

**Is providing support to older parents detrimental to
adult children's wellbeing? Evidence from selected
European countries**

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1. Introduction

Irrespective of family structure, living to an older age, people can expect that the issue of care sooner or later will become important. In view of actual trends of aging population, caregiving has recently changed into a standard part of life in that sense that most of the adults will be involved in caring for other adult persons at certain stage of the life course. More than a half of middle-aged women 20 years ago expected to take care of their elder parents (Himes 1994, Sorenson, Zarit 1996). Today's extended life expectancy means longer period of helping elder, ill and sometimes infirm parents. It is also the reason why caregiving has become so common adult children's activity (Cicirelli, 1990). The consequences of intergenerational support from adult children towards their parents are more and more often discussed with respect to different areas of life, such as employment status, burden, higher risk of health problems, less free time and the impact on subjective quality of life, psychological well-being or loneliness (Marks *et al.* 2002, Montgomery *et al.* 2007, Schulz, Sherwood 2008, Wagner, Brandt 2015.). On the one hand, being a main caregiver of an older person very often is associated to a lowered quality of life resulting from the burden of caregiving and stress linked to health status of a parent. On the other hand supporting older parents in need may be a source of positive emotions as adult may consider this activity as occasion to 'give back' to parents, a possibility to learn new things etc. (Jensen *et al.* 2004, Tarlow *et al.* 2004).

The effect of caregiving for parents on individual well-being may be reinforced or moderated by external resources of an adult child. For instance, good relationships with other members of the extended family (mainly siblings) and received support when needed may lessen a negative impact of this demanding activity on health status and well-being. While conflicts between siblings in the context of caring of a parent and lack of support may lower subjective quality of life/ life satisfaction. Moreover, existing in a given country care arrangements for older individuals and higher chances of receiving formal care services may reduce the burden resulting from caring for a dependent parent.

The main aim of this paper is the analysis of relationship between support provided to older parents and subjective well-being of adult children aged 50-69 in selected European countries. Subjective quality of life was expressed in terms of well-being and depression. We used the 6th wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) for 17 European countries. This paper is organized as follows. The next section is devoted to the literature review on associations between caregiving of older parents and different aspect of subjective well-being of adult children. This part ends research questions resulting from the

literature review. Next, we present data used and analytical strategy. Part four shows the empirical results, which is followed by conclusions.

2. Literature review, aim of the analysis and research questions

2.1. Adult children as caregivers versus their own well-being

Outcomes of caregiving in caregiver well-being context are twofold, resulting in both costs and rewards. On the one hand, providing parents with care can be related with depressive symptomatology and lower life satisfaction. On the other hand, it may lead to higher life satisfaction. What is more, literature and researches are not consistent in explaining relationship between parents' caregiving and individual adult children's well-being even taking into account similar indicators and characteristics. Some researches associate caregiving with lower levels of well-being. Others do not find negative impact. Differences in findings can be result of different sampling strategies, studies' duration or examined parent's care types (Bookwala, 2009).

Negative relationship

Significant number of studies connects role of caregiver toward family member with negative influence on caregiver's well-being. Literature presents two models of providing family members with care negative effects on well-being – the adaptation model and standing in the contrary the wear-and-tear model (Lawton et al. 2000). The adaptation model is based on assumption that early period of caregiving is time when negative effects of caregiving requirements may appear. These negative effects do not last long and after initial fall in individual well-being are reported to be followed by their extenuation or upgrade to baseline level. The wear-and-tear model suggests instead that negative effects of caregiving requirements on caregivers' well-being occur, but it is assumed that they continue to grow over time.

It is proved that caring for someone who suffers from mental disease increases risk of caregiver's psychological disorder and physical disease (Shulz, Visintainer, Williamson 1990). Caregiving influences physical health of caregivers, straining caregiver or impeding his or her self-care (Winslow 1997; Zhang, Vitaliano, Lin 2006). Similarly, anxiety and anger, which

frequently accompany caregiving, are not without significance for mental health. Studies show higher depression among caregivers than non-caregivers (Haley, Levine, Brown, Bartolucci 1987). Pearlin, Mullan, Semple and Skaff (1990) identified two types of caregiver stressors – primary and secondary ones. Group of primary stressors directly result from the requirements of support recipients. Secondary arise rather as an effect of primary stressors, for instance, social conflicts, role pressure or intrapsychic tension. Study found that gender is a varying factor in this topic (Bookwala 2009). Additionally, long-term depression and depressive symptomatology were different for male and female caregivers. Depressive symptomatology is stable over time for daughters experienced in taking care of their parents (and higher than it is for sons). On the other hand, sons as experienced caregivers reported fall in depressive signs over time. Caregiving sons are more consistent with adaptation over time while daughters are more likely to imitate wear-and-tear model.

One of the indicators taken into consideration in the matter of relationship between elder parents' caregiving and individual well-being of adult children is caregiver hostility. Hostility can be understood as resentment, distrust, regular anger, suspiciousness (Shaffer, Dooley, Williamson 2007). It is proved that caregivers are characterized by greater layers of hostility than non-caregivers (Vitaliano et al. 2005). Hostility focused research showed, for instance, that recent caregivers are less hostile than experienced ones reaffirming the wear-and-tear model of caregiving (Bookwala 2009).

Next negative effects listed by literature are labour concerning ones as caregiving means energy and time consuming activeness, which is hard to be integrated with paid work. Ciccarelli's and Van Soest's (2018) research examined negative effect of regular and frequent (daily) caregiving on caregiver's employment status and time spent on professional career. Intensive care effect on employment status and labour work is stronger among women in comparison to men. This study's results do not report distinction between European regions proving homogeneous effect on paid work. Similarly, not frequent caregiving does not have the same clear effect on paid job. In other study female caregivers reported to reduce their paid work time, pass on higher position in organization or even leave in order to provide relatives with care (Franklin, Ames, King 1994). It also occurs that adult children delay their own retirement in order to afford taking care of their parents. However, caregivers' stress level can be reduced when he or she receives any financial or household assistance from elder parents, which is clearer phenomenon for women and can positively influence individual well-being of

carer. Caregiving influence on individual well-being should then be considered in relation to caregiver sex (Roberto, Jarrott 2008).

