# CHILDLESSNESS AND INTERGENERATIONAL TRANSFERS IN OLD AGE

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#### Introduction

In the last decades the proportion of childless adults, after reaching a minimum in the birth cohort 1935-1945, has significantly increased in most European societies. Furthermore, demographic forecasts point to a general increase in the rate of childlessness among women born between 1965 and 1975. Previous research has shown that parent-child relations are at the core of older persons' social embeddedness. As a consequence, it might be expected that childless older people are at higher risk of lacking social and emotional support when they become frail and dependent. In fact, the differences in support exchange behaviour between parents and childless adults were found to be small (Albertini and Kohli 2009). On the other hand, it has also been suggested that the social consequences of being childless can be quite different depending on the specific paths into childlessness (Dykstra and Hagestad 2007).

The aim of the present chapter is to show what different types of childless elderly people receive from and contribute to their kin and friends and to society at large, both in terms of financial and social support. Thus, in contrast to many previous studies on the topic, we analyse not only what childless people lack, but also what they provide to others and to society. We also distinguish between different types of childlessness and explore their (potentially) different consequences for support networks.

[TO BE COMPLETED]

#### Setting the scene: the rise of childlessness

Demographers report increasing numbers of childless people in contemporary Western societies. There is less agreement on whether this trend will continue; many scholars hold that a marked further increase in childlessness is unlikely. The proportion of childless adults differs widely by country (and across available surveys). For the cohort born in OECD countries around 1965 the proportion of childlessness among women at the end of the reproductive period was at around 12.5% on average (OECD 2010). Highest rates of childlessness (above 20% or close to that) were found in Austria, England and Wales, Ireland, Italy, Finland and the Netherlands. For the same cohort, definitive childlessness is below 10% in Central and Eastern European countries and Portugal. Trends reported in table 1 reveal that for most countries for the cohorts born in 1930s and later childlessness first decreased and started to increase for cohorts born in 1945 and after.

**Table 1:** Definitive childlessness in OECD countries (women at the end of reproductive period, 40-44 years)

Women born in									(Cars)	
	1930	1935	1940	1945	1950	1955	1960	1963	1964	1965
Germany (Western Länder)		9.2	10.6	12.7	14.8	20.3				
Netherlands	14.3	12.1	11.2	11.3	14.6	16.9	17.6	18	18.2	18.3
United States	10.1	8.5	7.4	12.5	15.1	16.3	15.4	14.7	14.5	14.4
England and Wales	13	11.4	10.7	9.8	13.9	15.8	18.9	20.1	20.3	20.5
Belgium	16.8	14.8	13.1	12.8	13.4	15.2				
Austria	14.4	12.1	11.9	12.4	12.6	15	16.6	18	21.6	21.1
Spain						9	10.1	11.8	11.5	13.1
Ireland			19.8	17.3	12.2	13.2	15.6	17	17.6	18.4
Sweden	14.7	13.4	13.2	12.9	13.9	12.8	13.1	13	12.8	12.9
Italy		15.2	14.6	11.7	13	12.7	15.3	18.3	20.1	
Greece			11.3	12.4	9.6	8.3	10.5	14.8	16.1	16.3
Poland				10.9	9.5	11.4	10.8	14	15.2	15.5
Finland							19.3	19.5	19.9	
Germany (Eastern Länder)		16.5	10.8	8.2	7.1	7.6	7.8	10.5	12.3	
Switzerland		16	16	18						
Slovak Republic		9	8.5	10.9	9.8	10.2	9.8	9.9	10.7	11.1
Romania					6.3	9	8.2	9.8	11.6	11.5
Spain						9	10.1	11.8	11.5	13.1
Hungaria		9.1	9.1	9.6	9.1	8.5	7.5	8.8	9.6	9.6
France	13	10.5	8.3	8.1	8.3	8.3	10.2			
Czech Republic		6.5	7.7	7.9	6.6	6.2	6.4		7.1	7.2
Bulgaria	9.3	6.5	3.9	5.1	1.3	3.1	3.1	4.5	4.3	4.4
Slovenia	13.2	11.3	8.3	8.8	4.4	1.3	4.1	6.6	7.8	9
Norway		9.6	9.5	9.2	10	13.5				12.1
Australia	9	8.8	9.9	10.5	13					
New Zealand	9	9	9	10	12					
Portugal					11	9.7		5.1	4.9	4
Czech Republic		6.5	7.7	7.9	6.6	6.2	6.4	6.9	7.1	7.2
Mexico			4.9	6.5		6.5	7	7.7	5.6	6.3

