



Under one roof: The effect of co-residing with adult children on depression in later life



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ABSTRACT

Rationale: The number of older parents living without adult children has increased dramatically over the last decades. However, recent trends exacerbated by the Great Recession have led to an increase in intergenerational co-residing.

Methods: We used three waves of data (2004–2010) from the Survey of Health, Ageing and Retirement in Europe (SHARE) collected around the Great Recession to assess the effects of intergenerational co-residence on mental health in later life ($n = 50,043$). We used an instrumental variable (IV) approach that exploits changes in employment opportunities of adult children during the Great Recession to examine the impact of co-residing with adult children on depression scores measured using the Euro-D scale of depression.

Results: Northern European countries exhibited low levels of both co-residence and depression in older age, while most countries in Eastern and Southern Europe had high levels of both co-residence and depression. In OLS models that controlled for measured characteristics, co-residing with an adult child was not associated with depressive symptoms in older parents ($\beta = -0.0387$; 95% CI -0.0892 to 0.0118). By contrast, results from IV models suggest that co-residing with an adult child significantly reduces depressive symptoms by 0.731 points (95% CI -1.261 to -0.200) on the 12-item scale. Results were robust to a series of robustness checks including controls for child characteristics, country-specific time trends, and analyses restricted to homeowners.

Conclusions: Our findings suggest that, in the context of high unemployment rates during the Great Recession in Europe, increased intergenerational exchange between adult children and older parents in the form of co-residence had positive mental health effects on older parents.

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1. Introduction

Since World War II, the number of older people living alone has increased dramatically in most industrialized countries (Glaser et al., 2004). While there are multiple explanations for these trends, one of the major drivers has been a rise in the proportion of people living without their adult children in older age (Gratton and Gutmann, 2010; Iacovou, 2002). However, recent years have witnessed a reversal in this trend, attributed to an increasing number of children staying longer or moving back to the parental home in

response to the high unemployment rates associated with the recent economic downturn (Kahn, Goldscheider, & García-Mangano, 2013; Kaplan, 2012). While some research has characterized these changes in living arrangements (Matsudaira, 2015), few studies have examined the consequences of co-residing with adult children for the mental health of older parents.

Co-residing with adult children may influence mental health in older age through multiple mechanisms. More frequent contact with children may reduce symptoms of depression in older age (Buber and Engelhardt, 2008), but co-residing with adult children may also increase conflict between children and older parents, and lead to a loss of autonomy and independence in older age (Hughes and Waite, 2002; Lang and Schutze, 2002; Silverstein et al., 1996). This relationship may be crucial to understanding the increasing burden of old-age depression in ageing societies. Across Europe, the

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prevalence of depressive symptoms in older age ranges from 18% in Denmark and Germany, to 34% in Italy and 37% in Spain (Castro-Costa et al., 2007). Depression is the leading cause of years lived with disability and the fourth leading contributor to the global burden of disease worldwide (Alexopoulos, 2005; Djernes, 2006; Ferrari et al., 2013).

Our study aims to identify the causal impact of living with adult children on the risk of depressive symptoms in older age. We use data from the Survey of Health, Ageing and Retirement in Europe (SHARE), a longitudinal study that follows older people since 2004. A key challenge in studying the relationships between living arrangements and mental health is selection: older men and women in poor health or experiencing major negative events such as widowhood are more likely to co-reside with their children (Choi, 2003; Compton and Pollak, 2014). It is therefore difficult to establish whether co-residing with children influences the mental health of older parents, or whether poor health makes older parents more likely to co-reside with their children. This is an important distinction from a policy standpoint: if the relationship between co-residence and mental health is causal, policies that promote independent living in older age may have important implications for mental health in older age. While recent studies have started to address selection using panel data and propensity score matching methods (Aranda, 2015), our paper builds up on earlier work by using an instrumental variable (IV) approach that exploits exogenous variation over time in the economic opportunities of adult children. Our estimates provide new evidence of the impact of co-residing with adult children on late-life depression.

