

Living alone and psychological health in mid-life: the role of partnership history and parenthood status

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Short abstract

This study investigates how the psychological health of British men and women living alone in mid-life is related to partnership history and parenthood status. Although living alone in mid-life is known to be associated with poor health, and despite the substantial rise in living alone in mid-life over time, little attention has been paid to the relationship between living alone and health in mid-life. Previous research has mainly focussed on health outcomes by marital status and partnership history, but has failed to take into account that those who are either single or living without a partner could be living in very different living arrangements. This study stresses that partnership and parenthood trajectories into living alone in mid-life are diverse and that these life course trajectories are in turn related to health. It uses data from Understanding Society to examine how psychological health in mid-life of those living alone in the United Kingdom is related to several partnership characteristics and the presence of non-residential children. Preliminary findings show that several aspects of partnership history matter for psychological health in mid-life and that the relation between parenthood status and psychological health is gender-specific.

Introduction and background

A common finding in the literature is that living alone in mid-life is associated with poor psychological and physical health (Glaser, Murphy & Grundy, 1997; Hughes & Waite, 2002). Despite the substantial rise in living alone among the post-war baby-boom cohorts (Fokkema & Liefbroer, 2008; Demey *et al.*, 2011), who are currently in the middle stages of adulthood, there has been little attention paid to the relationship between living alone and health in mid-life. This study investigates how partnership history and parenthood status are related to psychological health among those living alone in mid-life in the United Kingdom.

Most research on mid-life living arrangements and health in the UK and elsewhere focusses on differences in health by current or legal marital status (Marks, 1996; Murphy, Glaser & Grundy, 1997; Grundy & Holt, 2000), even though the partnership histories of the unmarried have become more diverse as a result of the rise in cohabitation (Beaujouan & Ní Bhrolcháin, 2011) and re-partnering over time. These studies have shown that unmarried middle-aged individuals have worse psychological and physical health than those who are married. Some have demonstrated that not only marital status but also other aspects of one's partnership status and history are related to health. For instance, Peters and Liefbroer (1997) investigated how loneliness in old age (55+) is related to marital status, partner status and history using Dutch survey data. They found that those without a partner are lonelier than those with a partner and that those in a second union are lonelier than those in a first union. They also showed that, among those without a partner, those who have ever been in union, recently experienced partnership dissolution, or experienced multiple partnership dissolutions have higher levels of loneliness.

Health is also related to parenthood history and status in several ways. Early childbearing (among women), the death of a child, and a large number of children have been associated with poor physical health in later life (+42) in the UK (Grundy & Holt, 2000; Read, Grundy & Wolf, 2011). Furthermore, a cross-national study by Moor and Komter (2012) found that women with children older than 12 feel less depressed than people without children. However, Dykstra and Keizer (2009) were able to take into account the residential status of children and found for the Netherlands that middle-aged men without children or with non-resident children have lower levels of psychological well-being. Nevertheless, adult children are the most important source of informal support for those without a partner (Pickard *et al.*, 2007).

A major disadvantage of existing research on health differences by partnership status and history for understanding the relation between living alone and health is that those without a partner may be living in very different living arrangements (such as alone, with family, with others, or with young children). Psychological and physical health in mid-life differ by living arrangement (Glaser, Murphy & Grundy, 1997), so it is important that those who are living without a partner are not be treated as a homogeneous group in empirical analyses. Furthermore, partnership and parenthood trajectories into living alone in mid-life differ between socio-economic groups (Falkingham *et al.*, 2012), and these life course trajectories are in turn related to health.

Aims of the study and research questions

The main aim of this study is to investigate how psychological health among those living alone in mid-life in the United Kingdom is related to partnership history and parenthood status. It contributes to the literature on the relation between living arrangements and health by simultaneously taking into account several partnership characteristics and the presence of non-residential children, by specifically focussing on the middle stages of adulthood, by looking at those who are living alone, and by examining psychological health. Studies in the UK have thus far mainly examined differences in physical health by marital status.

The study addresses the following research questions:

1. “How does the psychological health of middle-aged men and women differ between those who are currently not living alone and those who are currently living alone?”;
2. “How does psychological health of those living alone in mid-life differ according to different partnership histories and parenthood status?”;
3. “Are there gender differences among the middle-aged living on their own in the relation between partnership histories and parenthood status on the one hand and psychological health on the other hand?”