Source: OECD (2010)

The dynamics of childlessness in developed countries in the 20<sup>th</sup> century has been documented by Rowland (2007). Cohorts born between 1880 and 1920 experienced quite high levels of childlessness: around 20-30% of women who were in their reproductive years during the WW1 and the Great Depression remained childless. Then childlessness declined reaching minimum levels of 10% for women born between 1930 and 1940, those who produced cohorts of 'baby-boomers'. The U-shaped pattern means that the oldest currently living cohorts have higher levels of childlessness than the 'young old' who started their families in the 1950s and 1960s. For the entire current elderly population, childlessness is therefore not (yet) a problem of great numerical importance. With the 'baby boomers' cohorts that are now approaching retirement this will quickly change. Childlessness among older people will rise over the next three decades as the cohorts with higher levels of childlessness enter old age. The question then is about the long run, or in other words about the evolution of childlessness among the young.

Forecasting future trends in childlessness is far from straightforward, so it is not surprising that there is no consensus although most foresee an increase, due to the postponement of motherhood which is still spreading in most European societies (González and Jurado-Guerrero 2006). Significant growth in childlessness is also expected in the United States: while in 2010 only 11.6% of women aged 80–84 years were childless, in 2030 that will increase to 16.0% (Redfoot, Feinberg

et al. 2012). It is worthy to note that there are marked changes in predictions made for different population subgroups. For example, in the UK, taking into account the current trend in re-timing of first births, about a quarter of 1970 born men and women with higher education is likely to remain childless. The predicted childlessness among women with intermediate and low qualifications is 15-16%, while for low educated men it may reach 29% (Kneale and Joshi 2010).

## Social consequences of childlessness in old age

The social consequences of childlessness in old age are multiple and complex. They vary with the specific institutional setting and, at the individual level, with the specific motivation for and pathway to childlessness. *How* someone ends up without children may be more important than not having a child *per se*. Forgoing children voluntarily, not being able to find a partner, not being fecund, surviving the death of one's children, or being socially-childless because of early divorce involve different paths to childlessness and have different connotations. Marital history and gender also mediate the consequences of childlessness on individuals, as do the usual cleavages of education, income and health. Finally, all above-mentioned effects depend on the social context of childlessness and parenting.

Raising children requires investment of substantial financial and time resources from parents and there is a general recognition that costs associated with parenthood outweigh the benefits, at least while children are young (for a literature review on the costs of children see Folbre, 2008). At the same time, a strand of research on well-being in old age has shown that adult children overall have a positive impact of parents' well-being (for a review of studies on parenthood and well-being over the last decade see Umberson et al., 2010). In particular, it has been proved that people live longer when they have a surviving adult child. Evidence indicates that this effect of children on life expectancy is mediated by people's perception of the emotional and social support which is available to them in case of need. One explanation for parents' higher life expectancy may be the healthier behaviour that parenthood encourages (Dykstra and Hagestad 2007). This explanation seems to be valid, because the negative effect on mortality also extends to socially-childless people – those who survived, abandoned or lost contact with their children (Weltoft, Burstrom et al. 2004).

According to an influential theory of the modern transition to low fertility, in the past one of the main reasons for having children was that they can provide social and economic support when parents become old and frail and are no longer able to be self-sufficient (Caldwell 1976), while today the welfare state – and in particular the provision of pensions, health care and social services – has made older people's well-being independent of the support of their descendants (Nuget 1985). Some authors claim that such old-age security motives for having children – ensuring material support and care in old age – to some extent still apply in contemporary affluent societies (Kreager and Schröder-Butterfill). While this controversy is not yet resolved, it has been documented that elderly people in affluent societies continue to be embedded in dense intergenerational family networks of support mainly taking place between parents and their children (Albertini et al 2007). Apart from providing direct support, children can serve as important intermediaries between parents and the health and social care services, thus enabling better access to public resources available to the aged population (Choi 1994). Moreover, it has been shown that those who never had children have smaller networks in old age than parents (Dykstra 2006).