2. Background

Co-residence is often conceived as a channel for the exchange of social, emotional, practical and financial support between parents and children (Gierveld et al., 2012; Glaser et al., 2004). Studies examining the net flow of exchange suggest that parents give on average more support to their children than they receive from them (Choi, 2003; Grundy, 2005; Smits et al., 2010; Ward et al., 1992). Notably, studies suggest that the nature of co-residence between parents and children in recent years most often involve the provision of support from parents to children. For example, a recent increase in intergenerational living in the US (Pew Research Center, 2010) has been attributed to the growing financial instability of younger cohorts and the lengthening of the transition towards 'adulthood' (Billari and Liefbroer, 2010; Furstenberg et al., 2004; Kahn et al., 2013; Kaplan, 2012; Lee and Painter, 2013). Likewise, recent evidence shows that becoming unemployed doubles the probability that an adult child moves in with older parents (Wiermers, 2014).

Our study relates to the literature on the impact of intergenerational households on the health of older parents. This literature has so far produced mixed results. On the one hand, emotional and instrumental support from children is associated with better physical and mental health in older age (Roll and Litwin, 2010; Zunzunegui et al., 2001). Nevertheless, studies suggest that co-residing with adult children is associated with higher depressive symptom among older parents in Singapore (Chan et al., 2011), South Korea (Jeon et al., 2007), China (Chyi and Mao, 2012) and Israel (Lowenstein and Katz, 2005). Because depression influences the likelihood of receiving family support and co-residing with children, it is difficult to establish in these studies whether co-residing with children leads to poorer mental health, or whether more depressed adults need more care and are therefore more likely to live with their adult children.

More recently, studies have attempted to establish whether there is a causal link between co-residence with children and

mental health. Using the number of sons and gender of the eldest child as instrumental variables, Do and Malhotra (2012) found that co-residence reduces depression among older widowed women in South Korea. By contrast, using a similar identification strategy, studies in Indonesia and Japan (Johar and Maruyama, 2013; Maruyama, 2012) have found that co-residence increases the risk of reporting poorer health and depression among older parents. Whether these findings apply to European countries is unclear, however, due to different cultural norms on intergenerational solidarity and institutional arrangements that may crowd out family support (Buber and Engelhardt, 2008). For example, Aranda (2015) used propensity score matching and found that 'doubling up' (two or more generations in the same household) has no impact on the risk of depression among parents in Nordic or Western European countries, while it decreases depressive symptoms for older people in Southern European countries.

In this paper, we aim to contribute to this literature by examining the impact of co-residence on the mental health of older parents using a new identification approach that has not been employed in previous studies. We use an IV approach that exploits variation between countries and over time in the employment prospects of adult children. Based on this quasi-experimental approach, our study attempts to control for selection into co-residence and omitted variable bias, exploiting one of the main forces behind recent increases in intergenerational co-residence between parents and children.

3. Data

3.1. Analytical sample

SHARE is a nationally representative survey designed to provide comparable information on the health, employment and social conditions of Europeans aged 50 + in 17 European countries. Participants in each country were interviewed in 2004/5 and subsequently re-interviewed in 2006/7, 2008/9 and 2010/11 through face-to-face interviews using Computer-assisted personal interviewing (CAPI) technology. Response rates varied from country to country, but overall household response at enrolment was 62% (Börsch-Supan and Jürges, 2005). We used data from assessments in 2004, 2006 and 2010.

3.2. Depressive symptoms

The Euro-D scale of depressive symptoms was developed to collect harmonized data on late-life depression across European countries. The Euro-D has been evaluated as reliable and is highly correlated with other mental health measures (Courtin et al., 2015; Prince, 2002). The score ranges from 0 to 12, with higher scores indicating higher levels of depressive symptoms. Based on validation studies (Castro-Costa et al., 2008), we used a threshold of three or more symptoms as indication of clinically significant depressive symptoms.

3.3. Independent variables

Co-residence was measured with a binary variable indicating whether the respondent was co-residing in the same household with an adult child. Following the approach from previous European studies, children living in the same building were also considered as co-resident (Isengard and Szydlik, 2012).

SHARE measured a wide range of socio-demographic and economic characteristics of both respondents and their children. Respondent's characteristics included gender, age (categorized into 50 to 60, 61 to 70, over 70; using five-year age groups or a linear

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