Data and research methods

The study uses data from the first wave (2009-2011) of Understanding Society (USoc), a longitudinal multi-purpose survey of private households in the UK. Men and women aged 35 to 64 who completed a full adult interview and the self-completion questionnaire are selected.

The outcome measure of psychological health is based on the General Health Questionnaire (GHQ), which was completed by adults (+16) as part of the self-completion questionnaire. Valid answers were recoded by the USoc-team into a scale ranging from 0 (the least distressed) to 12 (the most distressed)¹. This is recoded into a dichotomous variable indicating whether a person is “no case” (scores 0-3) or “a case” (scores 4-12).

Adults were asked detailed questions about past and current co-residential unions and several variables are constructed which refer to different aspects of someone’s partnership history. Parenthood status is defined by a question on living children outside the household.

The preliminary results of the analysis presented below are based on a binary logistic regression model of GHQ caseness.

¹ http://data.understandingsociety.org.uk/documentation/search/variable/a_indresp~a_scghq2_dy.

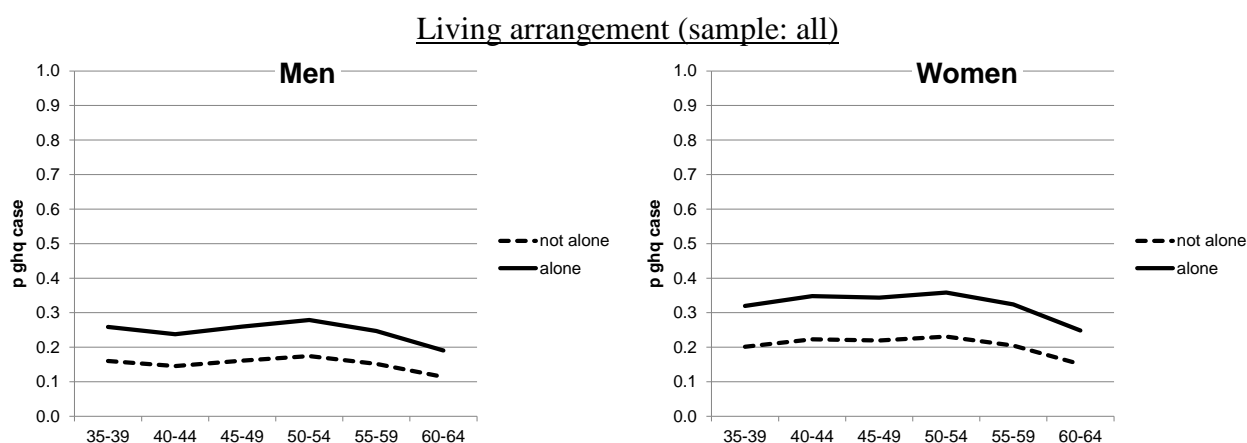
Preliminary results

The figures below show how psychological health in mid-life is related to living arrangement, partnership history and parenthood status for men and women separately. The first two figures show that, as we would expect, those who are living alone have worse psychological health than those who are not living alone ($p < 0.01$).