Given the enduring relevance of children's support for elderly parents, it may be expected that childless older people are at higher risk than parents of a lack of social and moral support when they become frail and dependent. The evidence to date only partially confirms this expectation. The childless people do not appear to face higher support deficits compared to parents (Albertini and Mencarini 2014). In comparison to parents, childless people tend to compensate for the absence of exchange with their own children by more frequently extending their networks to neighbours and friends and by developing stronger ties with other family members – parents, siblings and nephews and nieces (Albertini and Kohli 2009). Moreover, it appears that emotional well-being in old-age is mediated by the presence of a partner (Keith 1983, Dykstra and Keizer 2009, Keizer, Dykstra et al.

2010). The recent empirical evidence does not support the idea that older people without children enjoy a lower level of economic, psychological or social well-being (Hank and Wagner 2013), despite the "stigma" which has been attached to voluntary childlessness and the distress which may accompany involuntary childlessness (Dykstra and Hagestad 2007).

However, the evidence also indicates, that when strong support is needed, these compensations work only partially. When getting frail and acquiring limitations in their ability to carry out the activities of daily living, childless people receive much less support than parents and are more likely to enter residential care, and do so at lower levels of dependency (Wenger 2009).

To the extent that an increasing rate of childlessness will make family support less available to dependent elderly people, we may expect the demand for public health and social care services to increase significantly in the coming decades. Given the constraints to welfare-state spending expansion, it is likely that this additional demand will not be met, and that childless older people will have to look to the private market for alternative solutions. As a study for Italy has shown, compared with parents, the childless are much more likely to be helped by nonrelatives and not-for-profit organizations and to a lesser extent by the welfare system – thus confirming the hypothesis that public welfare is not able fully to compensate for informal support deficits (Albertini and Mencarini 2014). Moreover, even in an advanced welfare state such as Sweden, public home-help services did not fully buffer the lack of care among childless individuals (Larsson and Silverstein 2004).

At the same time the debate on the consequences of increasing childlessness for future social care demand has been neglecting the opposite flows of support: how the absence of children affects what older people give. Childless elderly people are considered as disadvantaged and socially excluded, and it is presumed that an increase in their number will create additional burdens for the welfare system. This is too limited a view. A study for Europe has shown that although the likelihood of giving financial transfers and social support to others is lower for childless people, they are still substantial (Albertini and Kohli 2009). In the United States childless were more likely to give financial transfers to people other than their children and the amounts of these transfers were higher compared to parents (Hurd 2009). Having a greater need for constructing outside-family social networks, childless people may also be expected to participate more in charitable or community activities, thus contributing more than parents to society at large. According to the above-mentioned study, in the US childless indeed donated higher amounts of money to charities compared to parents.

Finally, another issue that deserves special attention is how the structural factors may shape the probability of childlessness as well as moderate the consequences of childlessness on well-being. A recent study comprising 24 European countries has shown that, both for men and women, there is considerable cross-national variation in the extent to which childlessness is associated with worse psychological well-being (Huijts, Kraaykamp et al. 2013). The difference in psychological well-being between people who live with children and childless people is larger as societal norms are more disapproving of childlessness. The variation in attitudes of the population of European countries toward voluntary childlessness appears to be linked to the stage of Second Demographic Transition in a country (Merz and Liefbroer 2012). At the same time, in general social acceptance of childlessness has increased over the recent decades, which implies that effects of childlessness on well-being and intergenerational support behaviour may vary across cohorts. This topic has not yet been thoroughly researched, but national studies confirm the presence of cohort effect in attitudes to childlessness (e.g. see Noordhuizen, de Graaf et al. (2010) for the Netherlands).

## Research questions

The main aim of this study is to show what childless elderly people both receive from and contribute to their kin and friends and to society at large, in terms of financial and social support. In particular, this study seeks to answer the following questions:

- 1. Are childless older people less likely than parents to receive informal support? Do different types of childlessness have different consequences on the likelihood and amount of support received?
- 2. Does an increasing childlessness rate require increasing amounts of public long-term care services?
- 3. Are childless older people less likely than parents to give support to others?
- 4. Do childless older people differ from parents in their contributions to society through participation in charitable and voluntary activities?