Furthermore, one of the reasons for providing long-term care is adult children's attachment relationship with care receiving parents, which can influence caregivers' feelings towards their care work. Children who are close with their parents also feel comfortable while providing practical or emotional care. In such conditions their caregiving is noted as less burdensome (Carpenter 2001). Children who are less attached can be also less emotionally supportive to their parents during older years. Regardless, they may still be willing to support parents with practical help as the results of relative emotional security. However, such help would lead to become stressful as a result of dyad's uneasiness. Additional factor in this regard is personal well-being. It turns out that quality of child-parent relationship buffers against negative effects of providing support to elder parents in well-being context. Relationships of poor quality, in which children take care of their parents, in spite of all, are associated with relatively low level of well-being (Merz, Consedine, Schulze, Schuengel 2009).

Moreover, negative outcomes of elder parents' assistance include caregiver's social contacts loss (Blieszner, Roberto, Wilcox, Barham, Winton 2007) and normative roles such as husband-wife or mother-daughter deprivation (Walker, Martin, Jones 1992). Lower emotional support is associated with higher depression prevalence (Zunzunegui, Béland, Llácer, Keller 1999). However, caregivers who discuss their caregiving related problems with others and try to find an assistance in care work are more likely to improve their poor mental health (Braithwaite 1996).

What is more, it turns out that one of the potential bones of contention in middle and older age marriages is taking care of elder wives' or husbands' parents (Connidis, Kemp 2008). It conflicts with spouses' roles in marriage as it reduces available time and energy intended for interactions with each other. In other words, it can bring spouses to the point where partners feel neglected and feel that their roles are allocated inequitably (Sutor, Pillemer 1990). However, this roles allocation inequity is more frequently visible for middle-aged daughters who care for their parents and live in marriages than their male counterparts (Bookwala 2009). Another factor is caregiver economic situation. Caregiving role leads to additional economic costs, for instance via reducing own paid work because of lack of time (Kingson, O'Grady-LeShane 1993). If women take care of others outside marriage, her couple's tasks allocation is affected as she loses her negotiating position because of reduction of resources. Sutor and Pillemer (1990) mentioned ways of bringing help and support to women who exist in the role

of caregiver for their elder family. Men can directly care of sick parents, stay with ill parent, complete tasks that normally would be completed by caregiving wife or get involved in homework to take this responsibility off wives.

Linking caregiving with well-being is common. However, it does not always relate this link with the fact that taking care of parents may be significant for other life aspects. Researches confirm that quality of marriage is crucial for midlife and later life well-being especially taking into account stressors (Bookwala 2005; Choi, Marks 2006). Studies prove that caregiving role of one of the spouses is associated with lower marital satisfaction. However, fall in satisfaction may not be visible immediately. Recent caregivers are more satisfied with their marriages than those who take care of elder parents for a longer period and can be called as experienced caregivers. Changes in marital satisfaction can then become noticeable after several years. Whereas growing marital satisfaction and quality is associated with higher personal well-being (Proulx, Helms Buehler 2007; Whisman 2001). Individuals who tend to experience marital dissatisfaction report increased depressive symptomatology in comparison to those who are happy with their relationship (Bookwala 2009). Bookwala's study (2009) carried out among Americans also confirms importance of sexes distinction. Recent caregiving daughters are observed as those who suffer from long-term depression more over time. Depression rate among caregiving sons fell during the same time.

Positive relationship

Heavy emphasis in the literature body in the subject of caregiving shows not only negative results of such life approach, but highlights also its positive aspects. Roberto and Jarrott (2008) in their study found out that caregiving influences clear improvement in problem-solving skills. Moreover, it is associated with grow in self-understanding and increasing sense of qualification. In this context it is common to highlight the importance of filial responsibility. Family relationships are related with social capital, which is understood as resource growing when people maintain and care about social relationships with others. One side provides the other side with services so the second one feels obliged to pay back their specific social debt to the first one (Coleman 1988). It happens that children are aware of filial responsibility value, but they still do not provide parents with help or even do not plan to do so (Peek, Coward, Lee 1998). However, children can be also appreciative to pay back their elder parents for all the work and love their received earlier. This is why it is possible for adult children to experience gratification coming from their care work (Harris 2002). Adult children are also likely to notice improvement of their relationship with care receiving parents (Hinrichsen, Hernandez, Pollack

1992) and may experience feeling of being appreciated (Ingersoll-Dayton et al. 2001). All of these aspects may lead to the improvement of life satisfaction among carers and mitigate the effects of negative well-being factors of caregiving to elder parents.

2.2. Informal versus formal caregiving – what serves well-being?

Families who start to take care of their aged relatives join health-care system as its essential part (Henschke 1988). Such a moment in caregiving biography when family caregivers are not able to fulfil all needs of older parents is when formal services may occur. It is possible then to engage professionals employed by government, unprofitable agencies or private enterprise. Health-care system in this regard differs depending on country. Studies the most frequently split European countries into two groups: generous of long-term benefits and public formal care services northern Europe (formal care countries) and southern Europe, which formally covers only basic caregiving needs of lacking sufficient money elderly (family care countries) (Crespo, Mira 2014). Such a split allows to estimate caregiving effects of public institutions with reference to overall well-being of caregivers or elderly health. Studies show that caregiving increases probability of being unemployed (Crespo, Mira 2014; Heger 2014). However, it happens only in countries of formal care dominance. Other study found that caregiving with patient participation in outdoor day treatment decreases caregivers' psychological distress and improves well-being (Rimmerman, Treves, Duvdevany 1999), which explains and confirms that aid to caregiver can help increase his or her own well-being (Diener, Saligman 2004). National politics frequently treats informal care as low-cost method of avoiding institutionalization and enabling patients to stay at home. Whereas informal way of taking care of elderly is never free of charge either for individuals or for governments (Rodrigues et al. 2013).

2.3. Research questions

Based on the literature review presented in the previous sections we formulated the following research questions:

1. What is the relationship between providing any regular support to older parents and well-being/ depression level of adult children?
2. What is the association between providing regular personal care and well-being/ depression among adult children?

3. Are there any differences between males and females with respect to wellbeing/ depression related to regular help/ personal care given to older parents?
4. What is the relationship between providing support / care to a mother or to a father and well-being/depression of adult children?
5. Are there any differences between groups of countries representing different care regimes in Europe with respect to relationship between caregiving for older parents and adult children's well-being/ depression?

3. Method and data

3.1 Data

Data. We use the 6th wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) (Börsch-Supan 2017; Börsch-Supan et al. 2013). The original database contains information on 43,636 respondents aged 50 and older who were interviewed in 2015. For the purposes of our analyses, we limited the sample to individuals aged 50-69 living in private households whose at least one parent was still alive at the moment of the survey. The final sample included 13,790 respondents in 17 European countries: Austria, Germany, Sweden, Spain, Italy, France, Denmark, Greece, Switzerland, Belgium, the Czech Republic, Poland, Luxembourg, Portugal, Slovenia, Estonia, and Croatia.

