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**Demography of kinship
and consequences of
kinlessness**

Demographic change and aging without family: a global perspective

[RACHEL MARGOLIS](#) AND [ASHTON M. VERDERY](#)

Some older adults do not have spouses or biological children, i.e. the types of family members who are most likely to provide help in case of need. Rachel Margolis and Ashton M. Verdery discuss the demographic causes, the prevalence and the likely future evolution of “kinlessness” around the world.

In a recent article (Verdery et al. 2019) we examined the prevalence of kinlessness among adults over age 50 around the world, the demographic processes that may explain this prevalence, and the associations between kinlessness and health and well-being. We document extensive cross-national variation.

Demographic processes strongly correlate with national prevalence of kinlessness. In fact, current levels are predicted by fertility and marriage rates from decades ago. Given that low fertility and lower rates of marriage have spread throughout all regions of the world, we expect to witness increasing rates of older adult kinlessness in the future. This potential growth has important but heterogeneous implications for the global health and well-being of older adults.

BACKGROUND

Many studies have found that as older adults age, their social networks shrink due to less contact with co-workers and friends (e.g. Cornwell, Laumann and Schumm 2008). This means that they often rely heavily on family members for help with health problems, economic insecurity, and social interaction. Recent research on the characteristics of older adults in the United States with no living kin has found that they tend to be disadvantaged in terms of health and economic security (Margolis and Verdery 2017).

The demographic changes that have led to an increasing population of kinless older adults in the United States – low fertility, childlessness and

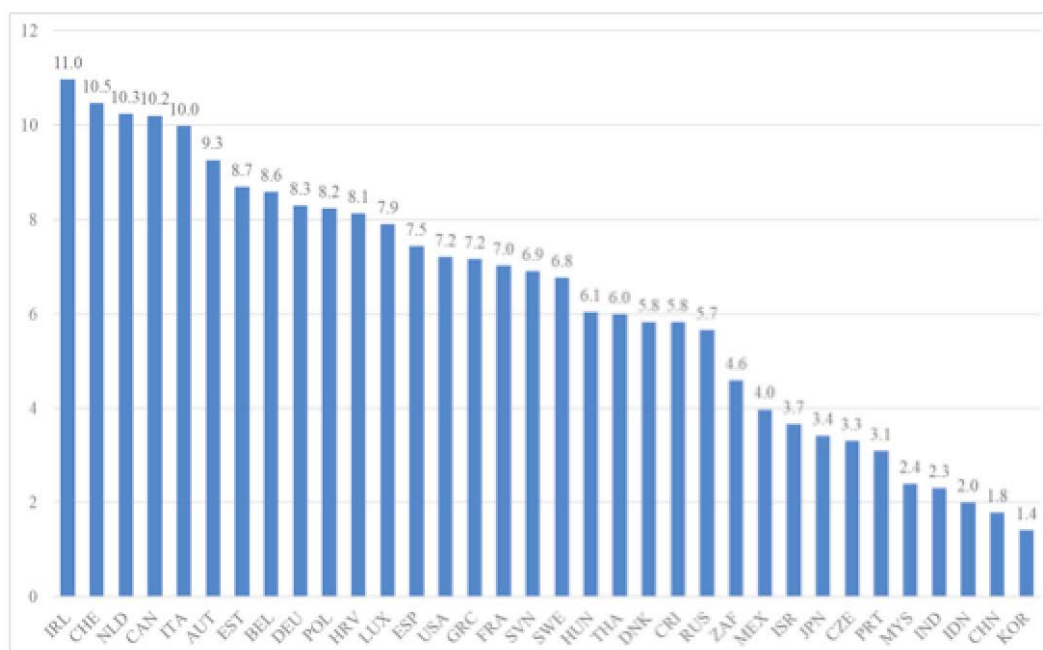
increases in non-marriage and divorce – are also occurring elsewhere in the world (Glaser et al. 2006; Raymo et al. 2015). However, the parallel trends of mortality decline and of increases in remarriage, non-marital partnerships and step-families may blunt the effects of this increase.

HOW COMMON IS IT FOR OLDER ADULTS TO LACK A SPOUSE AND CHILDREN?

We examined how common it is for contemporary older (50 years and over) adults around the world to lack living kin, the demographic correlates of this prevalence, and whether such individuals are uniformly disadvantaged across contexts. To do this, we analyzed survey data from 34 countries that together make up 70% of the world's population over age 50 and come from all areas of the world. We did the best that we could to include sources from understudied regions like Africa, Southeast Asia and Latin America. From each data source, we used the most recent survey year that was nationally representative of the older adult population to get the most current estimates of kinlessness (1988-2015). Because we were examining data from so many contexts, we focused on measures that were available and reasonably comparable across surveys: whether the respondents had legally recognized marriages, for example. In our previous research on the United States and China, we found that rates of kinlessness vary little when our estimates include non-marital partnerships, because most older adults in non-marital partnerships already have children (Margolis and Verdery 2017; Zhou et al. 2019). As we could not capture the geographic proximity of family members in most surveys, this analysis is a conservative estimate of older adult family isolation, since having a kin tie is necessary but not sufficient for having a relationship with that family member.

There is great variation in the prevalence of older adults lacking close kin, i.e. a spouse or a living child (Figure 1). The percentage is highest (10-11%) in Canada, Ireland, the Netherlands and Switzerland. In Austria, Belgium, Croatia, Estonia, France, Germany, Greece, Hungary, Italy, Luxembourg, Poland, Slovenia, Spain, Sweden, Thailand, and the United States levels range between 6% and 10%, and in Costa Rica, Czech Republic, Denmark, Israel, Japan, Mexico, Portugal, Russia, and South Africa they are between 3% and 6%. A last group of countries has very low levels of kinlessness, about 2% or lower, and these countries are all in Asia: China, India, Indonesia, Malaysia, and the Republic of Korea.

Figure 1. Percentage of older adults (above age 50) with no spouse or child (selected countries 1988-2015, most recent survey)



Source: Verdery et al. (2019).

ARE OLDER KINLESS ADULTS DISADVANTAGED?

We also examined micro-level associations between lacking a spouse and children and sociodemographic and health indicators and found that characteristics of the kinless population of older adults vary considerably across countries. Table 1 highlights the countries where older adults without family are more – or less – likely to be male vs. female, in fair or poor self-rated health vs. good health, have low education given their context, and live alone vs. live with others; all results are adjusted for age. There is no causal direction assigned to these associations. For example, one could be kinless due to extreme poor health, or in poor health due to a lack of close kin, or the association could be linked to other social factors.

Table 1. Countries with higher age-adjusted odds of being in each group for kinless people aged 50 and over (1988-2015, most recent survey)

Male China, Denmark, Germany, Ireland, Poland, Slovenia, USA	Female Costa Rica, Greece, Indonesia, Korea, Portugal, Russia, Thailand	No difference Austria, Belgium, Canada, Croatia, Czech Republic, Estonia, France, Hungary, India, Israel, Italy, Japan, Luxembourg, Malaysia, Mexico, Netherlands, South Africa, Spain, Sweden, Switzerland
Fair/Poor Self-Rated Health Austria, Belgium, Canada, China, Denmark, France, Ireland, Israel, Italy, Korea, Malaysia, Netherlands, Thailand, USA	Good Health Mexico	No difference Costa Rica, Croatia, Czech Republic, Estonia, Germany, Greece, Hungary, India, Indonesia, Japan, Luxembourg, Poland, Portugal, Russia, Slovenia, South Attica, Spain, Sweden, Switzerland
Low Education Denmark, France, Germany, Ireland, Netherlands, South Africa, Sweden, Thailand	Not Low Education Greece, Italy, USA	No Difference Austria, Belgium., Canada, China, Costa Rica, Croatia, Czech Republic, Estonia, Hungary, India. Indonesia, Israel, Japan, Korea. Luxembourg, Malaysia, Mexico. Poland, Portugal, Russia, Slovenia. Spain, Switzerland,
Live Alone All countries	Live with Others None	No Difference None

Source: Verdery et al. (2019).

