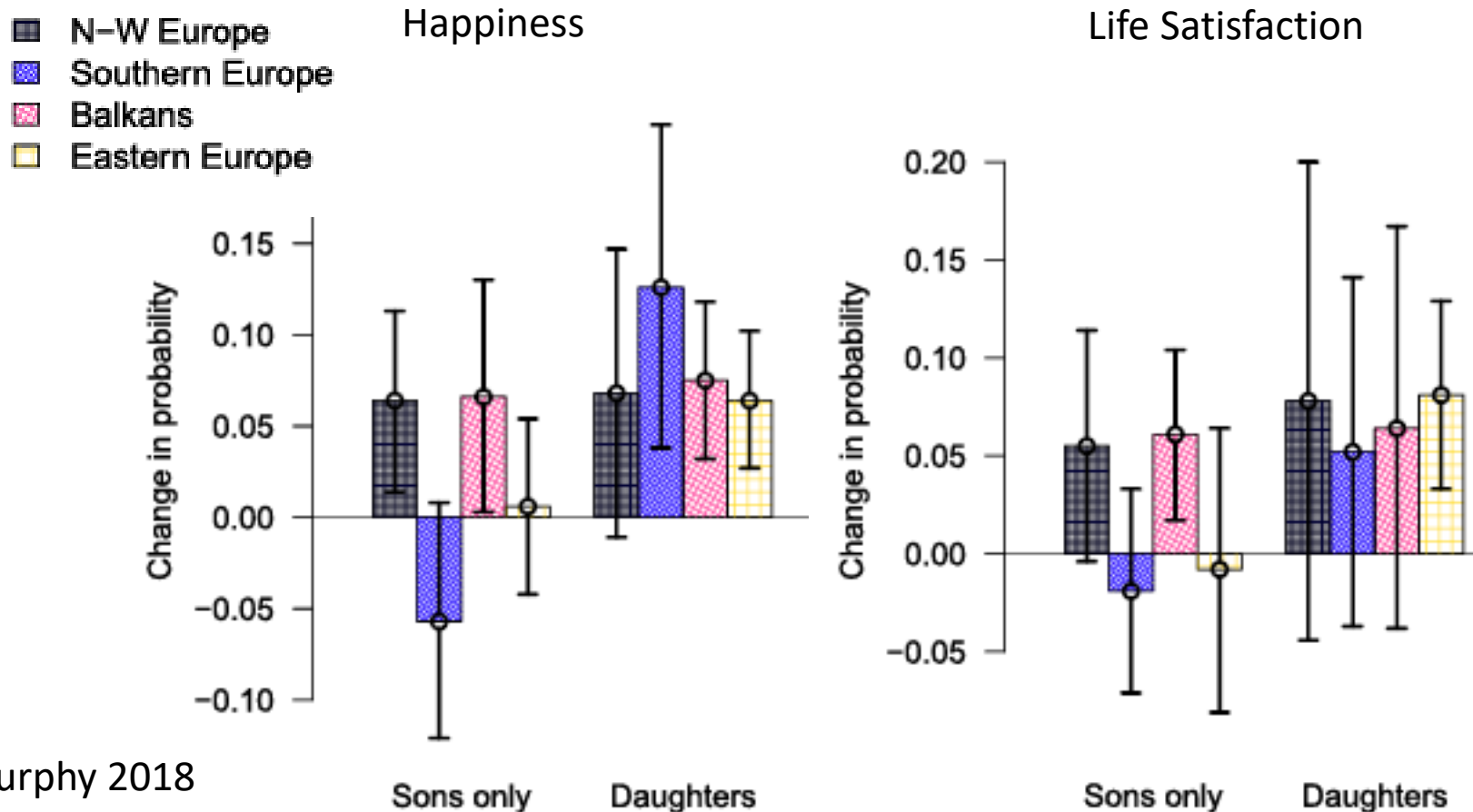
- Potential disadvantages are reduced autonomy and associated possible reductions in self-esteem, stress attendant on any intra-household conflict.
- Potential benefits include availability of intra-household companionship, emotional and practical support, and economies of scale.
- Also housing supply/environmental benefits

Implications for well-being may depend on pathway to co-residence and life course stage.



Implications of Co-residence in later life

- Analysis of ESS shows that widows living with a child were happier than those living without a child.
- But in Eastern and Southern Europe it was only living with a daughter that had this positive effect.



