



Anticipated support from children and later-life health in the United States and China



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ARTICLE INFO

Article history:

Received 11 October 2016

Received in revised form

28 February 2017

Accepted 3 March 2017

Available online 6 March 2017

Keywords:

China

Social support

Aging

Cross-national comparisons

Intergenerational relationships

ABSTRACT

Past research has shown that anticipated support, the belief that someone will provide support if needed, benefits health. Few studies considered whether the relationship between anticipated support and health depends on the source of such support. This project addresses this gap and examines how anticipated support from children is related to older parents' health and whether such support can be replaced by anticipated support from other relatives and friends. Ordered logit and negative binomial regression models with lagged health outcomes were estimated using nationally representative data from the 2010 and 2012 Health and Retirement Study and the 2011 and 2013 China Health and Retirement Longitudinal Study. Results suggest that anticipated support from children is related to older parents' better self-rated health and fewer depressive symptoms in both countries. In the U.S. where filial norms are relatively weak, anticipated support from others is no less important for health than anticipated support from children. However, in China where filial norms are relatively strong, parents anticipating support only from others are no different in health from those anticipating support from no one.

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1. Introduction

Past research has extensively examined the association between social support and later-life health. Some focused on a particular source of social support, intergenerational support, and examined the relationship between support from children and older parents' health. Most research examined behavioral dimensions of intergenerational support, such as financial, emotional, and instrumental support exchanges (Cong and Silverstein, 2008; Djundeva et al., 2015). Few studies discussed how *anticipated* support from children, i.e., how parents' perception that their children will be there to help if needed in the future, as opposed to *received* support from children, may be related to parents' health. Anticipated support, independent of received support, is related to better mental health (Krause, 1997; Wethington and Kessler, 1986). However, most studies did not identify from whom one expects future support and merely examined how anticipating support from anyone is related to health. It is unclear whether the relationship between anticipated support and health depends on the source of such support. This paper thus attempts to address these gaps. How is anticipated support from children related to parents' health beyond

observable support transfers? Does anticipated support from children offer any health advantage over anticipated support from others? Alternatively, is anticipated support from children a substitutable resource that can be replaced by other relatives and friends?

Furthermore, this project examines the relationship between anticipated support and health in two sociocultural contexts with distinct norms of filial obligations, the U.S. and China. While support from children induces feelings of dependency among elderly American parents (Dean et al., 1990), Chinese parents take pride in receiving support from children (Li et al., 2009). Chinese parents rely on their children for old-age support due to the cultural tradition of filial piety and inadequate social welfare system (LaFave, 2016). Intergenerational net financial transfers flow from children to parents in China (Lei et al., 2015) but from parents to children in the U.S. (Swartz, 2009). 67% of parents over age 65 lived with adult children in China in 2005, compared to 18% in the U.S. (Zeng and Xie, 2014). While intergenerational coresidence in the U.S. helps adult children make life transitions (Swartz, 2009), intergenerational coresidence in China first responds to the need of adult children for childcare and later the need of elderly parents for old-age support (Zeng and Xie, 2014).

This study argues that in China where children's obligations to take care of their elderly parents are well-established, anticipated

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support from children may have an irreplaceable role concerning parents' later-life health. However, in the U.S. where filial obligations are relatively weak, parents may find anticipated support from other relatives and friends no less important for health than anticipated support from children.

2. Theoretical perspectives

2.1. Anticipated support and health

Anticipated support is the belief that someone will provide support if needed in the future (Krause, 1997). Anticipated support differs from received support, as it is not directly observable. It is a respondent's perception. The term "perceived support," often used interchangeably with anticipated support (Wethington and Kessler, 1986), sometimes refers to perceived adequacy and satisfaction of received support (Cornman et al., 2003). However, anticipated support is one's belief about a hypothetical condition, i.e., the likelihood of getting support if needed in the future, rather than one's retrospective perception about past conditions. Although anticipated support is conceptually different from received and perceived support, those who received support when needed are more likely to believe that they will receive support if needed in the future (Lin and Wu, 2014).

Anticipated support is positively associated with psychological well-being, independent of received support in the U.S. and China (Krause, 1997; Krause et al., 1998; Wethington and Kessler, 1986). Perceived support availability produces senses of predictability, belonging, and meaning in life (Krause, 2007; Lansford et al., 2005). Believing that someone in the personal network is willing to help if needed promotes feelings of mastery and makes stressful situations seem less threatening and encourages personal problem solving (Krause et al., 1998).