We find that in most countries, older adults without close kin have equivalent or worse self-rated health and lower education than their counterparts with family, although there are some notable exceptions in the middle column. We also find substantial variation in the gender composition of the kinless population. For example, in China, it is predominantly male. Many other countries, including Ireland, Denmark, Slovenia, Germany, and Poland, also have more men than women among kinless older adults, controlling for age. Yet others, such as Indonesia, Portugal, Thailand, Greece, Canada, and Russia have more kinless women than men, controlling for age. Still others are in the middle, with no age-adjusted tendency for the kinless to be men or women. Although we find that kinless older adults in all countries are more likely to live alone than older adults with kin, we also find substantial variation in the odds of this across different contexts. For instance in Mexico, kinless older adults are 3.1 times more likely to live alone than those with kin, but in Greece, they are 45 times more likely to be living alone.

IMPLICATIONS FOR THE FUTURE

Our rough estimate is that 3.8% of the adults 50+ (43.6 million) in the countries we examined do not have a spouse or biological children. As global fertility decline continues, and childlessness and non-marriage continue to spread throughout many global regions, we will likely see more older adults lacking spouses and children. In addition to a likely increase in the *percentage* of older adults lacking close kin, their *number* is also likely to grow because of both population aging and population growth. The rise of older adults with no close family members presents challenges for policy-makers, and innovative social policies will be needed to ensure their future well-being.

ACKNOWLEDGEMENTS

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REFERENCES

- Cornwell, B., Laumann, E. O., & Schumm, L. P. (2008). The social connectedness of older adults: A national profile. *American Sociological Review*, 73, 185–203. doi:10.1177/00031224080730020
- Glaser, K., Agree, E. M., Costenbader, E., Camargo, A., Trench, B., Natividad, J., & Chuang, Y.-L. (2006). Fertility decline, family structure, and support for older persons in Latin America and Asia. *Journal of Aging and Health*, 18(2), 259–291.
- Margolis, R., & Verdery, A. M. (2017). Older Adults Without Close Kin in the United States. *The Journals of Gerontology, Series B: Psychological and Social Sciences*.
- Raymo, J. M., Park, H., Xie, Y., & Yeung, W. J. (2015). Marriage and Family in East Asia: Continuity and Change. *Annual Review of Sociology*, 41(1), 471–492.
- Verdery, A. M., Margolis R., Zhou Z., Chai X. & Rittirong J. (2019). Kinlessness Around the World. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 74(8):1394-1405.
- Zhou, Z., Verdery, A. M., & Margolis, R. (2019). No Spouse, No Son, No Daughter, No Kin in Contemporary China: Prevalence, Correlates and Differences in Economic Support. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 74(8):1453-1462.

Healthy grandparenthood: how long is it, and how has it changed?

[RACHEL MARGOLIS](#) AND [LAURA WRIGHT](#)

In North America, grandparents live for longer now than in the past, and spend more years in good health, despite being older. However, Rachel Margolis and Laura Wright also find that less educated, Hispanic, and Black Americans spend less time as healthy grandparents and more time as unhealthy grandparents than well-educated or white Americans.

Being a grandparent can be very fulfilling, and grandparents often play very important roles in their families by providing practical help and having close relationships with their adult children and grandchildren. However, their health affects the role they can play in their families, how involved they can be with their grandchildren, and how they experience grandparenthood.

Today, people in Canada and the US typically become grandparents later than they did in the past because they tend to have children at older ages, and their children also delay their own childbearing (Leopold & Skopek 2015; Margolis 2016). On the other hand, people are also living longer today than in the past, which may extend the time they spend as a grandparent (Margolis 2016). Although life expectancy has been increasing in Canada and the US, not all of the extra years we live are spent healthy. Delayed grandparenthood and longer lives mean that the grandparent stage of life takes place at older ages, when health may be deteriorating.

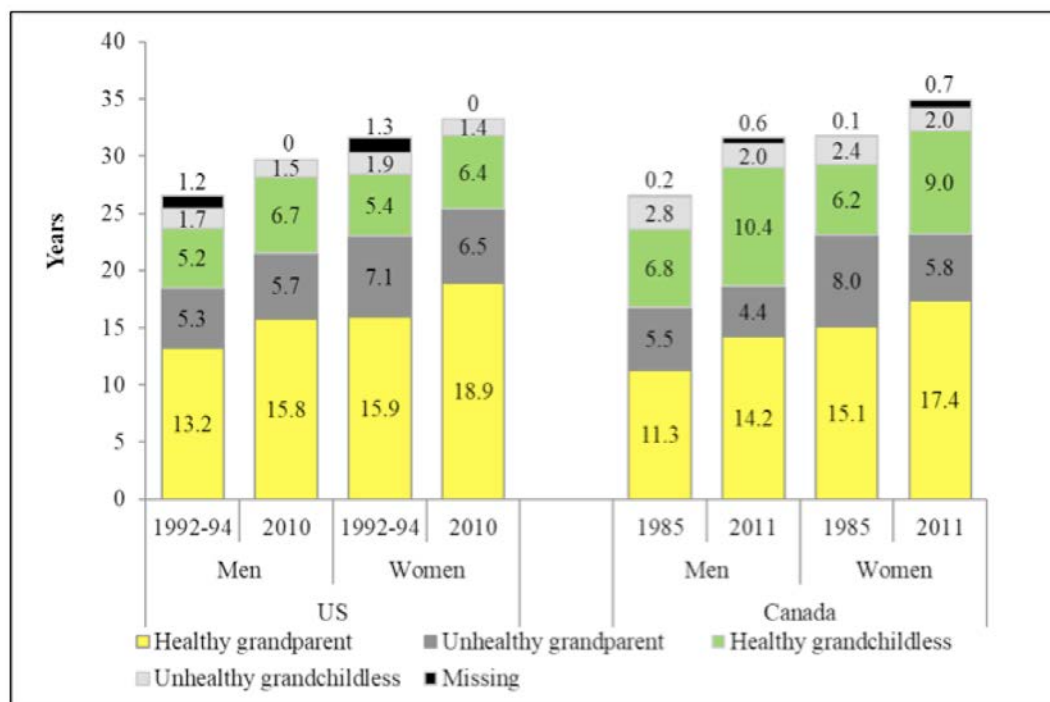
How long a person is a healthy grandparent depends on the age at which they had children, and at which their adult children start a family, how long they remain healthy, and how long they live. These three factors vary over time, between countries, and across different social groups. We studied how the average length of healthy grandparenthood changed in Canada between 1985 and 2011 using the General Social Survey and life tables from the Human Mortality Database and Statistics Canada, and in the US between 1992 and 2010 using the National Survey of Families and Households, the Health and Retirement Study, and life tables from the Human Mortality Database. We also examined variation by race/ethnicity

and education in the US using life tables and the Health and Retirement Study. We used self-reported measures of health to examine the average number of years after age 50 that people can expect to spend in four possible states of grandparenthood and health: healthy grandparent, healthy and not a grandparent, unhealthy and not a grandparent, and unhealthy grandparent.