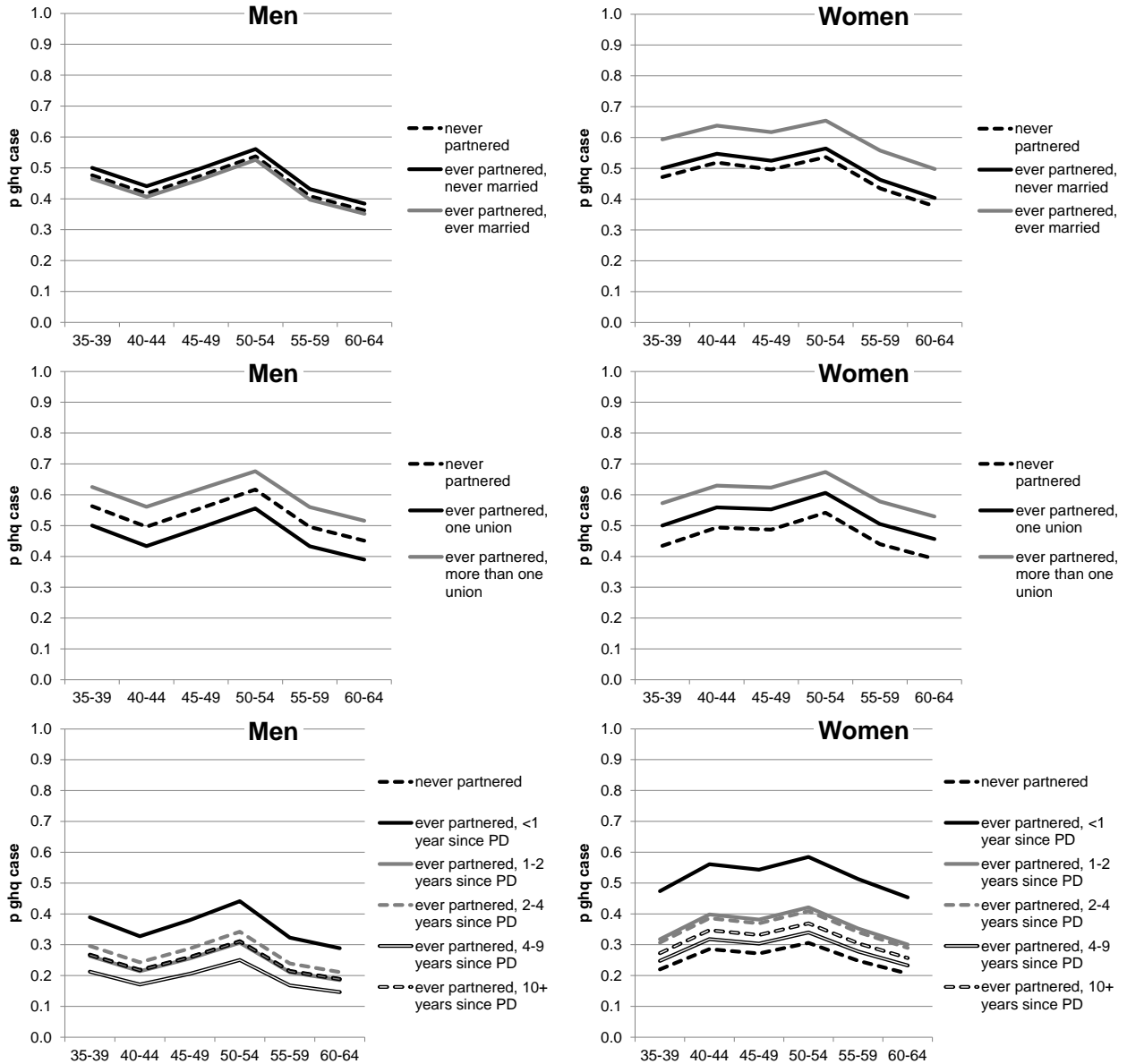
The next eight figures show how psychological health differs by partnership history and parenthood status for those who are living alone. The analysis indicates that several aspects of partnership history matter for psychological health in mid-life. Women who have ever been married have worse psychological health than those who never married ($p < 0.05$), whereas there are no significant differences among men. Furthermore, men ($p < 0.10$) and women ($p < 0.05$) who experienced more than one partnership dissolution have worse psychological health than those who experienced only one partnership dissolution. Also the duration since the most recent partnership dissolution matters: psychological health is lower for those whose most recent union dissolved less than one year ago (men: $p < 0.05$, women: $p < 0.01$). The final two figures show that mothers of children aged 16 or over have worse psychological health than women without children ($p < 0.05$), whereas there are no significant differences among men.

The next steps for the analysis are to examine whether the observed differences in psychological health by partnership history and parenthood status remain when including socio-economic characteristics to the model and to investigate the multiple interactions between partnership history, parenthood status and socio-economic characteristics.

