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Parental educational attainment and offspring subjective well-being and self-beliefs in older adulthood



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ABSTRACT

This research examines whether parental educational attainment and subjective childhood socioeconomic status (SES) is associated with adult offspring well-being and self-beliefs (broadly defined). Participants from the Health and Retirement Study were included if they completed the leave-behind questionnaire in 2006 or 2008 ($N = 10,827$; $M_{\text{age}} = 68.38$; $SD = 9.81$; range = 50–101). Participants reported on their own and both parents' educational attainment, subjective childhood financial situation, and financial difficulties in childhood at study entry and on well-being in 2006/2008. Linear regression was used to examine the association between offspring education, parental education, childhood SES and three aspects of well-being and self-beliefs: positive affect (e.g., positive emotions, optimism), negative affect (e.g., loneliness, hostility), and cognitive evaluation (e.g., life satisfaction). Participants with more education reported higher well-being (median $\beta = 0.12$). Parental educational attainment, subjective childhood SES, and a significant financial event during childhood were associated with more positive affect, less negative affect, and higher life satisfaction (median $\beta = 0.05$); these associations held controlling for offspring education. The educational and financial environment of childhood may hamper well-being into older adulthood; the offspring's own experiences and achievements do not completely attenuate the association with these aspects of the childhood environment.

Subjective well-being is a broad term that refers to how individuals feel about themselves and their lives (Diener, Oishi, & Lucas, 2003). It encompasses several components, including the experience of positive emotions (e.g., positive affect), the experience of negative emotions (e.g., negative affect), and a cognitive evaluation of one's life (e.g., life satisfaction). The importance of well-being and related self-beliefs across the lifespan has been well-documented. In addition to well-being as an outcome to strive for in and of itself, it is associated with both short-term and long-term health outcomes. Individuals with higher well-being, for example, have healthier immune function, better cardiovascular health, perceive their health to be in better condition, and ultimately live longer lives than individuals with lower well-being (Howell, Kern, & Lyubomirsky, 2007). These associations may be due, in part, to engagement in more health-promoting behaviors, such as greater physical activity, better quality of sleep, and less smoking (Boehm & Kubzansky, 2012).

Given the importance of well-being to health in older adulthood, there is considerable interest in identifying factors that promote it. Well-being is a complex construct that has multiple predictors that range from genetic factors (Okbay et al., 2016) to present

circumstances. In addition to the individual's current life situation, there is a cumulative effect of life experience on well-being at any given point in time (Lynch, Kaplan, & Shema, 1997). A lifespan approach to health and well-being recognizes that these experiences start to accumulate at least as early as birth (Alwin & Wray, 2005). From this perspective, factors such as the socioeconomic status (SES) of the individual at various points in life can be independent correlates of well-being. Present circumstances or achievements in adulthood, for example, may not attenuate the lasting effects of early deprivation (Evans & Cassells, 2014). As such, SES at any point in the lifespan may have independent correlates with well-being at a later point.

This perspective is supported by findings that experiences early in life can have long lasting associations with well-being in adulthood (Shonkoff, Garner, et al., 2012). For example, individuals who had adverse childhood experiences, such as a parent with a mental illness, a parent who struggled with substance abuse, or a physically abusive parent, report less satisfaction with life and more depressive symptoms in adulthood (Nurius, Green, Logan-Greene, & Borja, 2015). Broader aspects of the childhood environment also have been implicated in adult well-being. Individuals who grew up in economically deprived

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neighborhoods or households in poverty have lower well-being than individuals from more affluent backgrounds, an effect that persists even if the individual achieves economic stability in adulthood (Evans & Cassells, 2014).

Although the childhood environment is often implicated in adult well-being, much of this research has focused on broad markers of the social and economic environment (Frijters, Johnston, & Shields, 2014). Less attention has focused on specific aspects of early life socioeconomic status (SES). For example, parental education is a characteristic of every family that may have a lasting effect on offspring. Education is well known to have positive benefits. Individuals who achieve higher education tend to have better outcomes in adulthood, including a higher income (Baum, Ma, & Payea, 2013), better mental health (Sutin et al., 2013b), and live longer (Lager & Torssander, 2012). There is evidence that the benefits of parent education extend to offspring and persist past childhood. Offspring who have parents with more education, for example, have better physical (Moody, Lindquist, Sen, & Covinsky, 2007) and mental (Park, Fuhrer, & Quesnel-Vallée, 2013) health in adulthood, associations that could be due either to shared genetic influences or to environmental factors.

