

Health Condition of Elderly in Europe: The Role of Children

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1. Introduction and Aim of the Study

The world is aging rather rapidly. As both the proportion of older people and the length of life increase throughout the world, key questions arise. Will population aging be accompanied by a longer period of good health, a sustained sense of well-being, and extended periods of social productivity, or are associated with more illness, disability, and dependency? And which is the relationship between childlessness and health, in a world where fertility does decline?

We intend to study the relationship between childlessness and perceived health for elderly in four European countries: France, The Netherland, Poland and Italy. While Italy is a familistic society, the other three countries present few intergenerational exchanges and an early exit of children from the parental home. We have chosen to analyse these countries, which are characterized by different culture and welfare systems, to understand if the context is important to determine the relationship.

To investigate the possible relation between the perceived health status of old people and the number of children (controlling for age, sex, marital status, education, work status, region and ownership of household) we apply a multinomial logistic regression. Generally, in every country we examined, we did not observe a significant association between the number of children and the perceived health of elderly, whereas covariates are often linked with health by a strong relationship.

2. Health and Childlessness: The Relationship in the Literature

The influence of family behavior on health in old age has been increasingly recognised in literature. Apart from the physiological and psychological effects of pregnancy and childbirth, the health of both women and men may be influenced by stress, role changes, and changes in allocation of personal and family resources associated with child-rearing and by the emotional and social support benefits of parenthood.

Numerous studies in the past have considered the associations between fertility and mortality and different health indicators (Grundy and Read, 2015; Grundy and Tomassini, 2005). The literature on this topic suggests that there are several potential mechanisms, which may cause different associations, including selection into parenthood, direct biological factors, as well as indirect effects such as the relative costs and benefits of childrearing. From the perspective of the elderly, some of these benefits include economic and social security, self-esteem gained from having acted in a normative way, health monitoring, companionship, achievement of a sense of continuity – however culturally defined. Even though old childless individuals have social networks of less support potential than those who are parents, there are no differences in certain psychological wellbeing indicators between the two groups. Apparently, childless old people find ways to cope with whatever negative effects of childlessness they may have experienced (Vikström et al., 2011).

3. Data and Methods

To examine France, The Netherlands and Poland we use data from the Generations and Gender Surveys (GGS) (for the years of 2005, 2002-2004 and 2010-2011, respectively), while for Italy we use the Italian Multipurpose Survey carried out in 2009, which focused on Family and Fertility (FFS). We are aware that the datasets are collected in different years, and that the comparison between countries could be affected by this fact. However, all data refer to a five years period and we can imagine that the theme under study is persistent enough in such a short time frame because the argument inherent to children concerns the context during time and is not influenced by conjuncture topics.

Even if the both GGS and FFS collect information on the whole adult population, we focus the analysis on people aged 50 and over, that, in the samples, are 18,033 in Italy, 3,331 in The Netherlands, 10,402 in Poland and 4,446 in France.

To investigate the possible relation between the perceived health status of old people and the number of children (controlling for age, sex, marital status, education, work status, region and ownership of household) we apply a multinomial logistic regression. The dependent variable is the perceived health status (classified in *Good*, *Fair* and *Bad*) and the covariate of interest is the number of children, treated as categorical, classified in 0, 1, 2, 3 and 4+.

In addition, we control for the possible confounding effects of the following explanatory variables:

- Age in classes (50 – 64, 65 – 74, 75+ years), because we know that as age increases, health deteriorates;
- Sex (*Male*, *Female*), since there are strong differences in health status and diseases between women and men and the relationship with presence of children may be differently influential;
- Marital status (*Single*, *Married*, *Divorced*, *Widowed*), because its relationship with health status is due to selection and causal effects;
- Education level (*High*, *Medium* and *Low*), because it influences health status directly and indirectly, through the different recourse to preventive medicine and use of health services;
- Work status (classified in *Ever worked* and *Never worked*), for the association and selection effect with health and children;
- NUTS1 regions, to control for the geographical context;
- Ownership of household (*Yes*, *No*), as a proxy of the economic status.

Finally, for Italy we include also the subjective evaluation of economic status (*Good*, *Not good*), not available for France, The Netherlands, and Poland.