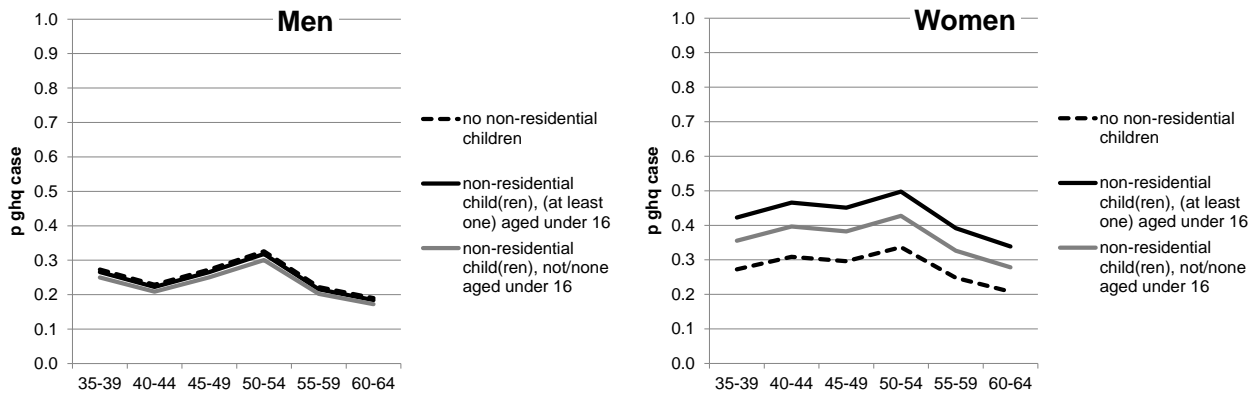
Figures: predicted probabilities of GHQ-case by living arrangement, partnership history and parenthood status, men and women aged 35-64.



Partnership history (sample: living alone)



Parenthood status (sample: living alone)



Source: USoc

Notes: weighted with the self-completion interview, 16+ weight

References

- Beaujouan, É., & Ní Bhrolcháin, M. (2011). Cohabitation and marriage in Britain since the 1970s. *Population Trends*, 145, pp. 35-59.
- Demey, D., Berrington, A., Evandrou, M. and Falkingham, J. (2011). The changing demography of mid-life, from the 1980s to the 2000s. *Population Trends*, 145, pp. 16-34.
- Dykstra, P. A., & Keizer, R. (2009). The wellbeing of childless men and fathers in mid-life. *Ageing & Society*, Vol. 29 (No. 8), pp. 1227-1242.
- Falkingham, J., Demey, D. H., Berrington, A. M., & Evandrou, M. (2012). The demography of living alone in mid-life: a typology of solo-living in the United Kingdom. *Paper presented at the 2012 European Population Conference, 13-16 June, Stockholm.*
- Fokkema, T., & Liefbroer, A. C. (2008). Trends in living arrangements in Europe: convergence or divergence? *Demographic Research*, Vol. 19 (Article 36), pp. 1351-1418.
- Glaser, K., Murphy, M. & Grundy, E. (1997). Limiting long-term illness and household structure among people aged 45 and over, Great Britain 1991. *Ageing and Society*, Vol. 17 (No. 1), pp. 3-19
- Grundy, E., & Holt, G. (2000). Adult life experiences and health in early old age in Great Britain. *Social Science & Medicine*, Vol. 51 (No. 7), pp. 1061-1074.
- Hughes, M. E., & Waite, L. J. (2002). Health in household context: living arrangements and health in late middle age. *Journal of Health and Social Behavior*, Vol. 43 (No. 1), pp. 1-21.
- Marks, N. F. (1996). Flying solo at midlife: gender, marital status, and psychological well-being. *Journal of Marriage and Family*, Vol. 58 (No. 4), pp. 917-932.
- Murphy, M., Glaser, K., & Grundy, E. (1997). Marital status and long-term illness in Great Britain. *Journal of Marriage and Family*, Vol. 59 (No. 1), pp. 156-164.
- Moor, N., & Komter, A. (2012). Family ties and depressive mood in Eastern and Western Europe. *Demographic Research*, Vol. 27 (Article 8), pp. 201-232.
- Peters, A., & Liefbroer, A. C. (1997). Beyond marital status: partner history and well-being in old age. *Journal of Marriage and Family*, Vol. 59 (No. 3), pp. 687-699.
- Pickard, L., Wittenberg, R., Comas-Herrera, A., King, D., & Malley, J. (2007). Care by spouses, care by children: projections of informal care for older people in England to 2031. *Social Policy & Society*, Vol. 6 (No. 3), pp. 353-366.
- Read, S., Grundy, E., & Wolf, D. A. (2011). Fertility history, health, and health changes in later life: A panel study of British women and men born 1923-49. *Population Studies: A Journal of Demography*, Vol. 65 (No. 2), pp. 201-215.