3.2 Variables in the models

Dependent variables. We used two different proxies for subjective quality of life describing both positive and negative part of this concept. First, we assessed well-being using the quality of life measure based on Maslow's need pyramid – CASP-12, which stands for control, autonomy, self-realization, pleasure. SHARE implemented a 12-question version of the original CASP-19 questionnaire (von dem Knesebeck et al. 2005). The most important characteristic of the CASP measure is that it is based not on an individual's subjective evaluation of life satisfaction, but on an assessment of the main domains of life that are considered important for achieving positive emotional states: control, autonomy, self-realization, and pleasure. The CASP index is based on responses to 12 questions about the person's experiences over the past four weeks. The answers are measured on the Likert scale: often, sometimes, rarely, or never. The obtained dependent variable ranges from 12 to 48, with

higher values indicating higher well-being. Secondly, we approximated subjective quality of life by a variable describing *depression (EURO-D)*, which was based on 12 questions that ask respondents about symptoms related to depression, pessimism, a desire to die, guilt, sleep, interest, irritability, appetite, fatigue, concentration, enjoyment, and tearfulness. The possible answers are 0-no and 1-yes. The final variable of the EURO-D scale varies from zero to 12 with higher values signifying a lower well-being.

Covariates in the models. We controlled for the basic socio-demographic characteristics of the respondents (such as sex, age, marital status, education level, fact of having children, alive siblings and parents), economic situation of the household (subjective financial situation¹), disability and employment status. Also we controlled for the distance between the place of residence of the child and the parent (living in the same household, up to 1 km, between 1 and 25 km, 25-500 km, and 500 km and more). In order to capture how providing regular help to a parent is associated with an individual's well-being, we incorporated two variables into the models. In Model 1, we included a variable describing providing regular (almost daily) help to a parent. This help consisted of personal care, practical help at the household or help with paperwork. Moreover, the information on mentioned types of provided help was gathered for those respondents who do not live with a parent in the same household. Thus, we assumed that those who coreside with parents (or live in the same building) help them regularly in those activities. Therefore, the final variable has two categories describing regular help provided to a mother/ a father 0. no (reference category), 1. yes. It should be noted that the category 'no' indicates that the respondent does not help a parent at all or does it but not regularly (once a week or less often). In the next step we limited the variable describing provided help only to a personal care given to a parent as this kind of activity entails a higher burden and negative consequences for a caregiver. To create this variable we used the information on a regular (almost daily) personal care provided to a parent living in a separate household and care given to a person living in the same household. As we did not have the information about the frequency of care given to a person in the same household, we assumed that it is given regularly (on a daily basis). This variable was incorporated into Model 2.

¹ This variable is based on the following question: "Thinking of your household's total monthly income, would you say that your household is able to make ends meet..." with possible answers: 1. 1. With great difficulty, 2. With some difficulty, 3. Fairly easily, 4. Easily. To sum up, the higher value of this variable, the better financial situation of respondent's household.

3.3 Analytical strategy

As we assumed that all dependent variables can be treated as continuous, we estimated a set of OLS regression models for each dependent variable. We run separate models for respondents having a mother alive and a father alive. We estimated the models for the total sample and in order to capture the differences between males and females – for both sexes separately. Moreover, to verify if there are differences between countries we run separate models for groups of countries. Thus, we divided 17 European countries into four groups: Nordic (Sweden, Denmark), Western (Austria, Belgium, Germany, France, Luxembourg, Switzerland), Central/ Eastern (the Czech Republic, Poland, Slovenia, Estonia, Croatia), Southern (Spain, Italy, Greece, Portugal). All explanatory variables (with except of age) were incorporated into the models as categorical with the following reference categories: sex (males), level of education (low), marital status (married), fact of having children (no), having siblings alive (no), having the other parent alive (no), distance between the place of residence of the child and the parent (living in the same household), employment status (not employed), subjective financial situation (meeting ends with difficulties), disability (without disability), regular help/ personal care provided to a parent (no).

4. Preliminary results

In this part, we will present the results for two sets of linear regression models with dependent variable describing well-being (CASP-12) with different explanatory variables describing help/ personal care provided to a parent (Model 1 and Model 2) for the total sample and for groups of countries only². In all models almost all estimates were significant at level 0.01, 0.05 or 0.1. In general, the results for almost all explanatory variables (such as sex, age, level of education, marital status, disability, subjective financial situation) are in line with the findings described in the literature devoted the relationship between those variables and well-being. Here, we will focus on description of results on the relationship between providing regular care/ help to a parent and subjective well-being of adult children (aged 50-69) and other interesting variables.

² The results obtained for models with depression as dependent variable are similar, thus here we present the results for well-being only.

Table 1 presents the results for Model 1 (support provided to a mother) with dependent variable CASP-12 for the total population and groups of countries. In the model for all countries regular help provided to a mother was not significantly related to well-being of adult children. However, when it comes to comparison between selected groups of countries we can see that the negative association is significant only in Western European countries. In the model for all countries, having siblings alive increased the well-being which may be a sign of support received in care provided to an older mother. Yet, this relation is significant for Central-Eastern European countries. Also, it should be noted that having the other parent alive was significantly, positively related to well-being of adult children in Central-Eastern European countries. What is more, respondents not living in the same household with a mother had higher well-being than those coresiding with a mother.

In the model for support provided to a father no significant relationship between regular help and well-being of children was found for the total sample as well as for the groups of countries (Table 2). Similarly, having the other parent alive (here a mother) had no effect on well-being, while having siblings alive was positively related to well-being for respondents living in Nordic countries. As previously, respondents not living in the same household with a father had higher well-being than those living in the same household with a father, but it holds in the model for all countries and Western European countries only.

When we limit our key explanatory variable to regular personal care provided to parents we receive slightly different results (Model 3 and 4), which are presented in Tables 3-4. In the model estimated for respondents having a mother alive, providing regular care to a mother turned out to be significantly negatively associated with well-being and it holds for respondents living in Western and Central-Eastern European countries. Again, having the other parent alive (here a father) had no effect on well-being, while having siblings alive was positively related to well-being in the model for all countries and Central-Eastern European countries. Again, those not coresiding with an older mother had higher well-being than respondents living with a mother in the same household.

