A century of scientific research on the family-health nexus notwithstanding, the last decade has witnessed a renewed interest in elucidating the complex interplay of family, well-being and health. Several recent overview articles on the topic have appeared over the last decade, reflecting an attempt to sum up the main results from ‘first-generation’ research (Arránz Becker et al. 2017; Carr/Springer 2010; Carr et al. 2014; Hank/Steinbach 2018; Rapp/Klein 2015; Dolan et al. 2008; Hansen 2012) and to point to persistent gaps in the literature and directions for future research. We take this as an indication that we are witnessing the emergence of a ‘second-generation’ era of research that more closely follows the well-known tenets of life course theory (Mayer 2009), according to which individuals actively take age-graded, path-dependent life course decisions based on their available material and intangible resources within specific sociohistorical contexts. Consequently, recent studies are beginning to take a longitudinal perspective in a more rigorous manner (Arránz Becker et al. 2017) and are addressing issues of causality and social context effects more carefully than before (Hank/Steinbach 2018).

Ever since the seminal work from the 19th century (Farr 1859), the family-health nexus has almost continuously received scholarly attention, which underlines the pervasiveness of the topic. The closely intertwined connections between families and well-being can be traced back to fundamental functions of the family. Family is one of the main socialisation agents, shaping health perceptions and health behaviours, as well as happiness-inducing habits of its members. Adults’ own family formation behaviour and related transitions (e.g., marriage) have been shown to determine a plethora of health and well-being outcomes and, ultimately, mortality (Carr et al. 2014; Zimmermann/Easterlin 2006). On the other hand, health and well-being themselves may have important implications for partnering and family development processes, because they signal fecundity and the ability to provide the necessary resources for maintaining a family (Stutzer/Frey 2006). In sum, although family status is traditionally considered as a horizontal dimension of social diversity, family transitions can also be seen as catalysts of inequalities in health and well-being (Arránz Becker et al. 2017). For instance, if individuals with poorer health (or those who are less happy) exhibit lower marriage rates and higher divorce rates, then