### Analytic approach, data and variables

The data for the analysis are drawn from the first three regular waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) held in 2004, 2007 and 2010 and from the retrospective third wave (SHARELIFE) held in 2009. In particular we use data collected in 11 European countries: Austria, Belgium, Denmark, France, Germany, Greece, Italy, the Netherlands, Spain, Sweden and Switzerland.

SHARE is a longitudinal, cross-national survey representative of the population aged 50 and older; the partners of selected individuals, independently of their age, are also interviewed. SHARE contains detailed information of formal and informal care received and provided during the last 12 months previous to each interview. Next, by using the combined information of SHARE and SHARELIFE, we are able to distinguish different types of childlessness statuses. Specifically SHARE data enables us to distinguish between the three specific groups of childless people: (a) those who have neither natural nor adopted, fostered or step-children – the main category of the *childless*; (b) those who had natural children but survived them – what we call the *socially childless*; and (c) those who have not any natural child, but have adopted, foster or step-children – the *social parents*.

Moreover, we perform a further test of the potentially different effects of different pathways to childlessness. Thus, we systematically compare the results for this first typology of childless individuals to one that also consider as socially childless those parents who have natural children but none of them live closer than 500 km and those parents who in the last 12 months had very rare or no contact with all of their children – i.e. less than once a month or never.

Our final sample consists of 91959 cases (individuals\*year). Table 2 provides the main descriptive statistics for the sample utilized in the analyses. According to our first typology of childlessness 86% of the cases in the sample are parents, 9% childless, whereas social parents and socially childless represent less than, respectively, 4 and 1% of the sample. Recoding parents who live far away from children or have lost contact with them as socially childless leads to a significant growth in the number of records falling into this category: from 0.9 to 37.2%.

Table 2: Sample characteristics

	%		Mean
Female	40.9	Age	65.2
First childlessness typology		Household equivalent income (ppp)	24298
Childless	9.1	Household per-capita financial wealth (ppp)	26882
Socially childless	0.9	Household per-capita net wealth (ppp)	116778
Parents	86.4		Mean
Social parents	3.6		
Second childlessness typology			
Childless	9.1		
Socially childless	37.2		
Parents	51.7		
Social parents	2.1		
Civil status			
Married or registered partnership	71.6		
Separated/divorced	8.7		
Widowed	13.9		
Never married	5.8		
Education			
None (ISCED 0)	4.0		
Low (ISCED 1 & 2)	34.7		
Intermediate (ISCED 3 & 4)	24.1		
High (ISCED 5 & 6)	15.4		
Missing information	21.8		
Working (vs. not working)	28.9		

In the first step of the analyses we report some descriptive statistics that help to provide a description of the support network of the childless vs. that of parents. However, previous literature has consistently shown that elderly parent and non-parents systematically differ along a series of relevant characteristics such as, for instance, average economic resources, health status, partnership status etc. Therefore, in order to analyse the existing relation between childlessness statuses and support networks we need to control for a number of possible compositional effects. The multivariate analysis is carried out by using population-averaged logit and linear regression models – respectively for binomial and continuous variables – on the unbalanced sample of individuals taking part to at least one of the first three regular waves of the SHARE.

In particular we consider a number of different dependent variables: the likelihood of providing/receiving social support (i.e. help with paperwork, household chores, personal care) to/from non-coresiding individuals; the natural logarithm of the amount of social support provided/received expressed as the estimated number of hours per year (this variable is only available for the first two waves of the survey); the likelihood of providing/receiving economic support from others; the likelihood of participating to the activities of charity or volunteering organizations in the four weeks previous to the interview and the likelihood of providing this support on a weekly or daily basis (these variables are only available for the first two waves of the survey); the likelihood of receiving professional or paid home help, or staying overnight in a nursing home in the last 12 months (this variable is only available for the first two waves of the survey).

