

Aging Parents' Influence on the Subjective Health of their Adult Children

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The association between health and numerous social influences is well documented (Marmot & Wilkinson, 2006; Siegrist & Marmot, 2006). Beside health determinants like education, occupation and income, the discussion about health differences increasingly focuses on social networks and social capital (Berkman et al., 2000; Kawachi et al., 1997; House et al., 1988). Among the social relations especially the household and the family context is of health relevance (Hughes & Waite, 2002; Ross et al., 1990). Family networks provide emotional support, buffer strainful life events, reduce the readiness to take risks and serve as a supplement to professional health care (Brockmann & Klein, 2004; Waldron et al., 1996). But at the same time, the physical and mental benefits of family support also imply stresses and strains for those family members who provide these resources (Schneekloth & Wahl, 2006; Walen & Lachman, 2000). Therefore, family networks should not be unilaterally regarded as an important health resource, but also as a stressor with potentially negative health consequences. Considering benefits and strains simultaneous, it becomes clear that the family context exerts ambivalent influences on the well-being of the family members in their individual life course, as the strains and benefits resulting from family support are unequally distributed in the generational perspective. While children and seniors are predominantly regarded as receivers of emotional, cognitive and instrumental support, particularly adults in the middle ages are responsible for the provision of health-relevant family resources, e.g. during parenting and also with regard to the support of their (aged) parents (Umberson, 1989).

However, whilst the association between (aged) parent's health status and the (non)existence of children is widely examined (e.g. Zunzunegui et al., 2001; Mancini & Blieszner, 1989, other sources), findings about how the parent's existence (i.e. the survival status) and/or their health status affect(s) the well being of their adult children are rare. It is mainly due to reasons of data availability, that the health related consequences for adult children, resulting from the existence of

aged parents or particularly from their need of care, are at best considered in a descriptive way (Schulze & Drewes, 2005). Indeed, there are data of the “German Generations and Gender Survey 2005” available which make it possible to analyse how the adult children’s subjective health status is affected (1) by their parent’s survival status and (2) by the health status of those (aged) parents being still alive, controlling for the relevant children’s individual characteristics like education, occupation, age and gender (Ruckdeschel et al., 2006). In addition this data makes it possible to examine whether the parent’s influence on their children’s subjective health status is potentially mediated e.g. (a) by the contact frequency between children and parents, (b) by the children’s gainful employment as well as (c) by the quality of the intergenerational relationship.

As a result, it can be concluded that middle-aged parents have a positive effect on the subjective health of their adult children, but with proceeding age this effect shrinks and is finally inverted when the parents are ageing and their children reach the age of 60 years. Additionally, the children’s health is negatively affected if a parent deceases and/or if at least one parent faces significant physical restrictions. These physical restrictions are particularly strainful for working adult children with only a single-parent (lack of time and/or lack of support from the missing spouse). This finding persists irrespective of the contact frequency between children and parent(s) and the quality of the parent-child relationship. But if the relationship between parent(s) and children is good this results in a better health status, even if the parent(s) is(are) chronically ill or in need of care. Given these results, the family context can be seen as an ambivalent health resource in an intergenerational and life course perspective.