Fact Sheet: Cohort Differences in Parental Survival

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Background

Increases in longevity and especially increased survival into very old age have implications not only for individuals’ own life course but also for that of their families. For example, if parents survive into very old age they will have more opportunities not only to become grandparents but also great-grandparents and to experience these family roles for a longer time period (the so-called “beanpole family”). From their adult children’s perspective, longer survival of parents also can mean that needs for companionship arising from one parent’s widow(er)hood will be postponed into their adult children’s later years, possibly after the child’s retirement. Similarly, because spouses typically function as primary caregivers for their partners, primary caregiving roles on the part of adult children may be postponed into children’s later years if both parents survive into very old age. Despite considerable evidence documenting increases in longevity, little research has been devoted to parental survival among adult children from the World War II babies and baby boom cohorts. We present data comparing parental survival across four cohorts of adult children using data from Health and Retirement Study (HRS).

Data and Analyses

Our analyses rely on data from the Health and Retirement Study (HRS). The HRS is a nationally representative survey of individuals aged 51 and over in 1992 and their spouses of any age. Interviews are conducted biennially, and new cohorts (aged 51-56) were added in 1998, 2004, and 2010. Respondents were asked in each wave whether their mother and father was still alive. Data from the four cohorts for individuals aged 50-56 were pooled to allow cohort comparisons. We present estimated probabilities of parental survival based on logistic regressions. We first estimated probabilities using only cohort in the analyses. In a second set of regressions, we also adjusted for respondents’ (adult children’s) gender, marital status, race, foreign origin, education, household income, own and spouse’s work status, own and spouse’s self-reported health, health conditions, and number of siblings. All analyses adjust for the complex survey design of the HRS and are weighted.
Findings

The proportions of fathers and mothers alive at the time of the respondents’ interviews are shown in Figures 1 and 2, respectively. Fathers’ survival increased steadily from the 1992 to the 2010 cohort, and this increase is significant regardless of whether the survival is reported by adult sons or daughters or whether the data include or exclude the control variables. In contrast, survival of mothers shows a much less pronounced trend toward longer survival among later cohorts. In this case, the cohort differences are only significant when reported by daughters.

Figure 1: Father’s survival by cohort and gender, respondents aged 50-56 at time of interview

Figure 2: Mother’s survival by cohort and gender, respondents aged 50-56 at time of interview
Figure 3 shows the survival of both parents, adjusted for the covariates. The data indicate that it is especially the survival of both parents which increased over time, whereas the proportions of adult children with one surviving parent or with no surviving parent only decreased slightly from the 1992 to the 2010 cohorts. These results are significant.

**Conclusion**

Our analyses suggest a postponement of parental mortality among the younger baby boom cohorts. About two thirds of the youngest cohort (age 50-56 in 2010) have at least one living parent. Mothers are much more likely to survive into adult children’s middle years than fathers. However, increases in fathers’ survival were more pronounced than increases in mothers’ survival. This translates into longer survival of both parents and thus postponement of parents’ widow(er)hood into their children’s later years. Thus, demands on adult children’s supports are likely to be postponed as spouses typically serve as main support providers.

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