Taking into consideration that in previous literature it has been shown that the lack of children has different effect for men and women, we estimate separate models for the two subgroups. Next, beside our main independent variable – i.e. childlessness status – we introduced the following controlling variables: age; civil status (i.e. married; separated/divorced; widowed; never married); educational level (measured according to the ISCED-97 scale); health status (measured as the presence of at least one limitation on the global activity limitation index GALI, or on the activities of daily living and instrumental activities of daily living indicators ADL and IDAL, or on the indicator of mobility and fine motors limitations); the natural logarithm of household equivalent incomes, household net per-capita financial wealth and household per-capita real wealth (all of them expressed in purchasing power parities); the country of residence.

Due to space limitations we reported below the values of the regression coefficients for the different childlessness statuses, while omitting those for the controlling variables. The full

regression results are available from the authors upon request.

#### Results

Despite largely overlooked in the literature on the topic, the contribution that the non-parents provide to family, friends and the society at large is far from being negligible. Thus, for instance, despite they are less likely than parents to provide informal support to others, still 17% of the cases of non-parents in our sample provided financial support to others in the twelve months previous to the interview, and about 30% gave help with household work or personal care. Most notably, the median value of the intensity of the social support provided by the childless is even higher than that registered for the social parents. Eventually, it is also worth noting that despite the quota of those providing charity or voluntary work is quite similar across the different subgroups, in more than two thirds of the cases the childless contributed to their community on a daily or weakly basis, a percentage slightly higher than that registered for parents.

Moving the focus on the support that the non-parents receive it should be noted that the results of table 3 indicate that, contrary to what might be expected, they are more likely than parents to receive social support. on the other hand, it is also evident that the childless and the social parents do receive much less hours of informal support than both the parents and the socially childless. The latter subgroup is clearly a target for both informal and formal care support. As a matter of fact, the parents who survived their children – most likely the oldest ones in the sample – are also the most likely to get formal care help by means of home care delivery or stays in nursing and old age homes. The childless, too, are more likely than parents to be receiving professional or paid care, possibly a compensatory channel of support given the low intensity of the informal help they get.

Clearly, all of the above reported differences between the four subgroups of parenthood or childlessness statuses could be the result of systematic compositional differences. For instance, it might be the case that the social parents are, on average, younger and in better health than the others and this would explain why they are the least likely to receive both formal and informal social support. For this reason, the next step of our analysis is to investigate the relation between childlessness and support networks by using multivariate analysis techniques.

**Table 3:** Characteristics of the cases' support network, by childlessness status.

Childlessness typology [second typology]	Childless	Socially childless	Parents	Social parents	
Support given					
% Giving economic support	17.2	17.2 [31.2]	32.8 [33.8]	36.1 [36.6]	
% Giving social support	31.4	27.3 [30.8]	33.4 [34.7]	33.1 [35.5]	
Median amount of social support given	486	337 [480]	567 [580]	460 [474]	
% Participating to charity or voluntary work organizations	14.7	13.3 [10.8]	14.9 [15.8]	15.0 [15.2]	
% Participating to charity or voluntary work on a daily or weekly basis	70.7	64.3 [62.5]	65.0 [65.3]	63.4 [63.6]	
Support received					
% Receiving economic support	4.5	3.7 [6.1]	6.1 [6.0]	5.0 [4.8]	
% Receiving social support	23.6	24.8 [16.9]	18.8 [20.3]	17.3 [17.8]	
Median amount of social support received	284	596 [384]	492 [506]	276 [291]	
% receiving professional or paid care support (home care or nursing home)	11.1	12.2 [4.5]	6.8 [7.3]	5.7 [6.1]	

#### What childless people give

The results of the multivariate analyses show that the absence of a living child leads individuals to be significantly less likely to provide economic support to others, whereas those respondents who have a step, adopted or fostered child have substantially the same probability than parents to make a

<sup>1</sup> It is important to remember that here we are not taking into consideration the support that parents provide to their children by looking after grandchildren. Clearly, since this activity is very common among the ageing European population (see Albertini et al. 2007) including it in our statistics would significantly increase the differences between parents and non-parents as for what concerns both the likelihood and the intensity of social support provided to others.

financial transfers (figure 1). These results hold independently of the respondents' gender and the specific definition of childlessness adopted.