CHANGES IN THE LENGTH OF HEALTHY GRANDPARENTHOOD OVER TIME IN CANADA AND THE US

Figure 1 shows the expected number of years at age 50 that Canadian and American men and women spend in each grandparent and health state. We find that people are grandparents for longer on average today than in the past and, more importantly, they are also *healthy* grandparents for longer; all except American men are *unhealthy* grandparents for fewer years.

Figure 1. Remaining years of life expectancy in each grandparent/health state at age 50, over time, by sex and country, United States 1992-94, 2010 and Canada 1985 and 2011



Source: Margolis and Wright. (2017).

In 1985, Canadian men could expect to be grandfathers for 16.8 years, and healthy for 11.3 of those years, and Canadian women for 23.1 years and 15.1 years, respectively. By 2011, the length of healthy grandparenthood in Canada increased to 14.2 out of 18.6 total grandparent years for men, and 17.4 out of 23.2 total grandparent years for women.

There is a similar pattern of increase in the years spent as a healthy grandparent over time in the US. In 1992, American men could expect to be grandfathers for a total of 18.5 years, and healthy for 13.2 of these years, and women for 23 years, and 15.9 years, respectively. In 2010, the length of healthy grandparenthood increased to 15.8 out of 21.5 total grandparent years for American men, and 18.9 out of 25.4 years for American women.

The number of years spent as an unhealthy grandparent decreased over time for all Canadians, and for American women, but rose slightly for American men between 1992 and 2010, although this increase was more than offset by the extra years spent as a healthy grandfather. In 1992, American men could expect to spend 28.6% of their grandparent years in poor health (5.3 out of 18.5 total grandfather years), versus 25.6% in 2010 (5.7 out of 21.5 years).

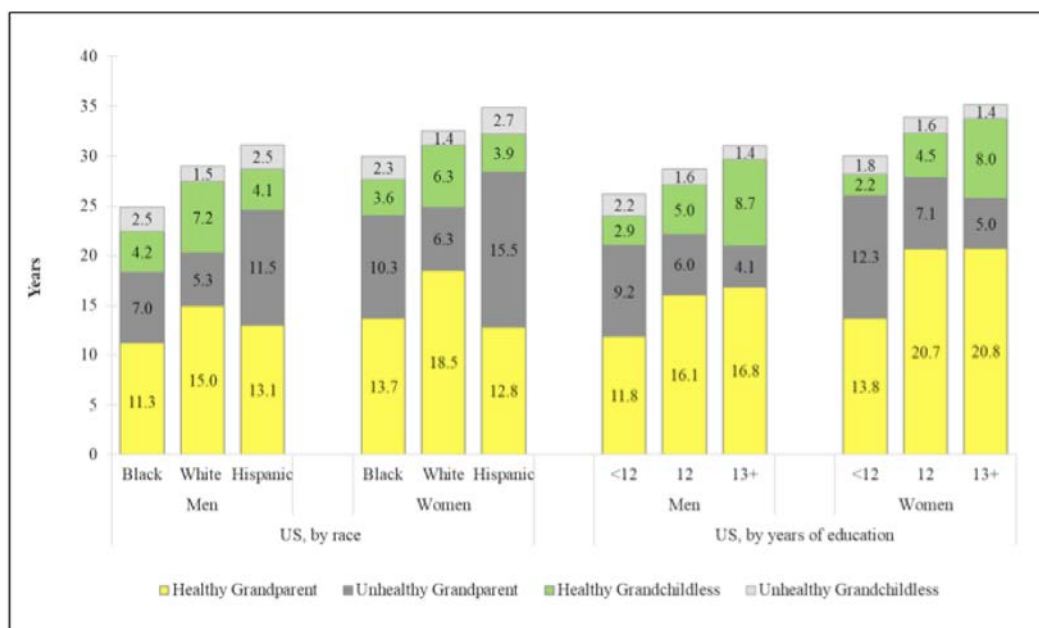
VARIATION IN HEALTHY GRANDPARENTHOOD BY RACE/ETHNICITY AND EDUCATION IN THE U.S.

Figure 2 shows the average number of years at age 50 that Americans from different racial/ethnic groups, and with different levels of education can expect to have in each grandparent and health state. Hispanic Americans can expect to be grandparents for longer than Black or non-Hispanic white Americans; Black Americans have the shortest expected period of grandparenthood. However, many of the years Hispanic Americans spend as grandparents are also spent with health problems. Hispanic men can expect to be grandparents for 24.6 years, but with only 13.1 years of good health, and Hispanic women for 28.3 years, with 12.8 years of good health. Although White Americans can expect to have a shorter period of grandparenthood than Hispanic Americans, more of these years are spent in good health, with 15 healthy years out of 20.3 years of grandparenthood for men, and 18.5 healthy years out of 24.8 years for women.

There are large differences by education in the average length of healthy grandparenthood. American men with less than 12 years of education can expect to be healthy grandfathers for 11.8 years, versus 16.1 to 16.8 years

for men with higher levels of education. Educational differences among women are even greater. American women with less than 12 years of education can expect to be healthy grandmothers for 13.8 years, versus 20.7 or 20.8 years for American women with higher levels of education.

Figure 2. Remaining years of life expectancy in each grandparent/health state at age 50 by sex, race/ethnicity (1998-2010) and educational attainment (1992-2006), United States



Source: Margolis and Wright. (2017).

IMPLICATIONS

Grandparenthood is the period when older adults can provide important transfers to their younger kin, such as childcare, if their health allows. Conversely, unhealthy grandparents might require care from the younger generations. We show that, despite the delays in the transition to grandparenthood and the fact that the population of grandparents is now older, the duration of healthy grandparenthood has increased for men and women in both Canada and the U.S over the last two decades, and so has the number of grandparent years spent healthy. Besides, prospects seem to be favorable: as long as life expectancy and health at older ages continue to improve faster than delays in fertility and the transition into grandparenthood, the average time spent as a healthy grandparent will continue to increase, benefitting grandparents and their families. All of this is good news.

However, our study also shows that there is important variation in the time spent as a healthy grandparent by race/ethnicity and education in the US. Less-educated, Hispanic, and Black Americans spend less time as healthy grandparents and more time as unhealthy grandparents than well-educated white Americans.

REFERENCES

- Leopold T., and Skopek J. (2015). The demography of grandparenthood: An international profile. *Social Forces*, 94, 801–832.
- Margolis R. (2016). The changing demography of grandparenthood. *Journal of Marriage and Family*, 78, 610–622.
- Margolis R. and Wright L. (2017). Healthy Grandparenthood: How Long Is It, and How Has It Changed?. *Demography*, 6: 2073–2099.

In Switzerland, fertility does not rhyme with happiness

[MALGORZATA MIKUCKA](#)

Parenthood typically improves people's life satisfaction, even if only in the short run. Surprisingly, instead, Malgorzata Mikucka finds that a second birth has a negative, albeit temporary, effect on Swiss mothers' life satisfaction. This may depend on the social pressure to have children, coupled with policies that do not support parenthood.

