

## **Marital Disruption, Disability and Longevity**

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### **Abstract**

With high rates of divorce and remarriage, the traditional nuclear family — a concept derived from close genetic and blood ties — is being replaced by new and more complex patterns of family structure. Concerns about the potential erosion of the family as a support network have prompted researchers to examine the long-term effects of marital disruption on intergenerational relations. The general consensus is that the direct effects of marital disruption — via divorce and remarriage — decrease the amount of exchange and reduce the quality of relations between adult children and their parents. Evidence also suggests that the indirect effects of marital disruption — via changes in family structure — further reduce exchange, even after controlling for marital status and marital history. Moreover, these deleterious effects appear to be more severe for elderly fathers than for elderly mothers, and to be mediated by both the adult child's gender and kin relationship to the parent (biological son versus biological daughter; step son versus step daughter).

A separate strand of literature has focused on the beneficial effects of social support, broadly conceived, on health outcomes. It has been shown, for example, that social support, as reflected in contact with family and friends and affiliation with social and religious groups, reduces morbidity and mortality, even after controlling for other factors. It has been hypothesized that social support improves health or provides a buffer from poor health due to a variety of mechanisms, ranging from biological processes that affect the neuroendocrine and immunological systems to social processes that may provide psychological and emotional support and regulate individuals' behavior.

In this paper, we aim to tie these two separate strands of literature by examining how the quality of relations between elderly parents and their adult children affects health, disability and mortality of elderly persons. For elderly persons, especially those who are not currently married, an important potential source of social support comes from adult children. Adult children may provide care to elderly parents; they also represent an important source of emotional support. At the same time, there have been profound changes in families that have arisen due to marital disruption. If marital disruption reduces the quality of parent-child relations, then we might expect that marital disruption might affect health and mortality. Our goal in this analysis, therefore, is to ascertain whether the direct (i.e., divorce, remarriage) and indirect effects (e.g., family structure) of marital disruption affect the incidence and trajectory of disability as well as mortality of older persons after controlling for other factors.

Specifically, we hypothesize that the quality of relations with children will be influenced by the nature of the relationship (biological or step relationship). If the level of social support provided by step children is lower and if lower levels of social support lead to increased mortality, then we would expect elderly persons who have only step children to experience higher rates of disability, faster progression of disability, and higher mortality, holding other things constant. We also hypothesize that the presence of step children may affect the quality of relationships with biological children. Therefore, we investigate whether disability and mortality increase in the presence of blended families. Finally, we investigate the interactive effects of child's gender and kin relationship in relationship to the parent's gender since the effects of social support and marital disruption have been found to vary by gender of both parent and child. All of these hypotheses address the indirect effects of

marital disruption on the outcomes of interest. We analyze these indirect effects after controlling for the direct effects of marital disruption (remarriage and divorce), as well as a broad array of fixed and time-varying control variables.

To examine the disability-mortality-marital disruption relationship, we rely on data from the first four waves of the Assets and Health Dynamics of the Elderly Survey (AHEAD/HRS). In particular, we focus on a sample of elderly persons who had at least one child at the first AHEAD wave (1993). The dependent variables of interest for our analysis reflect incidence of ADL/IADL disability, progression of disability, and whether the elderly person had died by the fourth wave of data collection. Our key independent variables reflecting marital disruption are drawn from the first wave of the survey. In addition, we use a rich set of control variables from the first wave that reflect sociodemographic characteristics, economic status, and a detailed set of variables that measure health conditions. Since the role that children play in providing social support is likely to vary by the parent's marital status, we conduct separate analyses for married and unmarried elderly persons.

As cohorts of individuals who have faced high rates of marital disruption continue to age, there will be a growing number of elderly persons who will reach old age with nontraditional family structures. Evidence suggests that the effects of "looser" ties among divorced elderly parents and their children has had some impact on the traditional role of the family as a support network. An unanswered question is whether these changes lead to mortality differences. Our hope is that our research will shed light on this question.