Differently, the impact that childlessness has on social transfers seems to be more heterogeneous. In general, childless men appear to be less likely to support non co-residing individuals than fathers. The effect is observed for all of the different types of childless men, but it reaches 5% significance level only for the socially childless when these are defined as fathers who have survived their own children or have no contact with living children or live far apart from them. The effect of not having children on social support provision is less clear – or absent – for female respondents. Again, the only group for which there is a clear negative effect is that of social mothers when we include in this group parents who have lost contact or live far away from their children (figure 2). The picture, though, becomes more complex once we take into account the amount of social support provided to others (figure 3). While the effect of childlessness for male respondents seems to be negligible – with the only exception, again, of the socially childless in the extended definition – the absence of children appears to have a negative effect on women. As a matter of fact, the regression analysis reveals that among those who have given help to others, the average childless women in SHARE has provided significantly less time of informal support than the average mother. In other words, if childless women are as much likely as (or slightly more likely than) mothers to give help to others, when they do that they donate a lower number of hours of support.

Figure 1: Effects of childlessness status (vs. being parent) on the likelihood of making a financial transfer to others, by respondent's gender. Regression coefficients and 95% confidence intervals.

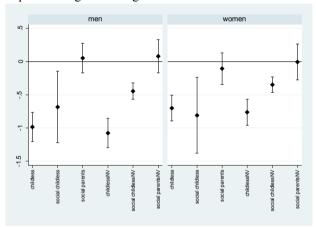


Figure 2: Effects of childlessness status (vs. being parent) on the likelihood of providing social support to others, by respondent's gender. Regression coefficients and 95% confidence intervals.

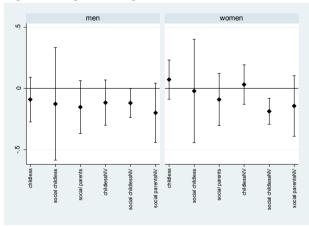
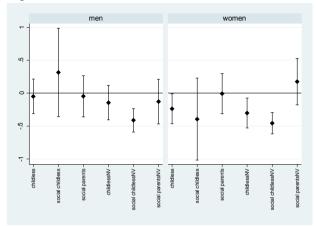


Figure 3: Effects of childlessness status (vs. being parent) on the amount of social support provided to others (as the natural log of hours per year) conditioned having provided at least one hour of support, by respondent's gender. Regression coefficients and 95% confidence intervals.

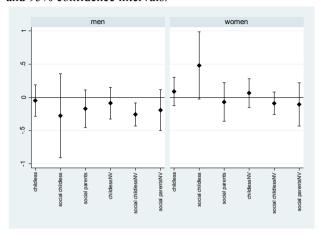


In general these results shows that the probability of providing economic support to others is clearly correlated with having or not having a child: both the childless and the social childless are less likely to make a financial transfer than both the parents and social parents. Differently, social support is less connected with the presence of children. Thus, apart from parents who have lost contact with children or live very far away from them, there are not statistically significant differences between parents and the childless in the likelihood of giving social support to others. On the other hand, when we turn to the intensity of the support provided we notice that among those who give support childless women tend to donate a lower number of hours than mothers.

However, providing social or financial support to family and friends is not the only way in which individuals can contribute to the society at large. As we have argued in our previous work (Albertini and Kohli 2009), childless individuals might be more likely than parents to be involved in forms of "post-familial civic engagement" such as: establishing or donating to foundations, participating to the activities of charity organizations or doing voluntary work to help person in need. The analysis of the SHARE data, however, does not provide support to this hypothesis.

As it is shown in figure 4, the analysis reveals that there is some tendency for male childless, social childless and social parents to be less likely to engage in voluntary and charity work vis-à-vis fathers, whereas the opposite trend characterises childless and socially childless women. None of the estimated coefficients, though, reaches the 5% significance level. In addition, further analyses on the likelihood of participating to the activities of these organizations on a weekly or daily basis (vs. a less frequent engagement) provide substantially identical results – thus partially contradicting what was suggested by the descriptive statistics reported in table 3.

Figure 4: Effects of childlessness status (vs. being parent) on the likelihood of participating to the activities of charity or voluntary work organizations in the 4 weeks previous to the interview, by respondent's gender. Regression coefficients and 95% confidence intervals.