In a recent paper (Mikucka and Rizzi, 2019) we analyse how parenthood affects life satisfaction in Switzerland. We use data of the Swiss Household Panel for the years 2000-2016: this is a longitudinal study that records, among others, individual trajectories of life satisfaction. We analyse the life satisfaction of parents, i.e. people who were observed in the waves directly preceding or following a birth, and whose (first or second) child was aged 15 or younger. Although we were theoretically able to follow respondents for up to a maximum of 17 consecutive years, no respondent was observed over the whole period (see also note to Figure 1).

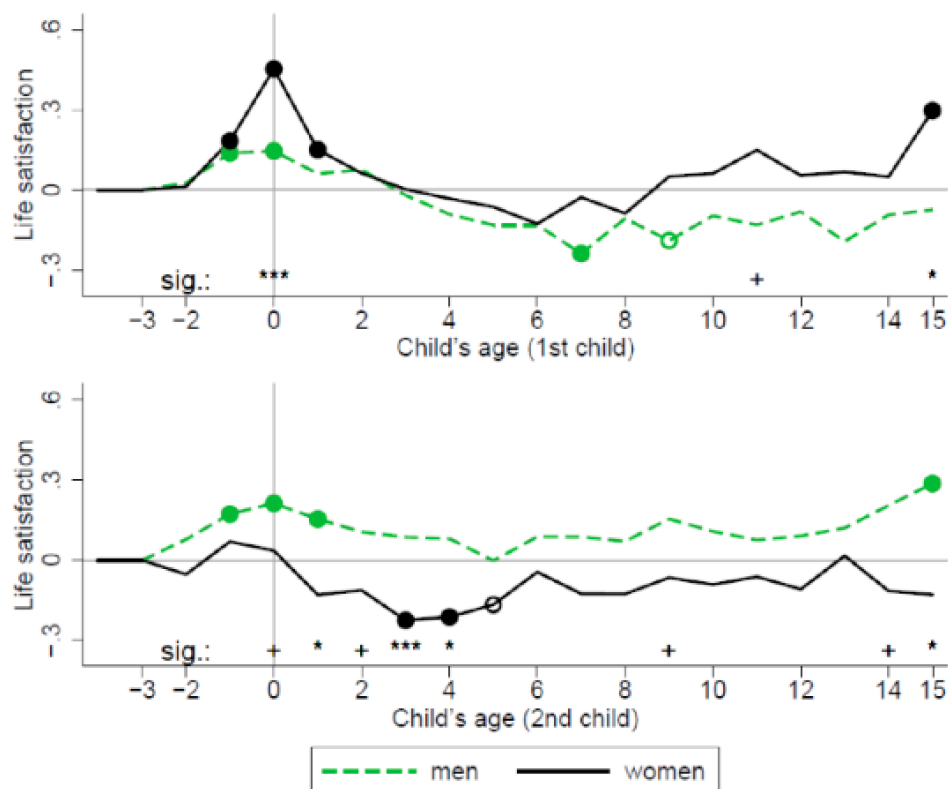
Two interesting patterns emerge. First, surprising as it may seem, fertility does not necessarily improve life satisfaction. In fact, it may even reduce it, albeit temporarily. Second, the decline in life satisfaction during parenthood seems specific to Switzerland and may be driven by the poor state support for families with children. Indeed, work-family conflict and economic costs of parenthood appear to play a prominent role on this outcome.

THE PARENTHOOD PARADOX (WHEN YOU TAKE DECISIONS THAT MAKE YOU LESS HAPPY)

We know from past studies that parents' (and especially mothers') life satisfaction increases, albeit only temporarily, in the year preceding and following the birth of the first child (e.g. Myrskylä and Margolis, 2014). This is true also in Switzerland (2000 to 2016), according to our data, but not for the

second child: when they are between 1 and 4 years old, the life satisfaction of their mothers declines to below the pre-birth level (Figure 1).

Figure 1. Trajectories of life satisfaction during parenthood among men and women. Switzerland, 2000-2016



Note: Life satisfaction is measured on a scale ranging between 0 (“not at all satisfied”) and 10 (“completely satisfied”). Our analysis of within-individual change of life satisfaction controls for age, marital status, subjective health, household income, own unemployment, and presence of other children in the household.

‘sig.’ (statistical significance of the effect of gender): + means $p < 0.10$, * means $p < 0.05$, and *** means $p < 0.01$ (this must be interpreted vertically, for each year).

Full circles indicate change significant at 95%, empty circles indicate change significant at 90% (this must be interpreted horizontally, in comparison to the level observed three years before the birth of the child). *Source:* Swiss Household Panel, 2000-2016. $N=9,301$ people and 45,013 observations (person-years) in the analysis for the first child; $N=11,426$ people and 56,964 observations in the analysis for the second child.

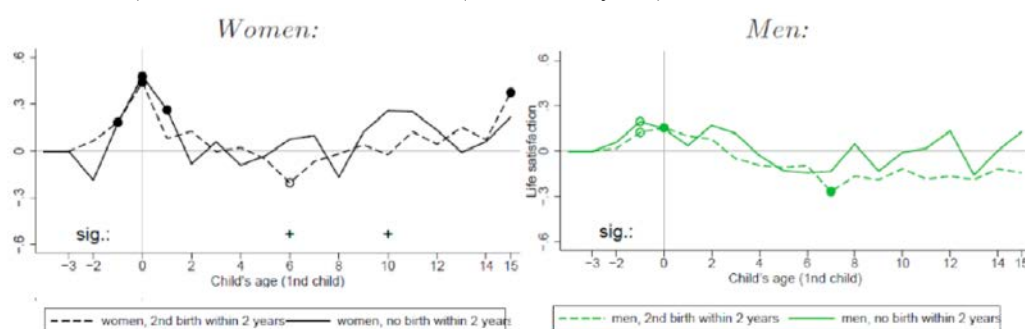
This pattern is unexpected for three reasons. First, similar analyses for other countries (e.g., Myrskylä and Margolis, 2014, for Germany and the UK) consistently show that parenthood improves life satisfaction, even if only temporarily. This suggests that the worsening of life satisfaction following parenthood may be specific to Switzerland.

Second, fertility control in Switzerland is virtually perfect, and couples are free to decide whether and when to have children. Childlessness in Switzerland is among the highest in the world (e.g., above 20% among women born in 1960) and it is socially accepted (Burkimsher and Zeman, 2017). Not surprisingly, people predominantly plan their parenthood: in our sample, for instance, 67% of first children and 81% of second children were planned. Thus, mothers consciously choose to have the child(ren) who will later reduce their life satisfaction.

The third reason why our result is surprising is that two-child families are the dominant family type in Switzerland, which suggests that a majority of families choose a path that, at least in the relatively short run, diminishes their life satisfaction.

Between-group differences do not help to solve the puzzle. For instance, we expected that people with a stronger ‘taste for children’ would have a second child sooner after the first one and also that they would derive more satisfaction from parenthood. Our results show the opposite. Women who had their second child shortly (one or two years) after the first one had experienced more negative trajectories of life satisfaction with the first child than women who waited longer before having a second child (Figure 2).