Boomerang children and parents' quality of life: fixed effects analysis of SHARE data by European region

- A child returning home was associated with a decline in parent's quality of life when there were no other children in the parental home. However, this driven by effect in Nordic countries.
- Unemployment of a child had an overall negative, and new partnership of a child an overall positive, impact on parents' quality of life
- Later work for UK (Tosi 2020) showed adverse effects generally short lived except when child was unemployed

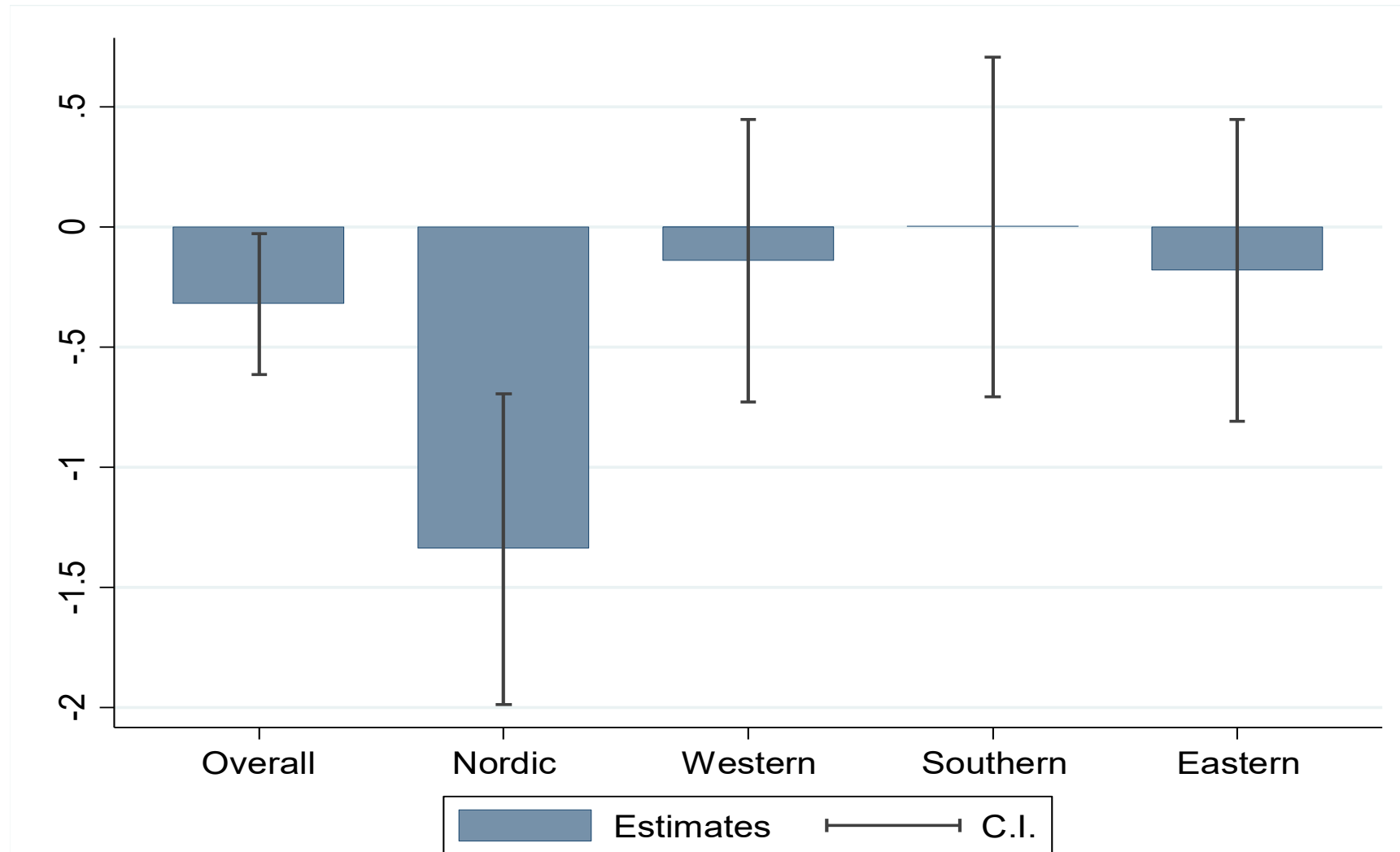
- *Tosi M, Grundy E (2018). Returns home by children and changes in parents' well-being in Europe. Social Science & Medicine, 200: 99-106.*