However, prior research on anticipated support and health is limited in some critical ways. First, many studies were cross-sectional and could not account for reverse causality. Parents with poorer health and more depressive symptoms are less likely to anticipate support from their children probably because they do not want to burden their children (Lin and Wu, 2014). Mental illness may also alter the accuracy of one's cognitive schema for social relationships (Meadows, 2009). Hence, this study utilizes longitudinal data and controls for lagged health outcomes at baseline to reduce reverse causality.

Second, most studies focused on mental health outcomes. Few examined the relationship between anticipated support and general health status. Self-rated health is one's self-assessment of overall health status and is a better predictor of mortality than physicians' assessments in the U.S. and China (Li et al., 2011; Lynch, 2003). Received social support and perceived adequacy of received support are associated with better self-rated health in the U.S. (Krause, 1987; White et al., 2009) and China (Li et al., 2011; Liu et al., 1995). Therefore, this study examines both depressive symptoms and self-rated health. Prior depressive symptoms affect subsequent self-assessment of overall health (Han, 2002) and poorer self-rated health increases subsequent depressive symptoms (Kosloski et al., 2005). However, the association between social support and self-rated health is not entirely mediated by depressive symptoms (Zunzunegui et al., 2004).

Third, prior research had inadequate and inconsistent controls on factors associated with both anticipated support and health. Older adults may assess their chances of receiving support in the future based on their current social relationships. Older adults are more likely to anticipate support from those persons who had provided them with tangible support, who are emotionally close to them, and who live close to them (Krause, 2007; Lin and Wu, 2014).

Prior instrumental and emotional support exchanges and living arrangements are related to later-life health (Cong and Silverstein, 2008; Djundeva et al., 2015). Anticipated support may also depend on the demographic and socioeconomic characteristics of older adults and their social network members, and these characteristics may be associated with health. For instance, divorced parents are less likely to anticipate support from their adult children, and divorce is related to worse health (Lin and Wu, 2014). Older parents' anticipation of future support may also depend on their children's well-being, and children's education is associated with parents' health (Torssander, 2013). Most studies were only able to control for a subset of the above factors, probably due to data limitations.

Finally, few studies identified the source of anticipated support and examined how the associations between anticipated support from various sources and health may differ. Older parents are more likely to anticipate instrumental support (i.e., help with daily activities such as eating and dressing) from their children than from others, but are no more likely to anticipate emotional support from their children than from others (Hogan and Eggebeen, 1995; Mancini and Simon, 1984). Thus if anticipating support from children offers an advantage over anticipating support from others, it would be most evident if we focus on anticipated instrumental support.

Hence, this project attempts to address these limitations in the literature. It uses longitudinal data to examine how anticipated support from children is associated with parents' general health and mental health and compares such relationships to the associations between anticipated support from others and later-life health. It accounts for prior health status, proximity and contacts with children, other relatives, and friends, past intergenerational support exchanges, and parents' and their children's demographic and socioeconomic characteristics to address the issues of endogeneity and spuriousness.

2.2. Sources of anticipated support and health

No work to the author's knowledge has examined how anticipated support from various sources may be related to later-life health. Few cross-sectional studies have compared received support from children versus others. Research in the U.S. tends to argue that support from children does not offer any health advantage over support from others. Although children are the primary source of emergency and instrumental support, American parents usually have alternative sources of support, such as friends and siblings (Hogan and Eggebeen, 1995). Support from friends exerts stronger negative effects on depressive symptoms than support from children (Dean et al., 1990). Elderly parents in frequent contact with their children but not their friends have worse health than those in frequent contact with their friends but not their children; those in regular contact with both their children and friends have the best mental health outcomes (Fiori et al., 2006). It may be because support from friends is voluntary and less constrained by norms (Matt and Dean, 1993), while intergenerational relationships are obligatory and support from children induces feelings of dependency (Dean et al., 1990).

However, in China, support from children may have an irreplaceable role concerning parents' later-life health. Filial piety, the norm that children should respect and take care of their parents in later-life, is a central virtue (Zeng and Xie, 2014). Support from children is obligatory and socially desirable. Perceiving children as filial and receiving instrumental, financial, and emotional support from children are associated with fewer depressive symptoms and better self-rated health among elderly Chinese parents (Guo et al., 2015; Li et al., 2011; Silverstein et al., 2006; Xu et al., 2016). Furthermore, support from children may offer health advantage

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