



The impact of caring for grandchildren on the health of grandparents in Europe: A lifecourse approach



Giorgio Di Gessa^{*}, Karen Glaser, Anthea Tinker

Institute of Gerontology, Department of Social Science, Health & Medicine, School of Social Science and Public Policy, King's College London, London WC2R 2LS, UK

ARTICLE INFO

Article history:

Received 18 August 2015

Received in revised form

22 January 2016

Accepted 24 January 2016

Available online 27 January 2016

Keywords:

Europe

Grandparents

Childcare

Health

Longitudinal

SHARE

Life history

Lifecourse approach

ABSTRACT

Grandparents are becoming an increasingly important source of childcare. However, caring for grandchildren may have negative health consequences particularly for grandparents with intensive commitments such as those with primary care responsibilities. To date most studies on this issue are based on cross-sectional data and do not take earlier life circumstances into account. Thus, it is not known whether (or to what extent) the relationship between grandparental childcare and health is due to cumulative advantage or disadvantage throughout the lifecourse or to the impact of grandchild care per se.

Employing data from waves 1–3 of the Survey of Health, Ageing and Retirement in Europe we investigated the longitudinal relationship between grandparental childcare (i.e. intensive and non-intensive) and health once cumulative histories of advantage or disadvantage are taken into account. We used latent class analysis to categorise respondents according to childhood socio-economic and health conditions drawing on life history information. Experiences in adulthood (e.g. periods of ill health) were also captured. We created a latent continuous physical health variable based on self- and observer-measured indicators. OLS regression was used to explore the association between physical health at wave 2 and grandparental childcare at baseline, controlling for conditions in childhood and adulthood, and for health and socio-economic characteristics.

We found a positive longitudinal association between grandchild care and health even after earlier life health and socio-economic conditions were taken into account. However, this significant association was found only for grandmothers, and not grandfathers. Our results suggesting the health benefits of grandchild care are important given the widespread provision of grandparental childcare in Europe. However, further research on underlying mechanisms and causal pathways between grandchild care and grandparent health, as well as on gender differences in the pattern of association, is needed.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1. Introduction

It is well recognised that grandparents play a vital economic and social role in providing grandchild care to families (Hank and Buber, 2009; Laughlin, 2013). In a study of 10 European countries, 58% of grandmothers and 49% of the grandfathers looked after at least one of their grandchildren under the age of 16 in the preceding year in the absence of their parents (Hank and Buber, 2009). In the United States (US) one in four children under the age of 5 has been cared for by grandparents in the previous month (Laughlin, 2013).

Although previous studies generally support the idea that grandparents provide vital support to families looking after grandchildren, the health impacts on older people of taking on these childcare roles remain uncertain. The evidence on this issue is mixed, depending on the intensity of grandchild care provided and on the cultural context (Hughes et al., 2007; Minkler and Fuller-Thomson, 2001; Tsai et al., 2013; Grundy et al., 2012; Arpino and Bordone, 2014; Blustein et al., 2004; Ku et al., 2013; Minkler et al., 1997; Chen and Liu, 2012; Baker and Silverstein, 2008; Minkler and Fuller-Thomson, 2005; Grinstead et al., 2003). Prior research suggests that grandparents who undertake intensive grandparenting roles, in particular the custodial care of grandchildren, are often among the most disadvantaged and in the poorest health; in contrast, those who provide occasional or supplementary care tend

^{*} Corresponding author.

E-mail address: giorgio.di_gessa@kcl.ac.uk (G. Di Gessa).

to be better off and to report better health. However, it is not known whether or to what extent these adverse outcomes are due to the impact of grandchild care per se or to cumulative advantage or disadvantage throughout the lifecourse. Our study adds to the literature on grandparental childcare and health as we are able to take into account cumulative advantage or disadvantage across the lifecourse in examining the effect of caring roles on later life health. To address this issue, we use the longitudinal aspects of the Survey of Health, Ageing and Retirement in Europe (SHARE) including both the life history information and panel data into our analysis.

2. Background

Research to date on the relationship between grandparental childcare and health and wellbeing is inconclusive. Looking after grandchildren may be demanding, both physically and emotionally; however, provision of grandchild care may also be positively affirming and rewarding as grandparents can enjoy a closer relationship with their grandchildren (Grinstead et al., 2003). Cross-sectional studies suggest that grandparents providing occasional childcare are more likely to report better physical and psychological health, and higher quality of life compared to grandparents with primary care responsibility for a grandchild or no childcare at all (Hank and Buber, 2009; Minkler and Fuller-Thomson, 2001; Arpino and Bordone, 2014; Minkler and Fuller-Thomson, 2005; Grinstead et al., 2003; Fuller-Thomson and Minkler, 2001). However, as grandparents who look after their grandchildren occasionally are more likely to be financially better-off, and in turn to have better health, the health differences reported in studies based on cross-sectional data may reflect variations in socio-economic status rather than in caregiving per se.