4. Results and Conclusions

Generally, in every country we examined, we did not observe a significant association between the number of children and the perceived health of elderly, whereas covariates are often linked with health by a strong relationship. For example, level of education, working status and, sometimes, marital status show a significant association (Figg. 1-4). In summary, and this is the result we outline, children do not have any impact on health, but for a weak positive effect of having one child in Italy and Poland (a lower probability of *Fair* vs *Good* health). Therefore, people with or without children do not seem to perceive a different health status.

This study has tried to provide additional insights in the relation between fertility histories indicators and health in different countries with different contexts (familistic vs. welfare state

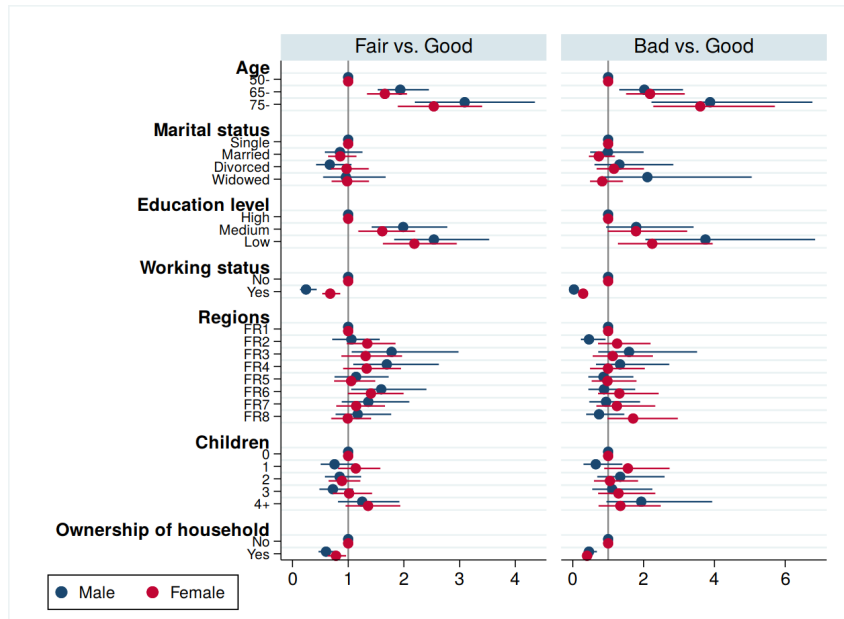


Figure 1: Model results: Relative risks of the perceived health status in France.

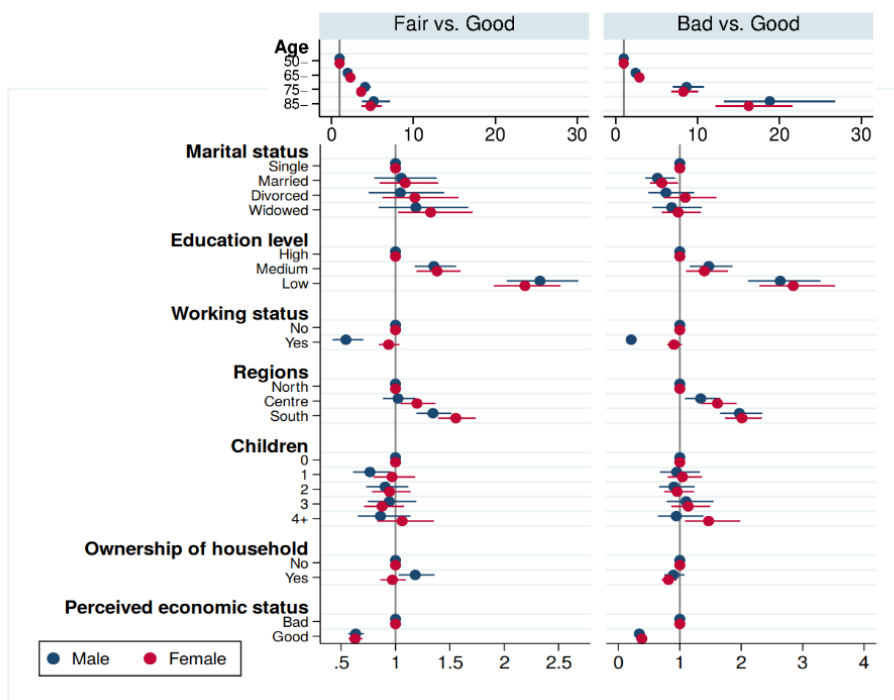


Figure 2: Model results: Relative risks of the perceived health status in Italy.

countries). Children are not a predictor of health in later ages because the relationship between health and fertility is usually not significant, for both men and women. In all countries, a part the obvious effect of increasing age on worsening of health, we found significant relationships with education (the more educated experiment lower probability to be in a bad health status), with ever worked (work is associated with a higher probability to be healthier), with married people (with the same results).