As previously, in the model for care provided to a father no significant relationship between regular care and well-being of children was found for the total sample as well as for the groups of countries (Table 4). Similarly, having the other parent alive (here a mother) had no effect on well-being, while having siblings alive was positively related to well-being for respondents living in Nordic countries. As previously, respondents not living in the same household with a father had higher well-being than those living in the same household with a father, but it holds in the model for all countries and Western European countries only.

The results obtained for models estimated for both sexes separately (not shown here) indicate that described above relationships are significant only for women. This findings seem to reflect the differences in involvement in caregiving between men and women observed in many European countries.

To sum up, with respect to our research questions the obtained results confirm that providing regular support of different kinds to older parents may be detrimental to adult children's subjective quality of life expressed by wellbeing and depression, but only in Western European countries (question 1). However, giving regular personal care to a dependent parent may lower subjective well-being and increase depression level (question 2). However, this relationship is different for men and women, who more often care for older parents in need and as a result may experience more negative consequences of being a main carer of older parents (question 3). Moreover, providing support/ personal care to a mother was found to be negatively associated with well-being/ depression of adult children, while this relationship between caring for a father and well-being/ depression turned out to be mostly insignificant (question 4). Also, it should be underlined that the negative association between giving regular help/ personal care to a parent and adult children's wellbeing is present mostly in Western and Central-European countries, which may reflect the differences between analysed countries in existing care arrangements for older individuals (question 5).

5. Conclusions

The main aim of this paper was the analysis of relationship between support provided to older parents and subjective well-being of adult children aged 50-69 in selected European countries. Subjective quality of life was expressed in terms of well-being and depression. Our findings suggest that providing regular help/ personal care to an older parent may be detrimental to subjective quality of life of adult children (expressed in terms of well-being and depression). Everyday support provided to a dependent person, especially parent, may be a source of stress, which together with other activities and events experienced by people aged 50-69 may lead to a greater burden, lower life satisfaction and greater depression level. Also, the obtained results show that the negative relationship between caregiving and subjective quality of life applies mostly to women. This may reflect a greater involvement of women in caregiving than among men. What is more, regular help/ personal care provided to a mother was of greater importance for adult children well-being/ depression than regular support given to a father. It may reflect

the fact that older males receive support from their spouse, while elderly women as they outlive their partner more often receive support from adult children. Also, the negative association between giving regular help/ personal care to a parent and adult children's wellbeing seems to occur mostly in Western and Central-European countries as it may reflect the differences between analysed countries in existing care arrangements for older individuals. In countries with a broader access to formal care services for older people regular help/ personal care may signify different involvement in this activity than in countries where formal care is almost non-existent.

This topic needs further analysis. For example, detailed characteristics of caregiving (duration, time spent daily on this activity), health condition of a parent, the quality of relationship between parents and adult children, living arrangements of a parent would give more information on consequences of caregiving. Moreover, knowledge about family relationships and receiving support from other sources (siblings, other relatives or formal care services) would add more understanding of relationship between caregiving and well-being of carers. Also, the changes observed in caregiving status in time would shed some light on the analysed issue.

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Tables

Table 1. Results from OLS regression models of well-being (CASP-12) for people aged 50-69 (Model 1 – support provided to a mother)

| VARIABLES | Group of countries | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------|--------------------|------|---------|--------|---------|------|---------|-----|---------|-----------------|---------|-----|----------|------|---------|-----|---------|------|---------|-----|
| | All | | | Nordic | | | Western | | | Central-Eastern | | | Southern | | | | | | | |
| | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | |
| Sex (ref. men) | | | | | | | | | | | | | | | | | | | | |
| women | -0.20 | 0.09 | 0.04 | ** | 0.61 | 0.22 | 0.01 | *** | 0.00 | 0.15 | 0.98 | | -0.05 | 0.19 | 0.78 | | -0.99 | 0.19 | 0.00 | *** |
| Age | 0.00 | 0.01 | 0.83 | | 0.05 | 0.03 | 0.06 | * | 0.06 | 0.02 | 0.00 | *** | -0.02 | 0.02 | 0.44 | | -0.07 | 0.02 | 0.00 | *** |
| Level of education (ref. low) | | | | | | | | | | | | | | | | | | | | |
| medium | 1.02 | 0.12 | 0.00 | *** | 0.51 | 0.39 | 0.19 | | 1.03 | 0.22 | 0.00 | *** | 1.03 | 0.25 | 0.00 | *** | -0.22 | 0.22 | 0.31 | |
| high | 1.01 | 0.13 | 0.00 | *** | 0.19 | 0.38 | 0.61 | | 0.91 | 0.23 | 0.00 | *** | 1.40 | 0.28 | 0.00 | *** | -0.08 | 0.23 | 0.74 | |
| Marital status (ref. married) | | | | | | | | | | | | | | | | | | | | |
| single | -0.28 | 0.21 | 0.17 | | -1.09 | 0.40 | 0.01 | *** | -0.67 | 0.32 | 0.04 | ** | -0.76 | 0.50 | 0.13 | | -0.02 | 0.48 | 0.97 | |
| Divorced/ in separation | -0.53 | 0.14 | 0.00 | *** | -0.54 | 0.35 | 0.13 | | -0.87 | 0.21 | 0.00 | *** | -0.88 | 0.28 | 0.00 | *** | -0.61 | 0.37 | 0.09 | * |
| widowed | -0.31 | 0.24 | 0.19 | | 0.18 | 0.60 | 0.76 | | 0.48 | 0.36 | 0.18 | | -1.16 | 0.45 | 0.01 | ** | -1.39 | 0.47 | 0.00 | *** |
| Having children (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.48 | 0.18 | 0.01 | *** | -0.15 | 0.51 | 0.76 | | 0.59 | 0.28 | 0.03 | ** | 0.33 | 0.47 | 0.48 | | -0.12 | 0.32 | 0.72 | |
| Having siblings alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.82 | 0.37 | 0.03 | ** | 0.45 | 0.87 | 0.61 | | 0.04 | 0.75 | 0.95 | | 1.28 | 0.74 | 0.09 | * | 0.38 | 0.54 | 0.48 | |
| Employment status (ref. not employed) | | | | | | | | | | | | | | | | | | | | |
| employed | 0.61 | 0.11 | 0.00 | *** | 0.96 | 0.34 | 0.00 | *** | 0.52 | 0.18 | 0.00 | *** | 0.31 | 0.23 | 0.17 | | 0.52 | 0.21 | 0.01 | ** |
| Subjective financial situation – meet ends (ref. with difficulties) | | | | | | | | | | | | | | | | | | | | |
| with some difficulties | 3.05 | 0.18 | 0.00 | *** | 1.33 | 1.19 | 0.26 | | 2.43 | 0.45 | 0.00 | *** | 2.33 | 0.32 | 0.00 | *** | 3.11 | 0.25 | 0.00 | *** |
| rather easily | 5.49 | 0.18 | 0.00 | *** | 3.30 | 1.14 | 0.00 | *** | 5.04 | 0.43 | 0.00 | *** | 3.73 | 0.34 | 0.00 | *** | 5.70 | 0.27 | 0.00 | *** |
| easily | 7.45 | 0.18 | 0.00 | *** | 4.73 | 1.11 | 0.00 | *** | 6.82 | 0.43 | 0.00 | *** | 4.87 | 0.36 | 0.00 | *** | 7.33 | 0.30 | 0.00 | *** |
| Disability (ref. not disabled) | | | | | | | | | | | | | | | | | | | | |
| disabled | -2.37 | 0.10 | 0.00 | *** | -2.70 | 0.28 | 0.00 | *** | -2.46 | 0.16 | 0.00 | *** | -2.93 | 0.20 | 0.00 | *** | -2.80 | 0.23 | 0.00 | *** |
| Having the other parent alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.15 | 0.10 | 0.15 | | -0.26 | 0.25 | 0.30 | | 0.13 | 0.16 | 0.42 | | 0.41 | 0.24 | 0.08 | * | -0.32 | 0.20 | 0.12 | |
| Distance to a parent (ref. living in the same hh) | | | | | | | | | | | | | | | | | | | | |
| up to 1 km | 0.87 | 0.26 | 0.00 | *** | -0.67 | 1.25 | 0.59 | | 0.89 | 0.54 | 0.10 | | 1.01 | 0.43 | 0.02 | ** | 1.28 | 0.44 | 0.00 | *** |
| Between 1 and | 0.93 | 0.28 | 0.00 | *** | -0.52 | 1.27 | 0.68 | | 0.96 | 0.56 | 0.09 | * | 0.67 | 0.49 | 0.17 | | 0.83 | 0.48 | 0.09 | * |

