

Childlessness, Individual Socioeconomic Resources, and Health: Exploring Variation in 20 Countries

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Children are an important source of support for a majority of aging individuals across the globe and therefore, childless older adults are hypothesized to have greater risk of poor health (Hansen 2012). However, a majority of research in this area is limited to a small number of countries and health outcomes.

To our knowledge, only two papers exist that explore associations between childlessness (Quashie et al. *minor R&R*) or number of children (Antczak et al. *in preparation*) across multiple health outcomes and multiple countries from diverse regions (e.g., 20 countries from North America, Asia, and Europe). Both of these papers find complex cross-national variation in associations between children and health. For example, Quashie et al. (*minor R&R*) find that childless older adults did not consistently fare worse than older parents and, in some cases, reported better health across multiple outcomes (e.g., Hungary, Mexico). Older adults who were parents also reported better health in some countries (e.g., Czechia, the Netherlands, Spain, Sweden), but in a majority of countries there was no clear association between parent status and health. Further, these complex cross-national differences (or lack thereof) between older adults with and without children does not appear to be explained by number of children (Antczak et al. *in preparation*).

Building on Quashie et al. (*minor R&R*) and Antczak et al. (*in preparation*), we explore additional explanations for the variation observed. Although both papers control for socioeconomic status, neither paper examines these processes in depth to investigate if and how older adults' individual socioeconomic resources (e.g., education, income, wealth) might shape (i.e., moderate) the relationship between childlessness and health cross-nationally, as well as if/how this process might vary by country.

According to previous work on more limited samples of countries and health outcomes, childless older adults may compensate for a lack of children through formal support, may seek alternative informal support options, and may be selected into parenthood or lack of parenthood based on available socioeconomic resources across the life course (e.g., income, education, wealth). Yet, income, education, and wealth are also likely deeply connected to older adults' ability to obtain formal support (Albertini and Mencarini 2014; Deindl and Brandt 2017, Schnettler and Wöhler 2016), time and opportunity to invest in alternative informal support options, and life course implications of having or not having children in later life (Grundy and Tomassini, 2005; Neuberger and Preisner 2018; Kendig, Dykstra, van Gaalen, and Melkas, 2007). Therefore, presence or absence of children in later life is a complex aspect of older adults' health that varies cross-nationally, and that we hypothesize is deeply intertwined with older adults' existing socioeconomic resource availability (e.g., education, income, wealth), perhaps differently depending on country context.

In this paper, we expand on Quashie et al. (*minor R&R*) and Antczak et al. (*in preparation*) by exploring if and how individual-level socioeconomic resources (income, education, wealth) moderate associations between childlessness and a range of mental and physical health indicators (self-rated health, ADL limitations, IADL limitations, chronic conditions, and depression) across 20 countries. Specifically, we analyze harmonized, cross-national data for adults aged 50 and older across 20 high- and middle-income countries (United States (HRS), Europe (SHARE), Mexico (MHAS), and China (CHARLS), available through the Gateway to Global Aging repository. We conduct analysis on the pooled sample, as well as split samples by country to investigate cross-national variation.

Preliminary results suggest that associations between childlessness and health outcomes vary by individual socioeconomic resources in some country contexts, but not in others. We discuss these findings in light of the impact of individual-level socioeconomic resources on older adults' support options and health outcomes cross-nationally, and discuss future options for incorporating nation-level economic data.

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