Figure 2. Trajectories of life satisfaction among parents who had a second child sooner (1-2 years after the first) and those who had one later (more than 2 years)



Notes and source: see Figure 1.

Note: see Figure 1.

While it seems rational to expect that people who want a certain thing (a child, in this case) should be happier once they get it, our analysis suggested that this does not apply to having children in Switzerland. What are the possible explanations? One is that people are incapable of

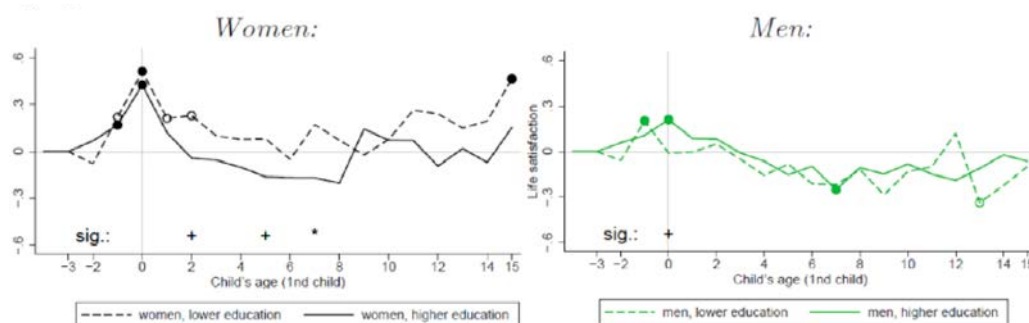
predicting how their fertility decisions will affect their life satisfaction and end up choosing what makes them unhappy. Another possibility is that, when taking important decisions in their lives, people account not only for their expected life satisfaction, but also for some other factors, among which social norms and values (e.g., children should have at least one sibling). In other words, people may willingly make choices that will make their lives harder. Besides, parenthood may be a source of meaning and psychological reward, but it may also conflict with other life goals, such as career or leisure. This brings us to the second interesting pattern in our results, namely the consequences of Swiss policies for parenthood.

WHEN POLICIES DO NOT HELP: WORK-FAMILY CONFLICT AND THE ECONOMIC COST OF PARENTHOOD

Switzerland is an interesting case for the study of parenthood and life satisfaction, because, despite its high standard of living, state support for families with children is low. Childcare in Switzerland is expensive, maternity leave is short, and parental leave does not exist at all (OECD, 2015). In families with small children to be cared for, the mothers predominantly resort to part-time employment. Expensive childcare and the reduced earning capability of mothers likely produce two types of outcomes: work-family conflict and economic pressures.

Our results indeed show that work-family conflict shapes the life satisfaction of mothers in Switzerland. The care-intensive stage of parenthood with the second child is especially challenging, and this is when mothers' life satisfaction falls below its pre-birth level. Moreover, during the same care-intensive stage with a first child, life satisfaction among higher educated mothers declines more than among lower educated mothers (Figure 3), suggesting that combining parenthood with a career is particularly problematic. No similar pattern shows up for men, who seem to be less affected by time pressures and juggling work and family responsibilities.

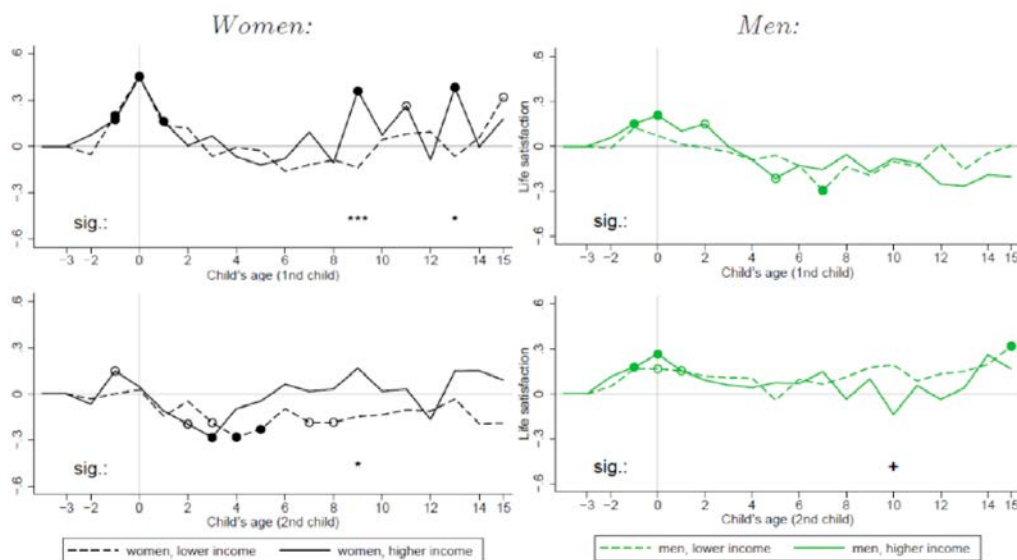
Figure 3. Trajectories of life satisfaction among parents with lo and high (at least bachelor degree) education



Note: see Figure 1.

Economic pressure should not be downplayed. The trajectories of life satisfaction among mothers of school-age children depend on their incomes: mothers with higher (above-median) household incomes experience more positive changes of life satisfaction than mothers with lower (below-median) household incomes (Figure 4). No similar pattern shows up for men.

Figure 4. Trajectories of life satisfaction among parents with low and high (below/above median) household income



Note: see Figure 1.

Overall, our results suggest that the low state support for families that characterizes the Swiss context worsens the experience of parenthood, especially for mothers. Public opinion seems to be aware of this: in a recent study, about half of the respondents stated that paid leave should be longer than the current four months, and about 80% agreed that part of the leave should be reserved for the father (Valarino et al. 2017). In the light of our analysis, such changes might plausibly improve the day-to-day experience of parenthood.

References:

Burkimsher, M., & Zeman, K. (2017). Childlessness in Switzerland and Austria. In M. Kreyenfeld & D. Konietzka (Eds.), *Childlessness in Europe: Contexts, causes, and consequences, demographic research monographs (A series of the Max Planck Institute for Demographic Research)*. Cham: Springer.

Mikucka, M., & Rizzi, E. (2019). The Parenthood and Happiness Link: Testing Predictions from Five Theories. *European Journal of Population*, 1-25.

Myrskylä, M., & Margolis, R. (2014). Happiness: Before and after the kids. *Demography*, 51(5), 1843–1866.

OECD. (2015). *Family database*. Paris: Electronic Database.

Valarino, I., Duvander, A.-Z., Haas, L., & Neyer, G. (2017). Exploring leave policy preferences: A comparison of Austria, Sweden, Switzerland, and the United States. *Social Politics: International Studies in Gender, State and Society*, 25(1), 118–147.

Swiss, elderly, single, and childless. Happy?

[MALGORZATA MIKUCKA](#)

Around the world, more and more people age without close kin. Contrary to expectations, however, according to Małgorzata Mikucka, this does not reduce their life satisfaction, or at least not systematically and not in Switzerland.