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------|--------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|
| 25 km | | | | | | | | | | | | | | | | | | | | |
| Between 25 and 500 km | 1.22 | 0.29 | 0.00 | *** | -0.82 | 1.28 | 0.52 | | 1.31 | 0.57 | 0.02 | ** | 0.98 | 0.51 | 0.05 | * | 0.93 | 0.51 | 0.07 | * |
| more than 500 km | 1.02 | 0.33 | 0.00 | *** | -1.70 | 1.34 | 0.20 | | 0.74 | 0.60 | 0.22 | | 0.91 | 0.67 | 0.17 | | 1.73 | 0.64 | 0.01 | *** |
| Regular support provided to a parent (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.17 | 0.18 | 0.35 | | 0.86 | 0.84 | 0.31 | | -0.49 | 0.30 | 0.10 | * | -0.02 | 0.36 | 0.96 | | -0.01 | 0.31 | 0.98 | |
| Constant | 30.89 | 0.84 | 0.00 | *** | 34.30 | 2.48 | 0.00 | *** | 29.12 | 1.50 | 0.00 | *** | 33.75 | 1.70 | 0.00 | *** | 36.01 | 1.52 | 0.00 | *** |
| Observations | 12,044 | | | | 1,358 | | | | 4,562 | | | | 2,982 | | | | 3,142 | | | |
| R-squared | 0.29 | | | | 0.20 | | | | 0.25 | | | | 0.22 | | | | 0.27 | | | |

Source: SHARE data wave 6 authors' calculations.

Significance levels: *** p<0.01, ** p<0.05, * p<0.1

Table 2. Results from OLS regression models of well-being (CASP-12) for people aged 50-69 (Model 2 – support provided to a father)

| VARIABLES | Group of countries | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------|--------------------|------|---------|---------|---------|------|---------|---------|---------|------|-----------------|---------|---------|----------|---------|---------|---------|------|---------|-----|
| | All | | | Nordic | | | | Western | | | Central-Eastern | | | Southern | | | | | | |
| | β | SE | P-value | β | β | SE | P-value | β | β | SE | p-value | β | β | SE | P-value | β | β | SE | P-value | |
| Sex (ref. men) | | | | | | | | | | | | | | | | | | | | |
| women | -0.27 | 0.14 | 0.05 | * | 0.36 | 0.33 | 0.27 | | -0.21 | 0.21 | 0.31 | | 0.37 | 0.33 | 0.26 | | -1.08 | 0.29 | 0.00 | *** |
| Age | -0.03 | 0.02 | 0.15 | | 0.00 | 0.04 | 0.96 | | 0.07 | 0.03 | 0.02 | ** | -0.03 | 0.05 | 0.52 | | -0.12 | 0.03 | 0.00 | *** |
| Level of education (ref. low) | | | | | | | | | | | | | | | | | | | | |
| medium | 0.60 | 0.20 | 0.00 | *** | -1.22 | 0.59 | 0.04 | ** | 0.72 | 0.34 | 0.04 | ** | 0.96 | 0.47 | 0.04 | ** | -0.49 | 0.33 | 0.13 | |
| high | 0.95 | 0.20 | 0.00 | *** | -0.88 | 0.56 | 0.12 | | 0.96 | 0.34 | 0.01 | *** | 0.99 | 0.51 | 0.05 | * | 0.36 | 0.35 | 0.30 | |
| Marital status (ref. married) | | | | | | | | | | | | | | | | | | | | |
| single | 0.32 | 0.30 | 0.29 | | -0.73 | 0.71 | 0.30 | | 0.46 | 0.45 | 0.31 | | -0.25 | 0.69 | 0.72 | | 0.23 | 0.68 | 0.73 | |
| Divorced/ in sepearation | -0.42 | 0.22 | 0.05 | * | -0.23 | 0.48 | 0.63 | | -0.53 | 0.32 | 0.09 | * | -1.64 | 0.47 | 0.00 | *** | -0.39 | 0.54 | 0.47 | |
| widowed | -0.26 | 0.41 | 0.53 | | -0.84 | 1.05 | 0.42 | | 0.70 | 0.58 | 0.23 | | -1.84 | 0.79 | 0.02 | ** | -0.58 | 0.87 | 0.51 | |
| Having children (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.72 | 0.25 | 0.00 | *** | 0.33 | 0.79 | 0.68 | | 0.57 | 0.39 | 0.15 | | 1.45 | 0.79 | 0.07 | * | 0.03 | 0.43 | 0.94 | |
| Having siblings alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.20 | 0.58 | 0.73 | | 4.91 | 0.74 | 0.00 | *** | -1.12 | 0.89 | 0.21 | | 0.53 | 1.11 | 0.63 | | 0.38 | 0.93 | 0.69 | |
| Employment status (ref. not employed) | | | | | | | | | | | | | | | | | | | | |
| employed | 0.48 | 0.17 | 0.01 | *** | 1.51 | 0.58 | 0.01 | *** | 0.58 | 0.27 | 0.03 | ** | -0.02 | 0.38 | 0.95 | | 0.02 | 0.31 | 0.95 | |