Boomerang offspring damage parents' wellbeing, study finds

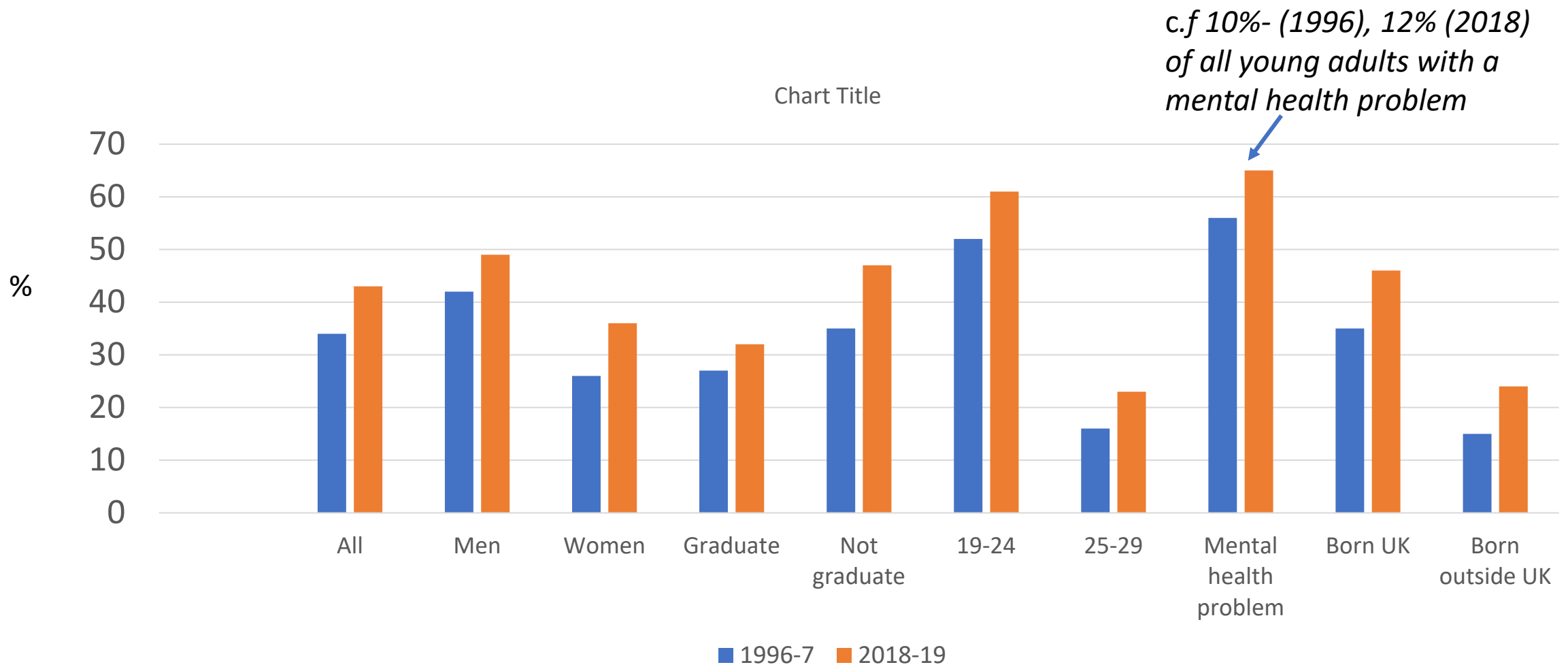
Grown-up children who move back home worsen parents' quality of life, research suggests



Change in parent's quality of life when an adult child returns home



Proportion of 19-29-year-olds who lived with their parents by personal characteristics: UK, 1996-1997 and 2018-2019



Boomerang children: effects on child's mental health in UK

- UKHLS (Understanding Society); young people aged 21-35 included in rounds from 2009-2020
- We investigated returns to parental home, factors associated with these, and effects of returning home on changes in indicators of mental health
- **During the follow-up period 15% of young adults made one or more returns to the parental home**