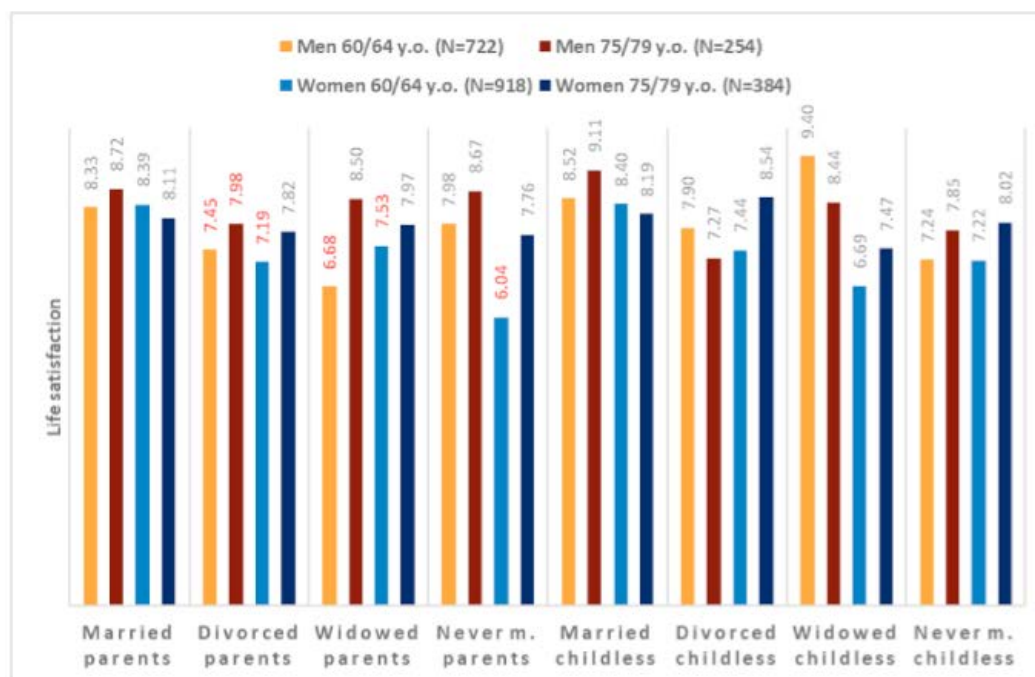
Contemporary adults are at increasing risk of ageing without close living kin (Verdery et al, 2019). Past studies showed that old-age singlehood and childlessness are typically associated with lower life satisfaction and greater material disadvantage (Dykstra 2009). However, the question remains about what happens as age progresses.

In a recent paper, I tried to understand the nexus between family situation and life satisfaction among a sample of older Swiss, using data from the Swiss Household Panel, SHP (Mikucka, 2020). The panel started in 1999, and when I conducted my analysis, data were available up to 2017. I tested whether unmarried and childless respondents were less satisfied with their lives than married people and parents, and how these differences evolved with age.

THE SWISS WAY TO LIFE SATISFACTION

In the cohort aged 60–64 years at first observation (any year between 1999 and 2007), married people were indeed more satisfied with their lives than those who were never-married, divorced, or widowed (Fig. 1). However, the differences in the older cohort (75–79 years old) were not statistically significant, except for divorced fathers who were less satisfied than married fathers. The result for the younger cohort is consistent with previous literature which documented the greater life satisfaction of married than unmarried people (Bures et al. 2009). Conversely, childlessness did not systematically correlate with life satisfaction. This lack of difference is at odds with some past studies (Albertini and Arpino 2018), but it may be explained by the cross-country variation of the consequences of childlessness.

Figure 1. Predicted life satisfaction among younger-old and older-old adults, by family status

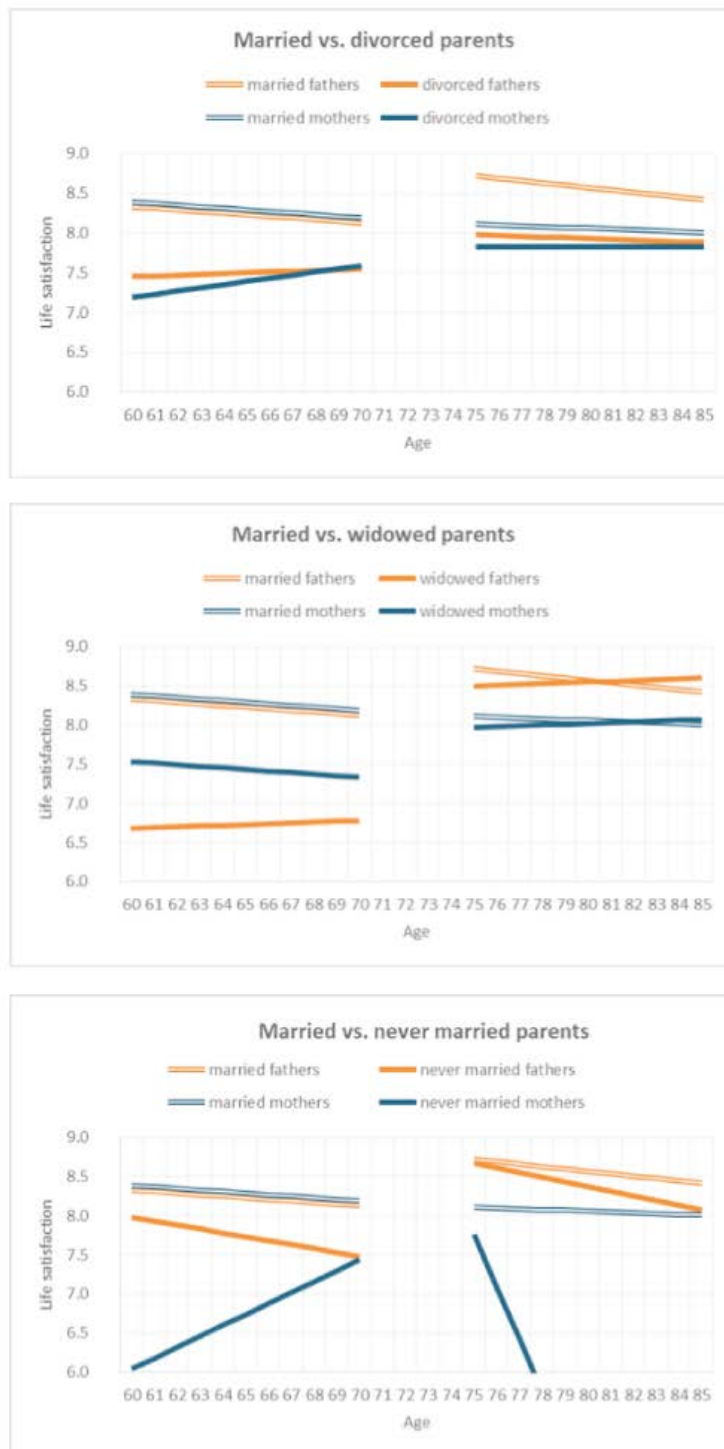


Source: Swiss Household Panel, 1999-2017. Predicted values come from OLS regression analysis, controlling for partnership status of unmarried respondents, retirement status, and education.

How to read the graph: the bars show average life satisfaction (measured on a scale from 1 to 10) in groups of older adults. Red labels indicate groups whose life satisfaction is significantly lower than among married parents.

To understand whether the differences related to family situation intensified or declined with age, I analysed within-individual changes in life satisfaction over the period 1999-2017 (Figure 2). Life satisfaction among married parents (the reference category in the analysis) declined slightly with age. This baseline rate of decline did not differ systematically with gender or education, but it was shaped by life course transitions. This suggests that, at least in Switzerland, life satisfaction trajectories are shaped by the events that people experience, rather than by their underlying characteristics.

