

Ageing and the life course strand

Strand organiser: Professor Athina Vlachantoni (University of Southampton)

1.30pm Monday 5 September: The impact of informal care & support across the life course

The impact of grandchild care provision on grandparents' depressive symptoms across Europe using multi-level analysis: Do the grandchild caring patterns and the country's economy matter?

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Little research has examined the cross-national differences in the impact of grandchild care provision on the grandparents' depression, by taking into account of both macro- and micro-level factors. This study used a unique grandchild caring pattern variable in order to examine the effect of the changes in the intensity of grandchild caring on the grandparents' depressive symptoms in European countries, and whether the grandparents' country level economy influenced such effect. Longitudinal data derived from the Survey of Health, Ageing, and Retirement in Europe 2010-18 covered 13 countries and 24,656 grandparents aged 50-90. Multi-level linear regression analyses with REML estimation were used. This study found that providing grandchild care had a protective effect against grandparents' depressive symptoms in both lower and higher income countries. Moreover, providing more intensive grandchild care reduced the grandparents' depressive symptoms to a greater extent in lower income countries than higher income countries. In addition, grandmothers benefited more from grandchild caring than grandfathers, and the gender gap in the effects of grandchild care provision on one's depressive symptoms was wider in lower income countries than higher income countries in Europe. Future research can further investigate the mechanisms behind such results. The research findings can be used to develop targeted interventions aimed at grandparents providing childcare of different intensity.

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A wage premium or wage penalty for unpaid care? Wage developments of unpaid carers and non-carers in the Netherlands

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Population ageing leads to more and more older people with complex health issues in need of care. Unpaid care is therefore expected to increase in Western countries. However, unpaid care – providing health-related care to sick, disabled, or older people in the personal network – is often difficult to combine with employment. This may result in lower wages for carers in the short and long term. Yet, there could also be positive long-term effects of caring on employment, as expected by enhancement theory. Skills learned from caring might be used to improve one's labour market position. Research has not yet considered how wages develop after unpaid care started and how the duration of not only single but also multiple caring episodes affect wage development. We fill this gap by theoretically and empirically specifying the conditions under which we expect a negative or positive effect of unpaid care on wage development. Furthermore, we take a gendered perspective and compare how unpaid care may differently impact wages of women and men. We do so by applying growth curve modelling, analysing 20 years of hourly wages in the Netherlands from register data combined with retrospective unpaid care episodes collected in the LISS panel. We expect that unpaid care first influences wage development negatively. With a longer duration, meaning more time to learn skills, unpaid carers could improve their labour market position, which would lead to a steeper increase in wages. The wage development of women is expected to be less affected by unpaid care.

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Does social support buffer the effects of providing care for parents on caregivers' mental health?

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Caring for older parents can be a source of stress, especially when it involves intensive care and particularly at the beginning and end of caregiving episodes. Previous studies have found social support to be a protective factor for caregivers' well-being. There is also evidence that area deprivation influences poor mental health and that positive perceptions of neighbourhood social cohesion are associated with fewer depressive symptoms. We use nationally representative data from the UK Household Longitudinal Survey (UKHLS) to investigate changes in mental health associated with parental caregiving, considering factors which may mediate or moderate effects of stress on mental health. The selected sample comprises 8,715 adults aged 40-65 at wave 3 who were interviewed in waves 5 and 6 and lived continuously at the same address. We examine whether the mental health impacts of caregiving are moderated by objective and subjective measures of social support at individual and neighbourhood levels, taking account of known stressors (intensive caregiving and living with young children). We hypothesise that caregivers with a reduced family and friendship network or living in deprived areas may experience poorer mental health, and that perceived high social support or neighbourhood social cohesion may buffer the effects of caregiving on mental health. Examination of these supports sheds further light on the factors that mediate or moderate the negative impact of care on mental health and may highlight the role of neighbourhood social cohesion and social connectedness as potentially modifiable factors in preventing mental health decline among intensive informal caregivers.

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The impact of changing social support on older persons' onset of loneliness during the COVID-19 pandemic in the UK

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Social distancing measures aimed at controlling the spread of COVID-19 are likely to have increased social isolation amongst those over 70 instructed to shield at home. This study examines the incidence of loneliness by gender over the first ten months of the COVID-19 pandemic among persons aged 70 and above in the UK, and the impact of changing social networks and perceived social support on the new occurrence of loneliness. Participants (N=1,235) aged 70 and over with no reports of loneliness before the pandemic who participated in seven rounds of the Understanding Society: COVID-19 Study (April 2020-January 2021) and the main Understanding Society study conducted during 2019, were included. Cox regression analysed the time to a new occurrence of loneliness. The results showed that among older people who hardly ever/never felt lonely before the pandemic, 33.7% reported some degree of loneliness between April 2020-January 2021. Living in a single-person household, having received more social support before the pandemic, changes in support receipt during the pandemic and a deteriorating relationship with one's partner during the pandemic increased the risk of experiencing loneliness. Older women were more likely than older men to report loneliness, even when living with a partner. This paper shows that during the three COVID-related lockdowns in the UK, changes in older people's social networks and support resulted in a significant onset of loneliness. Findings highlight the risks of shielding older persons from COVID-19 in terms of their mental well-being and the importance of strengthening intergenerational support.