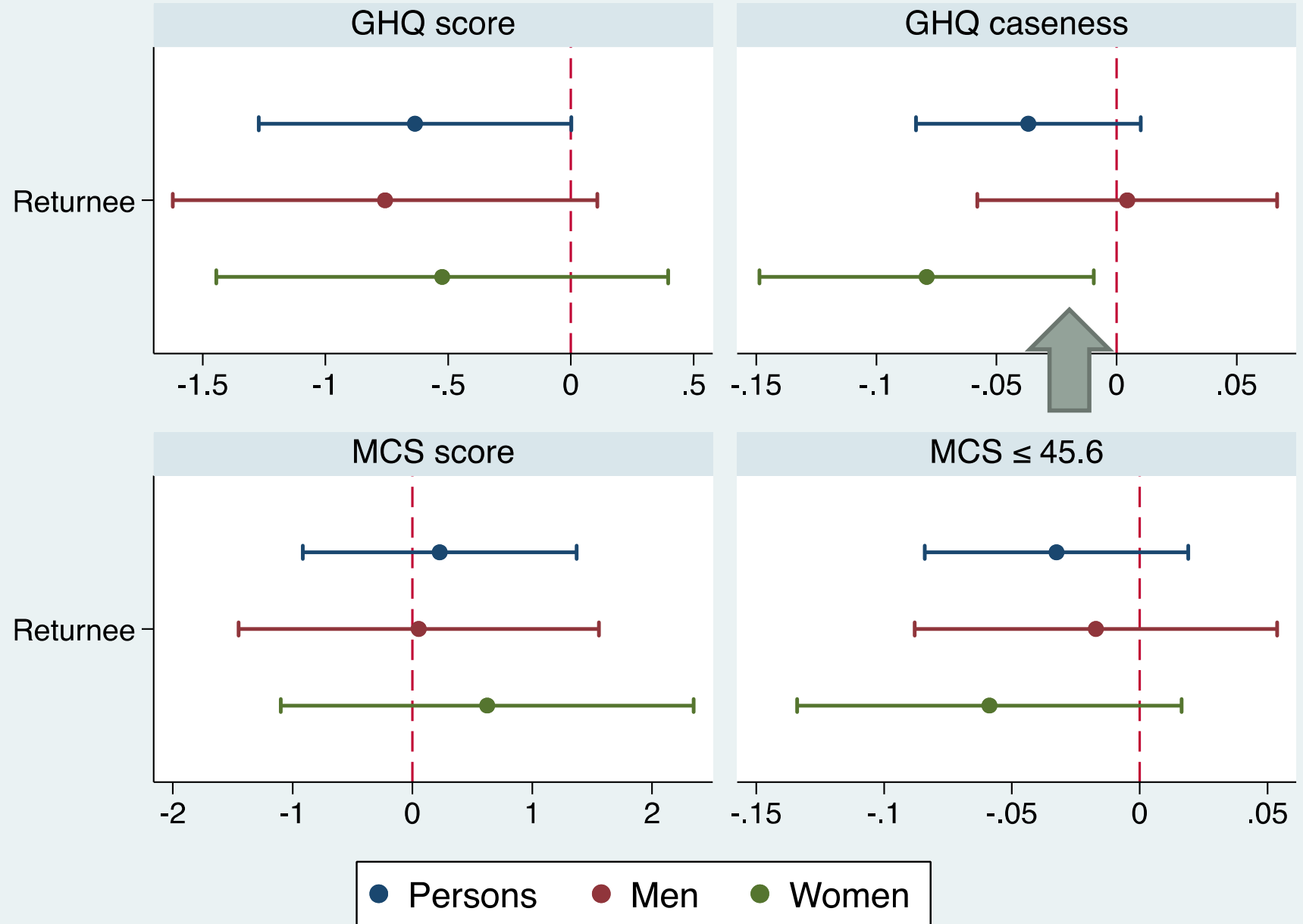
Boomerang Children: Results (UK)

- Poor mental health and partnership dissolution were associated with higher odds of returns to parental home
- In contrast to previous studies (Caputo, 2020; Copp et al., 2015; Nauck & Ren, 2021), we found no evidence that returning to the parental home was associated with *decline* in mental well-being for young adults.
- On the contrary, there was a slight improvement in mental well-being for female returnees.
- Most disadvantaged may be those unable to return home

Results from FE Model Analysis of the Effects of Returning to the Parental Home on Change in Young Adults' Mental Well-being

GHQ= General Health Questionnaire
 MCS= Mental Component Summary Score of SF-12.

Data source: UKHLS 2009-2020; Wu & Grundy 2023.



Discussion:

- Family life courses and living arrangements are major influences on health and well-being in later-life
- Intergenerational relationships and exchanges also an important influence – for older (and younger) people
- ‘Linked lives’ across the generations – events and circumstances of individuals impact on wellbeing of other family members
- Is the sustainability of these supports challenged by low fertility?
- What about sustainability more generally?