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|
| Subjective financial situation – meet ends (ref. with difficulties) | | | | | | | | | | | | | | | | | | | | |
| with some difficulties | 3.37 | 0.28 | 0.00 | *** | 2.08 | 2.70 | 0.44 | | 2.93 | 0.74 | 0.00 | *** | 2.36 | 0.57 | 0.00 | *** | 3.21 | 0.37 | 0.00 | *** |
| rather easily | 5.92 | 0.28 | 0.00 | *** | 3.67 | 2.66 | 0.17 | | 5.63 | 0.72 | 0.00 | *** | 4.28 | 0.60 | 0.00 | *** | 5.56 | 0.41 | 0.00 | *** |
| easily | 7.87 | 0.27 | 0.00 | *** | 5.17 | 2.64 | 0.05 | * | 7.59 | 0.71 | 0.00 | *** | 4.51 | 0.63 | 0.00 | *** | 7.24 | 0.46 | 0.00 | *** |
| Disability (ref. not disabled) | | | | | | | | | | | | | | | | | | | | |
| disabled | -2.10 | 0.16 | 0.00 | *** | -2.41 | 0.42 | 0.00 | *** | -2.04 | 0.23 | 0.00 | *** | -3.02 | 0.35 | 0.00 | *** | -2.87 | 0.36 | 0.00 | *** |
| Having the other parent alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.19 | 0.15 | 0.20 | | -0.19 | 0.34 | 0.58 | | 0.14 | 0.22 | 0.50 | | 0.10 | 0.34 | 0.78 | | -0.16 | 0.32 | 0.62 | |
| Distance to a parent (ref. living in the same hh) | | | | | | | | | | | | | | | | | | | | |
| up to 1 km | 1.26 | 0.51 | 0.01 | ** | -0.25 | 2.35 | 0.92 | | 2.85 | 1.20 | 0.02 | ** | 1.66 | 0.90 | 0.07 | * | 0.55 | 0.76 | 0.47 | |
| Between 1 and 25 km | 1.15 | 0.54 | 0.03 | ** | 0.41 | 2.38 | 0.86 | | 2.43 | 1.22 | 0.05 | ** | 0.92 | 0.97 | 0.34 | | -0.11 | 0.82 | 0.89 | |
| Between 25 and 500 km | 1.63 | 0.54 | 0.00 | *** | 0.29 | 2.40 | 0.90 | | 2.73 | 1.22 | 0.03 | ** | 1.42 | 0.99 | 0.15 | | 0.24 | 0.86 | 0.78 | |
| more than 500 km | 1.43 | 0.60 | 0.02 | ** | 0.58 | 2.47 | 0.81 | | 2.25 | 1.26 | 0.08 | * | 2.04 | 1.34 | 0.13 | | 0.51 | 1.12 | 0.65 | |
| Regular support provided to a parent (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.12 | 0.29 | 0.69 | | -0.28 | 0.98 | 0.78 | | 0.20 | 0.48 | 0.68 | | 0.26 | 0.59 | 0.66 | | -0.19 | 0.47 | 0.68 | |
| Constant | 32.40 | 1.30 | 0.00 | *** | 31.19 | 3.90 | 0.00 | *** | 27.64 | 2.32 | 0.00 | *** | 34.07 | 3.05 | 0.00 | *** | 39.78 | 2.30 | 0.00 | *** |
| Observations | 4,932 | | | | 654 | | | | 1,984 | | | | 937 | | | | 1,357 | | | |
| R-squared | 0.30 | | | | 0.19 | | | | 0.26 | | | | 0.23 | | | | 0.26 | | | |

Source: SHARE data wave 6 authors' calculations.

Significance levels: *** p<0.01, ** p<0.05, * p<0.1

Table 3. Results from OLS regression models of well-being (CASP-12) for people aged 50-69 (Model 3 – personal care provided to a mother)

| VARIABLES | Group of countries | | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--------------------|------|---------|---------|------|---------|---------|-----|---------|-----------------|------|---------|----------|------|---------|---------|-------|---------|------|-----|
| | All | | | Nordic | | | Western | | | Central-Eastern | | | Southern | | | | | | | |
| | β | SE | P-value | β | SE | P-value | β | SE | P-value | β | SE | P-value | β | SE | P-value | β | SE | P-value | | |
| Sex (ref. men) | | | | | | | | | | | | | | | | | | | | |
| women | -0.18 | 0.09 | 0.06 | * | 0.61 | 0.22 | 0.01 | *** | 0.02 | 0.15 | 0.87 | | -0.01 | 0.19 | 0.95 | | -1.00 | 0.19 | 0.00 | *** |
| Age | | | | | | | | | | | | | | | | | | | | |
| | 0.00 | 0.01 | 0.73 | | 0.05 | 0.03 | 0.06 | * | 0.06 | 0.02 | 0.00 | *** | -0.01 | 0.02 | 0.55 | | -0.07 | 0.02 | 0.00 | *** |
| Level of education (ref. low) | | | | | | | | | | | | | | | | | | | | |
| medium | 1.01 | 0.12 | 0.00 | *** | 0.51 | 0.39 | 0.19 | | 1.02 | 0.22 | 0.00 | *** | 1.04 | 0.25 | 0.00 | *** | -0.22 | 0.22 | 0.32 | |
| high | 1.01 | 0.13 | 0.00 | *** | 0.20 | 0.38 | 0.61 | | 0.90 | 0.23 | 0.00 | *** | 1.42 | 0.28 | 0.00 | *** | -0.07 | 0.23 | 0.75 | |

