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Grandparenthood, grandchild care and depression among older people in 18 countries

Abstract
Due to the increasing central role of grandparenthood in later life, sound knowledge about its effects on older people’s health is more and more important. This paper examines the impact of becoming a grandparent, having more grandchildren, and engaging in grandchild care on depressive symptoms. Moreover, based on the structural ambivalence theory, we expect that such effects differ across contexts as (grand)childcare is differently organised across Europe. Taking advantage of the longitudinal structure of the Survey of Health, Ageing and Retirement in Europe (SHARE), we estimate fixed-effects models. Our results show that women face a decline in depressive symptoms when becoming grandmothers, but neither an increase in the number of grandchildren nor changes in grandchild care are associated with changes in depressive symptoms. The analyses by country highlight differences across Europe, without, however, drawing a clear pattern. Our results show that depression consequences of grandparenthood also vary between countries characterised by similar roles of grandparents. This suggests the need to make available more refined questions about grandparenthood in surveys on older people.

Key words: grandparenthood, grandchild care, depression, Europe.

Introduction
As a consequence of the socio-demographic changes in terms of increasing longevity, decreasing fertility, and postponement of childbearing, the role of grandparents has become more and more a central feature of later life (Leopold/Skopek 2015; Margolis 2016). Its benefits have been shown, in line with the active ageing framework (WHO 2002; Zaidi et al. 2013), mainly in terms of engagement in grandchild care as an activity that positively affects health and subjective wellbeing (e.g., Arpino et al. 2018; Arpino/Bordone 2014; Di Gessa et al. 2016). In this study, we extend the knowledge in this field by investigating whether the broader concept of grandparenthood (including becoming a grandparent, having additional grandchildren, and changes in the engagement in grandchild care) affects older people’s mental health. In particular, we analyse changes in depressive symptoms
by relying on longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE). Depression has been estimated to be the fourth leading cause of the global burden of disease (Ustün et al. 2004), it is the second leading cause of disability worldwide (Ferrari et al. 2013) and is expected to become the leading cause of disability in later life by 2030 (Kok et al. 2012). Such a debilitating condition, characterised by the presence of specific symptoms as anxiety, insomnia, fatigue and a number of psychosomatic disorders that can be triggered by biological, psychological and socio-economic factors, places a substantial burden in terms of public health systems and beyond, to include decline in the quality of life, increased risk of heart disease and stroke, worsening overall health status, and earlier mortality (Blazer 2003; Gallagher et al. 2012). The importance of studying depression rests also on its influence on health behaviours (e.g., Kuo et al. 2011) and other health measures (e.g., Moussavi et al. 2007).

The association between social support and mental health is well established in the literature (e.g., Dalgard et al. 1995; McCabe et al. 1996). It is usually hypothesised that altruistic behaviours and (balanced) intergenerational exchanges are beneficial to mental health (Fujiwara/Lee 2008; Hayslip/Kaminski 2005). Yet, grandchild care can also be stressful and might limit participation in other activities. This, in turn, might negatively impact on health (Jendrek 1993; Szinovacz et al. 1999).

Our contribution is threefold. First, we investigate the effect of grandparenthood on depression by accounting for the multidimensionality of the concept of grandparenthood. In doing so, we test whether such an effect is driven by becoming a grandparent (i.e., grandparenthood per se), an increase in the number of grandchildren, and provision of grandchild care. Moreover, we add to previous literature (e.g., Brunello/Rocco 2019; Di Gessa et al. 2016) by considering more waves of the same dataset, and investigating gender differences. To the best of our knowledge, only one study so far examined the effect of the transition to grandparenthood on grandparents’ depression (Condon et al. 2018), based however on one single country (Australia) and a small sample (262 female and 168 male grandparents). Second, we explore the role of context in the association between grandparenthood and depression. As the grandparental role varies across countries (Bordone et al. 2017; Hank/Buber 2009), the effect of grandparenthood on depression may also vary. This heterogeneity could be related to the broader cultural context (i.e., norms and values), as well as to the institutional setting (i.e., policies and, more in general, welfare regimes) in which grandparents and grandchildren are embedded. Previous studies on this topic have mostly relied on a single country (e.g., Condon et al. 2018; Grundy et al. 2012) or pooled together data from different countries (e.g., Di Gessa et al. 2016). Third, from a methodological point of view, we examine the effect of grandparenthood on depression using fixed-effects models. Previous studies in the related literature have often employed cross-sectional data, with a few exceptions that investigated the effect of grandchild care on health outcomes drawing on longitudinal data (Chung/Park 2018; Di Gessa et al. 2016; Grundy et al. 2012). To our knowledge, only Ates (2017) relied on fixed-effects models to study whether grandchild care affects self-reported health. By using fixed-effects models we can exploit the longitudinal dimension of SHARE data and additionally account for time-invariant unobserved confounders.