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Data Article

Retrospective life course data from European countries on how early life experiences determine health in old age and possible mid-life mediators



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ABSTRACT

The data presented in this article is related to the research paper entitled “The long arm of childhood circumstances on health in old age: Evidence from SHARELIFE” (E. Pakpahan, R. Hoffmann, H. Kröger, 2016) [1]. It presents the distribution of socioeconomic status (SES) and health from childhood until old age in thirteen European countries. In order to capture the characteristics of longitudinal data, which resembles life course data, we divide the data into three schematic periods: childhood (up to 15 years old), adulthood (30 to 60 years old), and old age (61 to 90 years old). This data set contains respondents’ life histories, ranging from childhood conditions (such as housing and health) to detailed questions on education, adult SES (working history, income, and wealth) and old age health. The data can be used not only to understand on how early life experiences determine health in old age, but also to recognise the importance of possible mid-life mediators.

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Specification Table

Subject area	<i>Ageing, Sociology and Public Health</i>
More specific subject area	<i>Life course, longitudinal data, health inequality</i>
Type of data	<i>Table and graph</i>
How data was acquired	<i>Data was available from SHARE database through registration.</i>
Data format	<i>Aggregated, analyzed, filtered</i>
Experimental factors	<i>Our sample is based on the SHARELIFE dataset and was extracted using STATA and reorganized using the Stata newspell package [2].</i>
Experimental features	<i>For each person, data on health and SES was aggregated for childhood, adulthood, and old age</i>
Data source location	<i>Germany</i>
Data accessibility	<i>The data was available from the SHARE database through official registration at http://www.share-project.org/data-access-documentation/research-data-center-data-access.html</i>

Value of the data

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- The data shows the overall distribution of SES and health for old people in Europe, and therefore allows us not only to disentangle how SES and health are related from childhood to old age, but also to examine the trajectories or dynamics of SES and health over the life course.
 - SES information is based on various measurable variables to reflect multiple dimensions.
 - Health data is also based on various variables and offers both subjective and objective measurements.
 - The data enables an assessment of the notion of the long arm of childhood and is useful for life course analysis on health inequality [1].
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1. Data

The data is based on SHARELIFE, i.e. the third wave (2008/2009) of the Survey of Health Ageing and Retirement in Europe (SHARE), which is a household panel survey [3]. SHARE is a cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 45,000 individuals aged 50 or over in Europe and respondents are interviewed biennially. It is representative for the non-institutionalised population in European countries. The first wave started in 2004 and 12 countries participated, and in the sixth wave in 2015, 18 countries took part (<http://www.share-project.org/home0/overview.html>). SHARE is harmonised with its sister studies: the US Health and Retirement Study (HRS) and the English Longitudinal Study of Ageing (ELSA). In our sample, as inclusion criteria, the respondents are those aged 50 and above and the necessary variables needed for our research questions are available and comparable across countries, which eventually captures the citizens of 13 European countries. The data focuses on people's life histories, starting in childhood right through to old age. We use the data to try to understand how childhood experiences are associated with health in old age. In addition, we also take into account how mid-life conditions – such as education, income and occupation, and behaviour risk – mediate the effect of childhood SES and health on old age health.

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