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------|--------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|
| Marital status (<i>ref. married</i>) | | | | | | | | | | | | | | | | | | | | |
| single | -0.29 | 0.21 | 0.16 | | -1.09 | 0.40 | 0.01 | *** | -0.67 | 0.32 | 0.04 | ** | -0.74 | 0.50 | 0.14 | | -0.01 | 0.47 | 0.98 | |
| Divorced/ in separation | -0.53 | 0.14 | 0.00 | *** | -0.54 | 0.35 | 0.13 | | -0.88 | 0.21 | 0.00 | *** | -0.86 | 0.28 | 0.00 | *** | -0.61 | 0.36 | 0.09 | * |
| widowed | -0.31 | 0.24 | 0.20 | | 0.17 | 0.60 | 0.77 | | 0.49 | 0.36 | 0.17 | | -1.13 | 0.45 | 0.01 | ** | -1.39 | 0.47 | 0.00 | *** |
| Having children (<i>ref. no</i>) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.48 | 0.18 | 0.01 | *** | -0.15 | 0.51 | 0.78 | | 0.59 | 0.28 | 0.04 | ** | 0.35 | 0.47 | 0.46 | | -0.12 | 0.32 | 0.71 | |
| Having siblings alive (<i>ref. no</i>) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.81 | 0.37 | 0.03 | ** | 0.46 | 0.88 | 0.60 | | 0.02 | 0.75 | 0.98 | | 1.25 | 0.74 | 0.09 | * | 0.39 | 0.54 | 0.47 | |
| Employment status (<i>ref. not employed</i>) | | | | | | | | | | | | | | | | | | | | |
| employed | 0.61 | 0.11 | 0.00 | *** | 0.97 | 0.34 | 0.00 | *** | 0.50 | 0.18 | 0.00 | *** | 0.31 | 0.23 | 0.16 | | 0.52 | 0.21 | 0.01 | ** |
| Subjective financial situation – meet ends (<i>ref. with difficulties</i>) | | | | | | | | | | | | | | | | | | | | |
| with some difficulties | 3.04 | 0.18 | 0.00 | *** | 1.33 | 1.19 | 0.26 | | 2.42 | 0.45 | 0.00 | *** | 2.35 | 0.32 | 0.00 | *** | 3.11 | 0.25 | 0.00 | *** |
| rather easily | 5.49 | 0.18 | 0.00 | *** | 3.30 | 1.14 | 0.00 | *** | 5.03 | 0.43 | 0.00 | *** | 3.74 | 0.34 | 0.00 | *** | 5.71 | 0.28 | 0.00 | *** |
| easily | 7.46 | 0.18 | 0.00 | *** | 4.73 | 1.11 | 0.00 | *** | 6.82 | 0.43 | 0.00 | *** | 4.88 | 0.36 | 0.00 | *** | 7.33 | 0.30 | 0.00 | *** |
| Disability (<i>ref. not disabled</i>) | | | | | | | | | | | | | | | | | | | | |
| disabled | -2.37 | 0.10 | 0.00 | *** | -2.70 | 0.28 | 0.00 | *** | -2.47 | 0.16 | 0.00 | *** | -2.93 | 0.20 | 0.00 | *** | -2.80 | 0.23 | 0.00 | *** |
| Having the other parent alive (<i>ref. no</i>) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.16 | 0.10 | 0.13 | | -0.25 | 0.25 | 0.32 | | 0.13 | 0.16 | 0.44 | | 0.38 | 0.24 | 0.11 | | -0.31 | 0.20 | 0.12 | |
| Distance to a parent (<i>ref. living in the same hh</i>) | | | | | | | | | | | | | | | | | | | | |
| up to 1 km | 0.86 | 0.24 | 0.00 | *** | -1.49 | 1.08 | 0.17 | | 1.05 | 0.51 | 0.04 | ** | 0.87 | 0.38 | 0.02 | ** | 1.35 | 0.41 | 0.00 | *** |
| Between 1 and 25 km | 0.92 | 0.23 | 0.00 | *** | -1.38 | 0.99 | 0.16 | | 1.16 | 0.49 | 0.02 | ** | 0.44 | 0.36 | 0.23 | | 0.92 | 0.42 | 0.03 | ** |
| Between 25 and 500 km | 1.20 | 0.24 | 0.00 | *** | -1.68 | 0.99 | 0.09 | * | 1.50 | 0.50 | 0.00 | *** | 0.72 | 0.39 | 0.06 | * | 1.02 | 0.45 | 0.02 | ** |
| more than 500 km | 1.00 | 0.29 | 0.00 | *** | -2.56 | 1.06 | 0.02 | ** | 0.93 | 0.54 | 0.09 | * | 0.65 | 0.57 | 0.26 | | 1.83 | 0.59 | 0.00 | *** |
| Regular personal care provided to a parent (<i>ref. no</i>) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.49 | 0.19 | 0.01 | ** | 0.74 | 0.91 | 0.41 | | -0.81 | 0.32 | 0.01 | ** | -0.75 | 0.35 | 0.03 | ** | 0.20 | 0.35 | 0.58 | |
| Constant | 30.85 | 0.82 | 0.00 | *** | 35.10 | 2.35 | 0.00 | *** | 28.89 | 1.49 | 0.00 | *** | 33.74 | 1.68 | 0.00 | *** | 35.95 | 1.48 | 0.00 | *** |
| Observations | 12,044 | | | | 1,358 | | | | 4,562 | | | | 2,982 | | | | 3,142 | | | |
| R-squared | 0.29 | | | | 0.20 | | | | 0.25 | | | | 0.22 | | | | 0.27 | | | |

Source: SHARE data wave 6 authors' calculations.