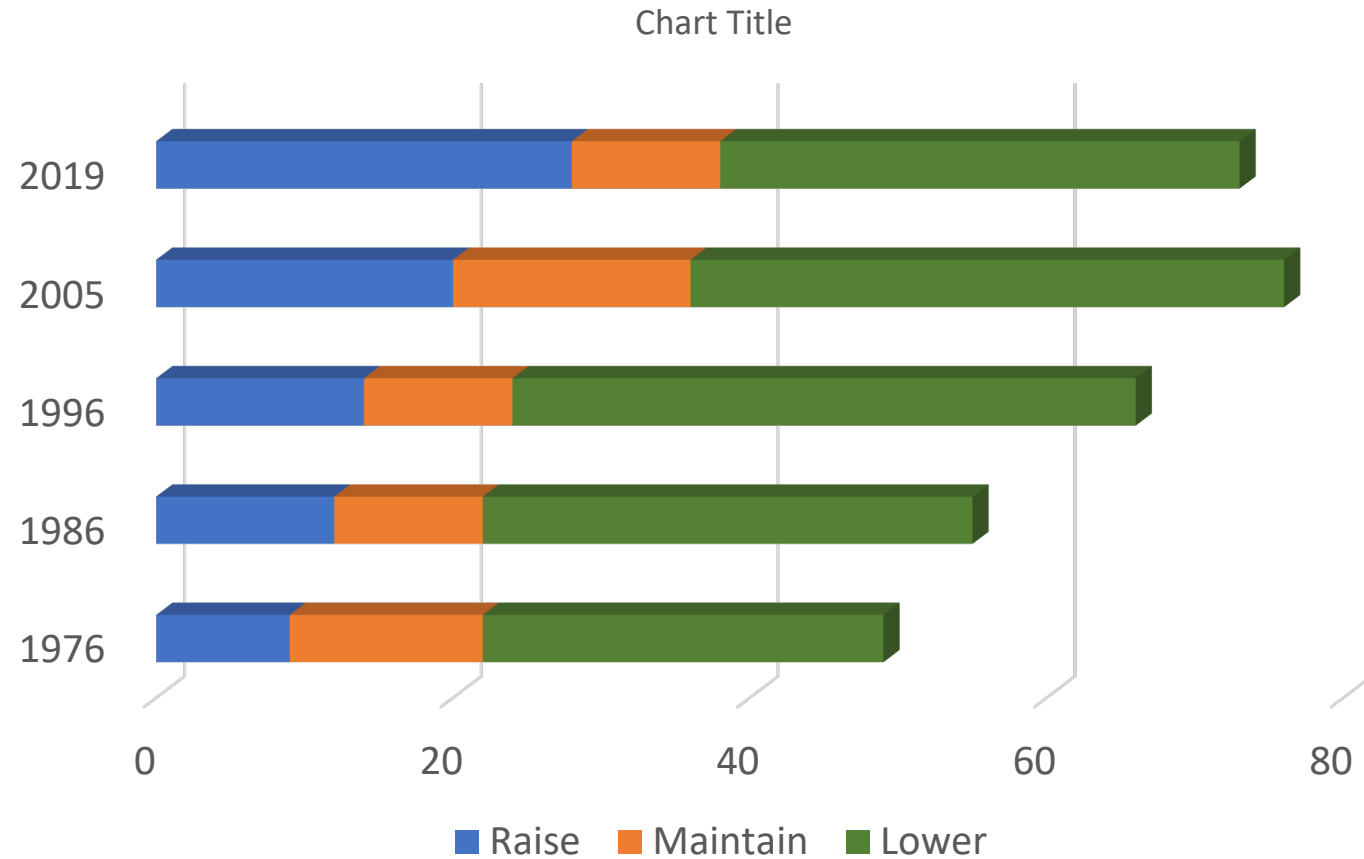
Sustainability: can we have it all?

- **Family support systems:** challenged by increasing childlessness and partnership breakdown, will intergenerational conflict challenge solidarity?
- **Economic support systems:** Challenged by changing worker/non worker ratio and some restructuring needed (Mason & Lee).
- **Environmental protection:** challenged by “Population growth magnifies the harmful impact of economic processes on the environment”. (UN 2022)



Percentage of countries with policies to influence fertility 1976-2019

(omitted no policy/intervention)



Source: adapted from UN DESA/POP/2021/TR/No.1

Pro-family and immigration policies: Scotland

•Target: To match European population growth 2007-2017

The rate of **sustainable** economic growth is dependent on three key drivers: Productivity; Participation in the labour market; and Population Growth. **Population growth is a key contributor to, and a consequence of, a more vibrant society and a more dynamic economy.** It is also particularly vital to maintaining the **sustainability** of many of our rural and coastal communities.

... it is important that we continue to attract more people of working age to Scotland.

Also advocates family friendly policies to increase fertility

Sustainability: What does it mean in ageing populations?

Pro-natalist policies, do they work ? Are they needed?
Even countries with 'family friendly' policies now have below replacement level fertility

Policy challenges related both to population ageing and access to housing for young people

Climate change will challenge livelihoods, driving migration
Do we need new approaches?

Japan: investment in sustainable age friendly communities which promote intergenerational links

Rethink on age, activity, and gender roles needed

Need to invest in new non carbon technologies, new social support structures

- "Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs."

Report of the World Commission on Environment and Development: Our Common Future