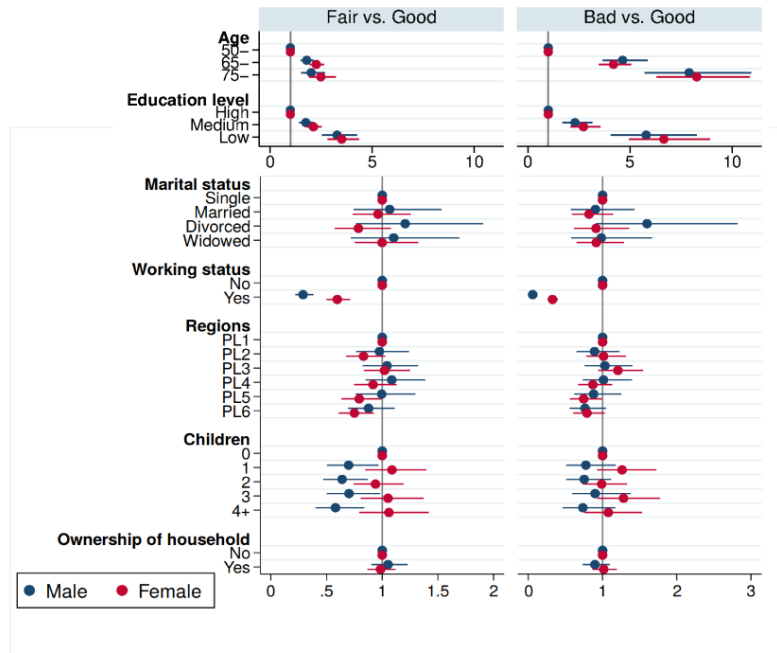


Figure 3: Model results: Relative risks of the perceived health status in Poland.

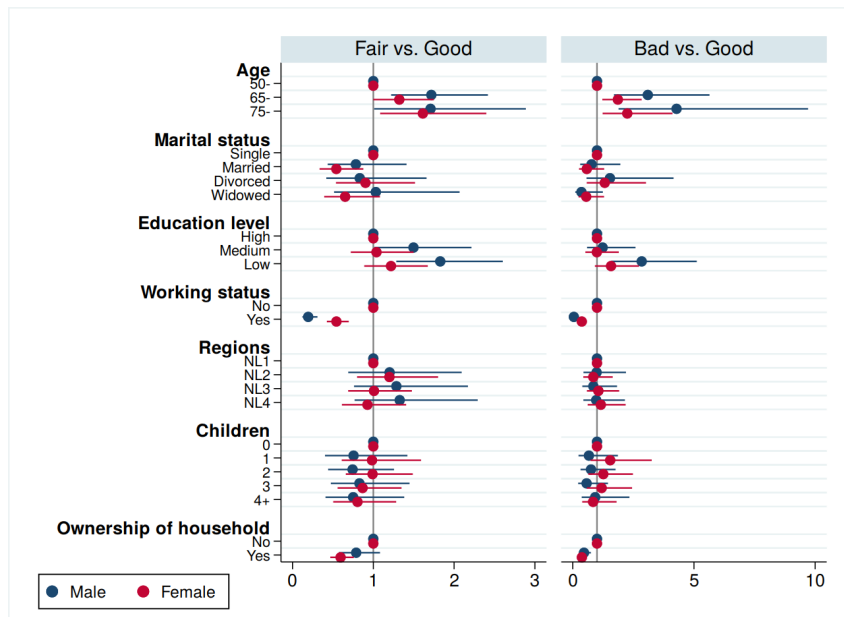


Figure 4: Model results: Relative risks of the perceived health status in The Netherlands.

References

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