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5.30pm Tuesday 6 September: Intergenerational transfers & wellbeing in later life

Transferring privilege: The relationship between inequality and socio-economic divides in intergenerational transfers in the United States

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The role of intergenerational transfers for the reproduction of inequality is widely acknowledged. However, transfers of money and co-residence from older parents to young-adult children are under-explored as means

of status reproduction. Support to young-adult children may contribute to the reproduction of inequality if rising contextual inequality increases socio-economic disparities in parental support. In contexts of high inequality, richer parents may have more resources as well as stronger motivations to financially support their children, while poorer parents may rely mostly on intergenerational co-residence. This is the first study to test the relationship between contextual inequality and socio-economic gradients in parental transfers of money and co-residence to young-adult children (aged 20-39). I link State-level inequality figures from 1992 to 2018 to longitudinal data on approximately 20,000 parent-child dyads from the United States (US) Health and Retirement Study (HRS). Using fixed-effects models, I investigate how changes in State-level inequality relate to changes in wealth and education gradients in parental investments over time. Preliminary findings show that higher contextual inequality relates to wider socio-economic gaps in the occurrence and amount of parental financial support, but not co-residence. I further explore the mechanisms explaining the relationship between inequality and socio-economic divides in financial support, including increasing disparities in financial resources and “fear of falling” during times of higher inequality. Preliminary results suggest that, as inequality increases, richer parents disproportionately increase their financial support to young adults both thanks to their greater financial resources and as strategy for avoiding downward social mobility.

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Will family bring happiness in older ages? A global view

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The importance of family for older individuals is highly dependent on the functions served by family members, which vary across cultural and institutional contexts. This study investigates the relationship between living with family members and happiness in older ages across Europe and East Asia. Combining all available rounds of the European Social Surveys (2002–2018) and the East Asian Social Surveys (2006 and 2016), we take a multi-generational view by looking at the relationship between life satisfaction and living arrangement for 55,125 men and 63,347 women aged 30 to 45, and 59,887 men and 75,738 women aged 60+ in 42 countries. We focus on spousal, child, and parental co-residence to capture family structure, controlling for health and socioeconomic factors for men and women separately. We find that older ages are associated with significant declines in happiness in Eastern European countries in general compared to other regions. Among younger individuals, being partnered is associated with higher life satisfaction in Europe compared to Asia. Among older individuals, living with (even older) parents is shown to have negative effects for South Korean men. Individuals who live with children at any ages in any country are not more likely to be happier than those who do not. As fertility steadily declines across the world, understanding the linkage between family co-residence and well-being for older individuals will prove pivotal in devising policies geared toward quality-of-life maintenance throughout the life course.

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Older person’s motivations to participate in the use of mobile smartphone app monitoring of hypertension in Uganda.

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The CVD risk factors contribute to over 60% of NCD related deaths in later years. Therefore, urgent need for strategies optimally monitor and control CVD risk factors is paramount in averting morbidity and mortality among older persons. A mobile smart phone App focusing on monitoring of hypertension could be an innovative tool to encourage. The study aimed at exploring older persons motivates for participating in eHealth monitoring of blood pressure. The paper included a cross-sectional research using a qualitative approach (HTN SmartApp Study). It is a nested study from the prospective study of “Testing the use of Smartphone App in control hypertension in Uganda”. A total of 45 interview guides and 4 focus group discussions were conducted. The study included older persons with Smart phone, diagnosed with hypertension and he/she is on treatment. We employed semi-structured questionnaires for data collection. The results showed that eagerness to know about their Blood pressure numbers, benefits from other CVD risk reduction

strategies, reminder to take medications, being functionally independent, daily check up their BP numbers, presence of individual at home and being the first cohort to participate in this trial, were some of the prominent motivators to participate in this trial. Although the design of the study could have influenced the reasons to participate in the trial, physical navigating of Mobile SmartApp independently could have been a great motivator. The paper concludes that individual benefits and social networks motivated seniors to participate in this trial; such features should be put into consideration while conducting recruitment for older persons for future trials

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Does the type of economic activity influence the health outcomes of older workers in India?

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A large proportion of the older population in India constitutes an undeniable share of workforce after the retirement age. This stresses the need to understand the implications of working at older ages on health outcomes. The main objective of this study is to examine the variations in health outcomes by formal/informal sector of employment of older workers using the Longitudinal Ageing Study in India. Using binary logistic regression models with interaction terms, the results of this study affirm that type of work does play a significant role in determining health outcomes even after controlling socio-economic, demographic, life-style behaviour, and work characteristics. The risk of Poor Cognitive Functioning (PCF) is high among informal workers, while formal workers suffer greatly from Chronic Health Conditions (CHC) and Functional Limitations (FL). The presence of CHC among informal workers is more damaging because it elevates their FL, whereas for formal workers presence of FL is unfavourable because it deteriorates their cognitive functioning. Therefore, the present study underscores the relevance of policies focusing on providing health and healthcare benefits by respective economic activity and socio-economic position of older workers.

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