Studies that have investigated these issues longitudinally (thereby allowing pre-existing health and socio-economic conditions to be taken into account) have also led to mixed results (Hughes et al., 2007; Tsai et al., 2013; Grundy et al., 2012; Blustein et al., 2004; Ku et al., 2013; Minkler et al., 1997; Chen and Liu, 2012; Baker and Silverstein, 2008). On the one hand studies, largely from the US using either the Health and Retirement Survey or the National Survey of Families and Households, have found a negative relationship between grandparent childcare and health. In particular, custodial or co-residing grandparents who provide 15 h of care per week or more are more likely to experience health declines and to report depressive symptoms in comparison to those who provide lower levels of grandchild care or no grandchild care (Hughes et al., 2007; Blustein et al., 2004; Minkler et al., 1997; Chen and Liu, 2012). On the other hand, a positive impact of grandparental childcare on health has been found particularly among grandparents providing lower intensity levels of grandparental care (Tsai et al., 2013; Grundy et al., 2012; Ku et al., 2013; Chen and Liu, 2012).

Evidence therefore suggests a complex relationship between the provision of grandparental childcare and health, and it remains unclear whether (or to what extent) the relationships found between grandparenting and health is confounded by cumulative advantage or disadvantage throughout the lifecourse. Previous findings may have been affected by inadequate controls for the lifecourse characteristics of grandparents (such as histories of poor health and socio-economic disadvantage), which are likely to be related both to current health status and the likelihood of providing grandchild care.

Increasingly, research on health in later life has come to adopt a lifecourse approach, widely acknowledged as one of the most appropriate theoretical frameworks for examining later life outcomes (Bengston et al., 1997). It is well-recognised that childhood health and early-life family characteristics and socio-economic circumstances such as parental occupation and housing tenure

are associated with mortality and health outcomes in mid and later life (Brandt et al., 2012). However, childhood socio-economic circumstances and health also have an important influence on future life chances and lifetime experiences. Within the lifecourse perspective, the cumulative advantage/disadvantage framework postulates that inequalities in health are initiated early in life and increase with age as initial disadvantages and advantages accumulate and interact across the lifecourse (O'Rand, 1996; Crystal and Waehrer, 1996). Those who start out with fewer advantages will have less opportunity to accumulate resources thus falling farther behind, although it is acknowledged that attaining higher status in adulthood may act to ameliorate the negative impact of disadvantage in childhood (O'Rand, 1996).

Recent studies suggest that grandparents who experienced greater disadvantage in their lifetime marital, partnership and paid work histories are more likely to provide higher levels of childcare (Prokos and Keene, 2012; Strawbridge et al., 1997; Glaser et al., 2014). For instance, in a longitudinal study of health and mortality in California, grandparents raising a grandchild were significantly more likely to have experienced negative life events, such as marital, financial and physical health problems in the 20 years prior to assuming care in comparison to those who ended up caring for parents or spouses (Strawbridge et al., 1997). Such lifetime histories, however, are themselves associated with a greater likelihood of adverse health outcomes at older ages (Brandt et al., 2012; Grundy and Tomassini, 2010).

Thus, our study contributes to a key knowledge gap in this area by controlling for cumulative advantage or disadvantage across the lifecourse when examining the longitudinal relationship between provision of grandparental childcare and health. Indeed, unlike previous longitudinal studies, in this study we were able to control not only for socio-economic characteristics and health at baseline, but also for long-term socio-economic experiences and health throughout the lifecourse. Whereas studies following individuals from birth to old ages are still scarce, SHARE collected life history data for large nationally representative samples of older people, allowing us to control for different life experiences when examining the longitudinal relationship between grandparental childcare and later life health. Moreover, unlike most of the previous studies which focused on primary carers and on grandparents who coreside with their grandchildren, we analysed the more common supplementary grandparental childcare (i.e. complementary to parental care), controlling for living arrangements and taking into account its intensity.

3. Methods

3.1. Sample

We used data from the first and second wave (2004/05 and 2006/07) and the lifecourse interview (third wave – 2008/09) in SHARE, a multidisciplinary longitudinal survey of individuals aged 50 and over living in Austria, Belgium, Switzerland, Germany, Denmark, Spain, France, Italy, Greece, the Netherlands, and Sweden. Details of sampling frames and methodology, weighting strategies and questionnaires have been reported elsewhere (<http://www.share-project.org/>). Our analytic sample included participants aged 50 and older who had at least one grandchild at wave 1, who participated in wave 2, and for whom information on lifecourse experiences had been collected in wave 3. After excluding respondents who were missing baseline information on the provision of childcare ($n = 112$, 0.7%) and respondents who had died by wave 3 ($n = 795$, 4.8%), the final sample consisted of 8972 grandmothers and 6567 grandfathers aged 50 and over at baseline, of whom 9137 (58.8%) participated in waves 2 and 3.

Download English Version:

<https://daneshyari.com/en/article/7330501>

Download Persian Version:

<https://daneshyari.com/article/7330501>

[Daneshyari.com](https://daneshyari.com)