Previous research on the lasting association between the early socioeconomic environment and adult well-being has typically aggregated several markers of early childhood adversity and dichotomized parental education as more or less than an 8th grade education (Luo & Waite, 2005). Other aspects of the early life environment may also be associated with adult outcomes. In addition to parent education, for example, the financial situation of the family in early childhood has lasting effects on the physical and mental health of offspring (Braveman & Barclay, 2009). As such, it may be financial resources, not parents' level of education per se, that matters for offspring well-being in adulthood. Disaggregating childhood SES into its specific components will help pinpoint which aspects are independently associated with greater well-being in adulthood. It is also well established that the individual's own level of education contributes strongly to better physical and mental health across adulthood (Kahneman & Krueger, 2006; Lager & Torssander, 2012; Sutin et al., 2013b). Parent education is a strong predictor of offspring educational attainment (McGue, Rustichini, and Iacono, in press), which may account for the association between parent education and offspring well-being in adulthood.

The present research takes an intergenerational lifespan approach to examine whether parental educational attainment is associated with offspring well-being (broadly construed) in older adulthood. We take an inclusive approach to well-being and self-beliefs and include 23 measures that cover multiple aspects of positive affect, negative affect, and evaluation. We include constructs that are not strictly well-being (e.g., optimism, hostility) but that fall broadly under positive and negative aspects of self-beliefs. We use this broad construal to be able to examine the extent to which parent education contributes to nuanced aspects of well-being and psychological functioning in adulthood and whether the associations are general or specific to specific constructs measured. We expect that adult offspring who grew up with parents with higher educational achievement will have higher well-being and more positive self-beliefs than offspring who grew up with parents with less education. As a point of comparison, in addition to parental education, we examine the association between offspring education and well-being and the association with two other markers of early life SES, subjective childhood financial situation and whether the family experienced financial difficulties (e.g., father unemployed at some point during childhood). Finally, in supplemental analyses, we also address whether these associations are independent of personality traits.

1. Method

1.1. Participants and procedure

Participants were from the Health and Retirement Study (HRS), an

ongoing longitudinal study of American adults over the age of 50 and their spouses (Sonnega et al., 2014). HRS is a study of aging that includes measurements of various aspects of physical, psychological, and cognitive functioning in older adulthood. HRS data is available for public download here: <http://hrsonline.isr.umich.edu/>. Since we were interested in well-being in the second half of life, we limited the sample to participants over the age of 50 (i.e., we did not include spouses who were younger than 50; age range of analyzed sample = 50–101). Participants were given a large battery of psychological measures as part of a leave-behind questionnaire that was returned by mail. Approximately one-half of HRS participants were administered this questionnaire in 2006; the other half were administered the same measures in 2008 (combined $N = 10,827$). Some measures, however, were only included starting at the 2008 assessment ($N = 5915$; see below).

1.2. Measures

1.2.1. Education

At their first assessment at enrollment in the HRS, participants were asked about several aspects of their life history, including their own and both of their parents' level of education. Participants reported how many years of school their mother and their father completed; the maximum education was used in the analysis (i.e., the highest level of education of the mother or the father, whichever was higher). Participants also reported their own number of years of education.

1.2.2. Subjective childhood financial situation

Participants were asked to “think about your family when you were growing up, from birth to age 16. Would you say your family during that time was pretty well off financially, about average, or poor?” Response options were recoded such that higher values indicated the perception that the family was well off financially.

1.2.3. Childhood financial difficulties

Participants were asked three questions about financial difficulties within the family during childhood. Specifically, participants were asked if, sometime before the age of 16, “did financial difficulties ever cause you or your family to move to a different place?” “was there a time when you or your family received help from relatives because of financial difficulties?” and “was there a time of several months or more when your father had no job?” Participants responded yes or no to each item. A response of yes to one or more of these items indicated that the family had experienced significant financial difficulties during the participant's childhood.

1.2.4. Life satisfaction

Participants completed the 5-item satisfaction with life scale (Diener, Emmons, Larsen, & Griffin, 1985) as a measure of cognitive well-being. Items (e.g., “In most ways my life is close to ideal.”) were rated on a scale from 1 (*strongly disagree*) to 6 (*strongly agree*) in the 2006 assessment and from 1 (*strongly disagree*) to 7 (*strongly agree*) in the 2008 assessment. To account for this difference, scale scores were standardized ($M = 0$, $SD = 1$) within wave before the waves were combined. The alpha reliability for this scale was 0.88.

1.2.5. Purpose in life

The 7-item purpose in life subscale was drawn from the Ryff Measures of Psychological Well-being (Ryff, 1989). Participants were asked to, “Please read the statements below and decide the extent to which each statement describes you.” Items (e.g., “I have a sense of direction and purpose in my life.”) were rated on a scale from 1 (*strongly disagree*) to 6 (*strongly agree*). The alpha reliability for this scale was 0.75.

1.2.6. Subjective social status

The MacArthur Scale of Subjective Social Status was used to

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