Figure 2. Life satisfaction dynamics in old age. Predicted values for Switzerland, 1999-2017



Source: Swiss Household Panel, 1999-2017.

Note: The predictions combine the results obtained in the OLS models and in fixed.

How to read the graph: the lines show predicted average life satisfaction in two cohorts of respondents: the younger old (60-70, left panel) and older old (aged 75-85, right panel).

DO INEQUALITIES CUMULATE AS PEOPLE GET OLDER?

Theoretically, two opposite mechanisms may shape the consequences of kinlessness as people progress into advanced old age. The first is the mechanism of cumulative (dis)advantage. It postulates that, due to longer exposure to (dis)advantageous conditions, the differences among groups intensify with age (Dannefer 2003). In my analysis, the group experiencing the most “advantageous conditions” were married parents, judging from their high initial life satisfaction at the age of 60–64 years. The group with lowest life satisfaction at the same age were never-married mothers.

According to the cumulative (dis)advantage hypothesis, the life satisfaction trajectories of married parents should be more positive than those of the divorced, widowed, or never married. However, my results did not conform to this pattern (Figure 2). On the contrary, the life satisfaction of some subgroups of unmarried respondents (e.g. divorced and never-married mothers) increased at a faster rate than that of the married.

Partly consistent with the hypothesis of cumulative (dis)advantage was the pattern for never-married mothers (figure 2, third panel). This group’s life satisfaction, low at the start, declined more rapidly than in other groups, past age 75.

However, the support for the hypothesis was only partial because the initial life satisfaction disadvantage was observed only in the younger cohort, whereas the faster rate of life satisfaction decline occurred only among the older cohort.

AGEING AS AN EQUALIZING EXPERIENCE?

The alternative theoretical mechanism is called “age-as-leveller” (Dupre 2007): it postulates that as age advances, health becomes the most important, if not the only, predictor of life satisfaction, and as age-related health decline affects everybody, lower life satisfaction should characterize all groups.

Qualitative inspection of the predicted results of Figure 2 suggests that the life satisfaction gap between married and previously married people has been closing for both men and women, in both younger and older cohorts. However, only a few of these changes are statistically significant

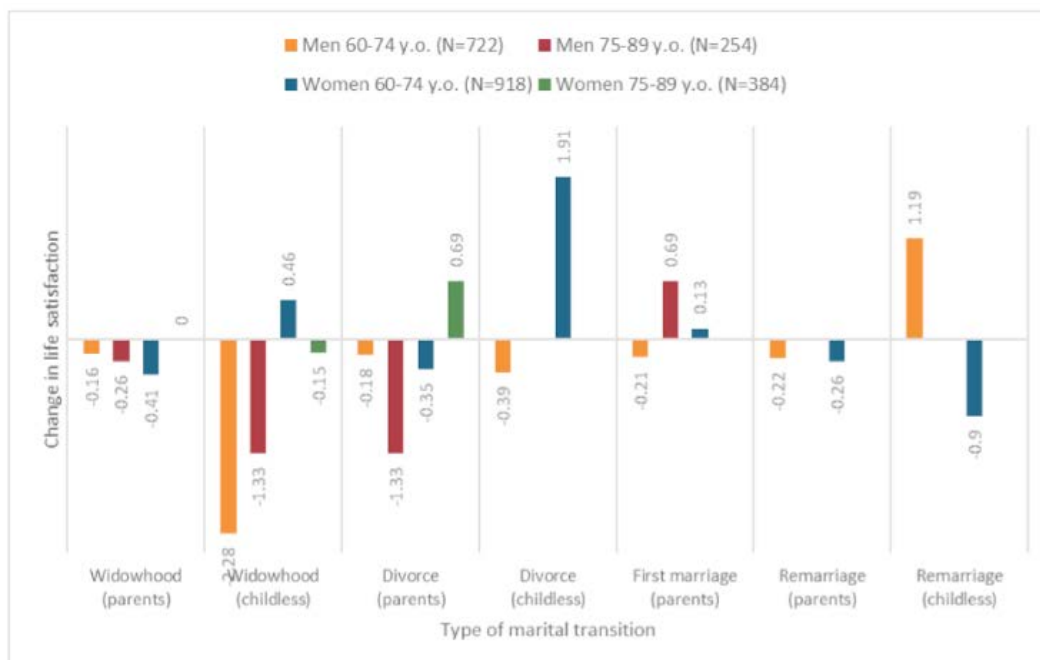
(Mikucka, 2020). Moreover, the gap closes in the younger cohort only, whereas the hypothesis predicts that the levelling mechanism should play a role primarily at advanced ages.

CONCLUSIONS

Neither the cumulative (dis)advantage hypothesis, nor age-as-leveller mechanism accurately describe the effect of family situations on life satisfaction when people become old. Instead, the buffering effect of parenthood seems more relevant.

Childlessness itself makes little systematic difference for life satisfaction and its dynamics in Switzerland in the observed years. However, elderly men who became widowers experienced a greater loss of life satisfaction if they were also childless (Figure 3). Additionally, life satisfaction of childless married and divorced respondents in the older cohort declined more rapidly than that of parents (Mikucka 2020). These results suggest that parenthood may have a protective buffering effect in certain cases, e.g. among men entering widowhood, but not in general.

Figure 3. Changes of life satisfaction associated with marital transitions. Predictions from fixed-effects models for Switzerland, 1999-2017.



Source: Swiss Household Panel, 1999-2017.

Never-married mothers appear to be a particularly fragile group. Single parenthood is in itself a difficult experience (e.g., Meier et al. 2016), especially in a conservative social context, like that of Switzerland.

However, the main take-home message from this research is that growing instability of marriages and ageing without close kin do not pose a considerable threat for life satisfaction of elderly people in Switzerland, and probably also in other relatively wealthy countries offering welfare support. The (often implicit) assumption that lack of close family is particularly painful and detrimental for elderly persons did not find consistent support in my data.

REFERENCES

- Albertini M., B. Arpino. 2018. Childlessness, parenthood and subjective wellbeing: The relevance of conceptualizing parenthood and childlessness as a continuum. Preprint. DOI: 10.31235/osf.io/xtfq6
- Bures R.M., T. Koropecj-Cox, M. Loree. 2009. Childlessness, parenthood, and depressive symptoms among middle-aged and older adults. *Journal of Family Issues* 30(5): 670–687.
- Dannefer D. 2003. Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 58(6): S327–S337.
- Dupre M.E. 2007. Educational differences in age-related patterns of disease: Reconsidering the cumulative disadvantage and age-as-leveler hypotheses. *Journal of Health and Social Behavior* 48(1): 1–15.
- Dykstra P.A. 2009. Childless old age. In *International Handbook of Population Aging*, pages 671–690. Springer.
- Mikucka M. 2020. Old-Age Trajectories of Life Satisfaction. Do Singlehood and Childlessness Hurt More When People Get Older?. *Swiss Journal of Sociology*, 46(3), 397-424.
- Meier A., K. Musick, S. Flood, R. Dunifon. 2016. Mothering experiences: How single parenthood and employment structure the emotional valence of parenting. *Demography* 53(3): 649–674.
- Verdery A.M., R. Margolis, Z. Zhou, X. Chai, J. Rittirong, J. (2019). Kinlessness around the world. *The Journals of Gerontology: Series B*, 74(8), 1394-1405.