Significance levels: *** p<0.01, ** p<0.05, * p<0.1

Table 4. Results from OLS regression models of well-being (CASP-12) for people aged 50-69 (Model 4 – personal care provided to a father)

| VARIABLES | Group of countries | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------|--------------------|------|---------|--------|---------|------|---------|-----|---------|-----------------|---------|-----|----------|------|---------|-----|---------|------|---------|-----|
| | All | | | Nordic | | | Western | | | Central-Eastern | | | Southern | | | | | | | |
| | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | | β | SE | P-value | |
| Sex (ref. men) | | | | | | | | | | | | | | | | | | | | |
| women | -0.27 | 0.14 | 0.06 | * | 0.36 | 0.33 | 0.27 | | -0.22 | 0.21 | 0.30 | | 0.38 | 0.33 | 0.25 | | -1.08 | 0.29 | 0.00 | *** |
| Age | -0.03 | 0.02 | 0.16 | | 0.00 | 0.04 | 0.96 | | 0.07 | 0.03 | 0.02 | ** | -0.03 | 0.05 | 0.58 | | -0.12 | 0.03 | 0.00 | *** |
| Level of education (ref. low) | | | | | | | | | | | | | | | | | | | | |
| medium | 0.60 | 0.20 | 0.00 | *** | -1.22 | 0.59 | 0.04 | ** | 0.72 | 0.34 | 0.04 | ** | 0.98 | 0.47 | 0.04 | ** | -0.48 | 0.33 | 0.14 | |
| high | 0.95 | 0.20 | 0.00 | *** | -0.86 | 0.57 | 0.13 | | 0.96 | 0.34 | 0.01 | *** | 1.00 | 0.51 | 0.05 | ** | 0.36 | 0.35 | 0.30 | |
| Marital status (ref. married) | | | | | | | | | | | | | | | | | | | | |
| single | 0.31 | 0.30 | 0.29 | | -0.76 | 0.71 | 0.29 | | 0.46 | 0.45 | 0.31 | | -0.23 | 0.69 | 0.74 | | 0.23 | 0.68 | 0.73 | |
| Divorced/ in separation | -0.42 | 0.22 | 0.05 | * | -0.24 | 0.48 | 0.61 | | -0.53 | 0.32 | 0.10 | * | -1.63 | 0.48 | 0.00 | *** | -0.39 | 0.54 | 0.47 | |
| widowed | -0.26 | 0.41 | 0.53 | | -0.85 | 1.05 | 0.42 | | 0.70 | 0.58 | 0.23 | | -1.76 | 0.78 | 0.02 | ** | -0.57 | 0.87 | 0.52 | |
| Having children (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.72 | 0.25 | 0.00 | *** | 0.31 | 0.79 | 0.70 | | 0.57 | 0.39 | 0.15 | | 1.46 | 0.79 | 0.07 | * | 0.03 | 0.43 | 0.95 | |
| Having siblings alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | 0.19 | 0.58 | 0.74 | | 4.92 | 0.74 | 0.00 | *** | -1.12 | 0.89 | 0.21 | | 0.42 | 1.11 | 0.71 | | 0.36 | 0.93 | 0.70 | |
| Employment status (ref. not employed) | | | | | | | | | | | | | | | | | | | | |
| employed | 0.47 | 0.17 | 0.01 | *** | 1.50 | 0.58 | 0.01 | *** | 0.58 | 0.27 | 0.03 | ** | -0.02 | 0.38 | 0.95 | | 0.02 | 0.31 | 0.94 | |
| Subjective financial situation – meet ends (ref. with difficulties) | | | | | | | | | | | | | | | | | | | | |
| with some difficulties | 3.37 | 0.28 | 0.00 | *** | 2.06 | 2.70 | 0.44 | | 2.93 | 0.74 | 0.00 | *** | 2.40 | 0.57 | 0.00 | *** | 3.20 | 0.37 | 0.00 | *** |
| rather easily | 5.93 | 0.28 | 0.00 | *** | 3.68 | 2.67 | 0.17 | | 5.63 | 0.72 | 0.00 | *** | 4.33 | 0.60 | 0.00 | *** | 5.55 | 0.41 | 0.00 | *** |
| easily | 7.87 | 0.27 | 0.00 | *** | 5.17 | 2.65 | 0.05 | * | 7.59 | 0.71 | 0.00 | *** | 4.55 | 0.63 | 0.00 | *** | 7.23 | 0.46 | 0.00 | *** |
| Disability (ref. not disabled) | | | | | | | | | | | | | | | | | | | | |
| disabled | -2.10 | 0.16 | 0.00 | *** | -2.40 | 0.42 | 0.00 | *** | -2.04 | 0.23 | 0.00 | *** | -3.04 | 0.35 | 0.00 | *** | -2.86 | 0.36 | 0.00 | *** |
| Having the other parent alive (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.20 | 0.15 | 0.18 | | -0.21 | 0.35 | 0.55 | | 0.15 | 0.22 | 0.50 | | 0.03 | 0.34 | 0.93 | | -0.15 | 0.32 | 0.65 | |
| Distance to a parent (ref. living in the same hh) | | | | | | | | | | | | | | | | | | | | |
| up to 1 km | 1.13 | 0.48 | 0.02 | ** | -0.30 | 2.32 | 0.90 | | 2.73 | 1.14 | 0.02 | ** | 1.23 | 0.85 | 0.15 | | 0.72 | 0.71 | 0.31 | |
| Between 1 and 25 km | 0.98 | 0.47 | 0.04 | ** | 0.33 | 2.30 | 0.89 | | 2.28 | 1.11 | 0.04 | ** | 0.36 | 0.82 | 0.66 | | 0.12 | 0.72 | 0.87 | |
| Between 25 and | 1.44 | 0.48 | 0.00 | *** | 0.20 | 2.31 | 0.93 | | 2.59 | 1.11 | 0.02 | ** | 0.81 | 0.84 | 0.33 | | 0.48 | 0.76 | 0.52 | |

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|-------|------|------|-----|
| 500 km | | | | | | | | | | | | | | | | | | | | |
| more than 500 km | 1.24 | 0.54 | 0.02 | ** | 0.49 | 2.38 | 0.84 | | 2.10 | 1.15 | 0.07 | * | 1.43 | 1.22 | 0.24 | | 0.76 | 1.04 | 0.47 | |
| Regular personal care provided to a parent (ref. no) | | | | | | | | | | | | | | | | | | | | |
| yes | -0.24 | 0.34 | 0.48 | | -0.97 | 1.15 | 0.40 | | 0.27 | 0.64 | 0.68 | | -1.06 | 0.65 | 0.10 | | 0.19 | 0.53 | 0.72 | |
| Constant | 32.56 | 1.28 | 0.00 | *** | 31.31 | 3.88 | 0.00 | *** | 27.79 | 2.28 | 0.00 | *** | 34.53 | 3.05 | 0.00 | *** | 39.58 | 2.28 | 0.00 | *** |
| Observations | 4,932 | | | | 654 | | | | 1,984 | | | | 937 | | | | 1,357 | | | |
| R-squared | 0.30 | | | | 0.20 | | | | 0.26 | | | | 0.23 | | | | 0.26 | | | |

Source: SHARE data wave 6 authors' calculations.
Significance levels: *** p<0.01, ** p<0.05, * p<0.1