In sum, the absence of a natural, step, adopted or fostered child leads childless people to be less likely to provide economic help to others. On the other hand, the absence of children seems not to have a clear negative impact on the social support given to family and friends, with the only relevant exception of childless women. These, in fact, tend to transfer less time than the average mother. At the same time, all individuals in the different subgroups of childless seem not to be more prone than parents to donate their time to the society at large, by participating to charity or voluntary organizations.

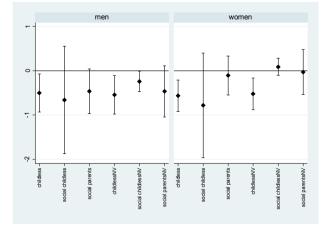
[to be completed]

### What childless people receive

As mentioned above most of the previous research on the social networks of the childless has focused on what the childless people miss. Here we complement this approach not only by looking at what the childless give, but also by considering different paths to childlessness and, in addition, by including in our analysis both formal and informal support received by the SHARE respondents.

As we have seen above the absence of children negatively affects the likelihood of providing economic help to others, the results reported in figure 5 shows that this is also the case when we observe the opposite flux of resources. This negative relation, thought, reaches statistical significance only for the childless group, whereas parents who survived their children and social parents, from the statistical point of view, are not significantly less likely than parents to receive financial support.

Figure 5: Effects of childlessness status (vs. being parent) on the likelihood of receiving a financial transfer from others, by respondent's gender. Regression coefficients and 95% confidence intervals.



Similarly the probability that the average non-parent receives social support from friends or family is not significantly different from that registered for the average parent (figure 6). The only exception is that of the subgroup of the socially childless when in this group we also include parents who live far away from children or have lost contact with them. So far, it would appear that, from the perspective of informal support received, not having children is not particularly harmful to elderly individuals. However, the analysis of the amount of social support received provides a quite different picture (figure 7). Here, with the only exceptions of fathers who survived their children and social mothers, the non-parent who get support receive a significantly lower number of hours of help than parents. In other words, the weakness of the support networks of the non-parents shows up when we move the focus from the likelihood of receiving help to the intensity of the support received.

Figure 6: Effects of childlessness status (vs. being parent) on the likelihood of receiving social support from others, by respondent's gender. Regression coefficients and 95% confidence intervals.

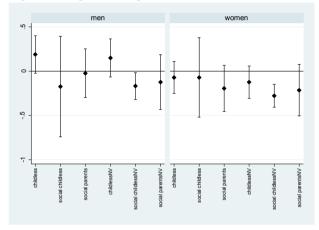
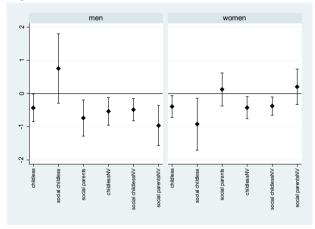


Figure 7: Effects of childlessness status (vs. being parent) on the amount of social support received from others (as the natural log of hours per year) conditioned having received at least one hour of support, by respondent's gender. Regression coefficients and 95% confidence intervals.



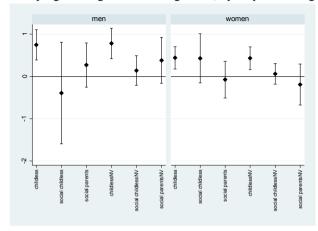
It is clear from our results that, with few exceptions, the elderly non-parents are more likely than parents to incur in the risk of lacking informal social support when getting old and frail. A finding that resonates with some results from previous research (Albertini and Mencarini 2014). The question, then, is: does someone provide the non-parents with the help they need when getting old? And if so, who does that?

The answer is clear from the results reported in figure 8. Both childless men and women – but not the socially childless or the social parents – are more likely than parents to report having spent some

time in a nursing old age home, or received some professional or formal care support (acquired on the market or received from public institutions).

[to be completed]

Figure 8: Effects of childlessness status (vs. being parent) on the likelihood of receiving professional or paid home care or staying overnight in a nursing home, by respondent's gender. Regression coefficients and 95% confidence intervals.



### Conclusions

[to be completed]

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