Health at older ages: childless adults not always worse off than parents

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As children are often the main source of support in later life, childless older adults are presumed to have higher risks of poor health compared to parents. Nekehia T. Quashie, Bruno Arpino, Radoslaw Antczak, and Christine A. Mair show that this is not always the case: the health of childless older adults varies by country of residence and health measure considered.

BACKGROUND

Children are the primary source of support for a majority of aging individuals across the globe. Thus, childless older adults are often assumed to have higher risks of poor health compared to parents due to lower social support, weakened sense of meaning, and greater social isolation (Hansen 2012). Children may, however, also be a source of social and/or economic strain at earlier life stages (Umberson, Pudrovska, & Reczek, 2010), which may contribute to health vulnerability at older ages. Research also shows that the health of older adults, with or without children, depends on the health dimension examined (Keenan & Grundy, 2019).

The health gap between parents and non-parents in later life depends also on several contextual factors including cultural norms about the meaning of family and children in the lives of older adults, the availability of public support for them, and income inequality, which shapes older adults' access to quality health care (Albertini & Mencarini, 2014; Dickman, Himmelstein, & Woolhandler, 2017; Hansen, 2012).

However, prior cross-national research on the health of older adults with and without children has focused on comparisons within one global region or on small samples of countries from different global regions; it has examined associations for one or few health outcomes, and has applied different conceptualizations of childlessness. This makes it difficult

to determine whether childless older adults are indeed at risk of poorer health than parents across different social contexts.

In a recent study, using harmonized cross-sectional data from the Health Retirement Study (HRS) global family of aging surveys provided by the Gateway to Global Aging repository (Lee, 2015), we examined the association between childlessness and health among adults aged 50 years and older (Quashie et al., 2019). We used data for comparable years (2011-2013) from four global regions: Europe (SHARE), North America (HRS), Latin America and the Caribbean (Mexico, MHAS), and Asia (China, CHARLS), 20 countries overall. In our study, older adults with no living children at the time of the survey were compared with older parents with one or more living children including biological, step or adopted children.

We adopted a multidimensional approach to health by examining physical, functional, and mental health:

- self-rated health (poor versus good),
- difficulties with activities of daily living (ADL, at least one among bathing, dressing and eating),
- difficulties with instrumental activities of daily living (IADL, at least one among managing money, taking medications, shopping, preparing meals),
- doctor diagnosed chronic conditions (at least one among high blood pressure, diabetes, cancer, stroke, lung disease, and heart disease), and
- depression (self-reported feelings of depression in the week prior to the interview).

For each health outcome, responses were coded to indicate poor, as opposed to good, health.

To compare the strength of the association between childlessness and health across countries, we computed the average marginal effect of childlessness, which can be interpreted as the percentage point difference between childless older adults and parents in the probability of experiencing a given “bad” health outcome.

CROSS-NATIONAL VARIATION IN CHILDLESS OLDER ADULTS.

The prevalence of childlessness among older adults varies widely across the 20 countries in our study (Figure 1). China shows the lowest percentage of childless older adults (2%) followed by Mexico (4.1%).

Within Europe, prevalence also varies widely, with the lowest in Czechia (4.4%) and Poland (4.8%), and the highest in Switzerland (16.3%). In other European countries, the prevalence ranges between 6% and 12%.

Figure 1. Percentage distribution of childless older adults (50 years and older) by country, 2011-13. Total sample n=109,648



Source: Quashie et al. (2019).

ARE CHILDLESS OLDER ADULTS AT HIGHER RISK OF POOR HEALTH THAN PARENTS?

Overall, childlessness was not significantly associated with older adults' health, and this is probably our most important conclusion. When significant associations were observed, net of controls, there was no consistent relationship between childlessness and poor health across countries and health outcomes (Figure 2). In four countries (Czechia, Poland, Austria and the Netherlands), childlessness was associated with worse health for one or more outcomes. In five countries, (Mexico, Hungary, United States, Germany, and Belgium), childlessness was associated with better health. Childless older adults in Hungary and Mexico reported better health than parents across all indicators (except IADL in Hungary).

Figure 2. Marginal effects of associations between childlessness and health (persons aged 50+ years). Total sample n=109,648



Source: Quashie et al., 2019.

Note: Red highlights show positive statistically significant marginal effects (childless older adults have worse health than parents). Green highlights show negative statistically significant marginal effects (childless older adults have better health than older parents). Lighter colours indicate marginal effects smaller than 5 percentage points. Models adjust for control variables.

We found marked regional variations within Europe. For instance, Italy was the only Southern European country where childlessness was associated with health, but in an ambiguous way, as childless older adults are more likely to report poor overall self-rated health but less likely to report having a chronic condition. Among Eastern European countries, Hungary was the only country where childlessness was associated with health advantages; the opposite was found in Poland and Czechia.

Finally, childless older adults’ risk of poor health varies across health outcomes. Childlessness was associated with lower risk of chronic conditions in some countries (Italy, Germany, United States, Hungary and Mexico) but higher risk of having difficulty with at least one IADL in a few countries (Czechia, Austria, the Netherlands). In several countries, mixed patterns emerged for self-rated health, depression, and difficulty with at least one ADL.

IMPLICATIONS

Declining fertility and increasing life expectancy across the globe suggest that many people will age without children, one of the most traditional sources of support in later life, which may lead to health vulnerabilities. Our results, however, suggest that childless older adults are not an overall “at risk” segment of the older adult population in an international perspective: in some contexts, they even enjoy better health. Current and future social policies to protect the health of older adults should pay closer attention to individuals’ family resources. In some countries (e.g. Mexico and Hungary), social policies should also focus on protecting the health of older parents. In others (e.g. Czechia), policies need to address the multidimensional health vulnerability (e.g. mental and functional health) of childless older adults.

REFERENCES

- Albertini, M., & Mencarini, L. (2014). Childlessness and support networks in later life: New pressures on familistic welfare states? *Journal of Family Issues*, 35, 331–357. doi:10.1177/0192513X12462537
- Dickman, S. L., Himmelstein, D. U., & Woolhandler, S. (2017). Inequality and the health-care system in the USA. *Lancet (London, England)*, 389, 1431–1441. doi:10.1016/S0140-6736(17)30398-7
- Hansen, T. 2012. Parenthood and happiness: A review of folk theories versus empirical evidence. *Social Indicators Research*, 108, 29–64. doi:10.1007/s11205-011-9865-y
- Keenan, K., & Grundy, E. (2019). Fertility history and physical and mental health changes in European older adults. *European Journal of Population*, 35, 459–485. doi:10.1007/s10680-018-9489-x
- Lee, J. 2015. [Study descriptions: Health and retirement studies around the World. University of Southern California.](#)
- Quashie, N. T., Arpino, B., Antczak, R., & Mair, C. A. (2019). Childlessness and Health Among Older Adults: Variation Across Five Outcomes and 20 Countries. *The Journals of Gerontology: Series B*. doi: 10.1093/geronb/gbz153
- Umberson, D., Pudrovska, T., & Reczek, C. (2010). Parenthood, childlessness, and well-being: A life course perspective. *Journal of Marriage and the Family*, 72, 612–629. doi:10.1111/j.1741-3737.2010.00721.x