

## CHAPTER 14. IMPACT OF LONGER LIFE ON CARE GIVING FROM CHILDREN

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### 1. Introduction

The past decades have witnessed major sociodemographic changes that profoundly affect the *composition* of families, and *exchanges* in families, e.g., the extension of life expectancy, delay of marriage and parenthood, decline in the birthrate, and increasing instability of partner relationships. In this paper we will use data from the Netherlands to illustrate recent developments in Western societies.

One of the most dramatic changes of the last century is the *extension of life*. Life expectancy has risen at a rapid pace and changed people's lives over the course of the last century. Just over half the men and two thirds of the women born at the beginning of the last century survived beyond the age of 65. Among the cohorts born in the 1960s, however, a mere 15% of men and 11% of women are expected to die before they reach the age of 65 (Liefbroer and Dykstra 2000). Reaching (current) retirement age will therefore be the rule; dying before that age will become the exception. At an individual level, the increase in life expectancy means that individuals now have a greater chance of growing old. In a sense, the course of people's lives has become more predictable. People expect to reach a respectable age and they live their lives accordingly. However, there are also implications for family life. Deaths have become more predictable. Unexpected losses, such as the decease of loved ones at a young age, are no longer part of daily reality, which, in turn, has consequences for the way in which these events are experienced. Early deaths (of parents, of children) are exceptional occurrences, and for this very reason are a more devastating experience than they used to be. People do not anticipate these events and are not prepared for them. When they do happen, peers will generally be unable to provide support because they have not had a similar experience themselves.

Apart from changes in the life span, *changes in the birth rate* determine intergenerational family structures. The average family size showed a marked decline over the past century. Whereas Dutch women born between 1935 and 1940 had an average of 2.4 children, those born between 1965 and 1970 are expected to have an average of 1.8 children. On top of that, women born after 1944 are delaying the birth of their first child (Bosveld 1996). The Netherlands, supposedly, is the world champion of "late motherhood" (Beets 1997). There are few countries in the world where women have their first child at such an advanced age as in the Netherlands where the average age at first birth is now well over 29.

The rise in childlessness has been receiving much attention. For Dutch women born around 1960, the expectation is that 18% will never give birth. From a historical point of view, this is not a very high percentage. Among women born at the beginning of the 20th century, higher proportions remained childless: close to 25% of women never gave birth (Liefbroer and Dykstra 2000). In the older cohorts, many remained childless because they never married. In the younger cohorts, women are remaining childless in marriage. The present rise tends to be attributed to "voluntary" factors, such as increased options for a fulfilling life outside the domain of parenting. Delay of marriage and delay of parenthood are other important determinants of the rise in childlessness. Not only have the reasons for childlessness changed, family circumstances have changed too—at least in quantitative terms. The older childless have been embedded in extensive family networks throughout their lives (large number of siblings, cousins, nieces, and nephews). Current childless men and women are part of much smaller family networks.

Changing patterns of mortality and fertility have led to changes in the architecture of families. First of all, families have become narrower from a horizontal perspective (the beanpole family): there has been a decline in *intra* generational relationships, that is to say, ties between members of the same generation, such as brothers and sisters and cousins, owing to the fact that couples are having fewer children. Analyses of genealogical data illustrate this (Post et al. 1997). In 1930 people under the age of 20 had an average of 3.1 brothers and siblings. This had declined to an average of 1.6 in 1960 and to 1.3 in 1990. Similarly, in 1930 the under-20s had an average of 11 cousins compared with 10.6 in 1960 and an average of 6.1 in 1990.

A second development is the ongoing verticalization of families. Families are made up of several generations. Due to the extended life span, older family members are living longer than they did in the past. This means that three, four, or even five generations may be alive at the same time. Having said that, three-generation families are the norm in the Netherlands, not four generations as many people believe. Since Dutch women have children at a relatively late age, the intergenerational distance (in years) also tends to be relatively large.

One of the consequences of the extension of the life span is that family ties have a duration of unprecedented length. Family members are alive together for increasing lengths of time. It is not uncommon for parents and children to share a period of 50 or 60 years! The bulk of the family literature focuses on that relatively short period in the life course during which people have dependent children; *not* on the longer period during which both parents and children are adult members of society.

In this paper we will investigate the familial bonds during that period in life when both parents and children are adult members of society. More specifically, we are interested to know more about the quality and intensity of familial exchanges when parents reach older ages. So, our first research question is: Does adult children's support to parents increase as parents become older? In this context we focus on parents aged 65–89 years of age, and examine the support they receive from their adult children.

Characteristic of a western, individualized society is—among other things—an increased likelihood of the dissolution of unions by divorce (of the parents' and/or the children's generation), and of repartnering after union dissolution. The support adult children provide to their parents is not independent of events that occur during the life course of parents and children. So, apart from changes in mortality and fertility patterns, changes in marriage patterns have led to changes in family networks. The composition of families has become more complex as a result of the increase in divorce, second and third marriages, and unmarried cohabitation. This complexity is rather new. As the Norwegian sociologist Gunhild Hagestad points out, our vocabulary has difficulty keeping up with social reality. We not only need to get used to the idea of adult grandchildren who can have families of their own, we also lack the words for relationships shaped by divorce and remarriage (Hagestad 1981).

Divorce not only disrupts horizontal ties between marital partners, it can also be a threat to vertical ties, such as those between parents and children, or grandparents and grandchildren. Additionally, attention has to be paid to the effects of divorce of adult children on contact with their parents. In some families, there is a drop in support due to increasing difficulty on the part of the divorced child to provide support. The consequences of repartnering for intergenerational family ties are largely unknown.

Family constellations have undergone rapid and dramatic changes during the past decades. "We", researchers, are still in the process of charting these changes and attempting to understand their implications. There are many unanswered questions and many myths about family change. In this context we formulate our second research question: What are the implications of partner status transitions in the lives of both the older and the younger generation for the quality of intergenerational relationships and support arrangements?

## 2. Explanatory Framework

### 2.1. BONDS BETWEEN PARENTS AND CHILDREN

Adult children and their parents engage in reciprocal exchanges. Older parents and their adult children have close bonds (Klein Ikkink, Van Tilburg, and Knipscheer 1999), with mothers receiving more support than fathers. Adult children tend to support their parents in carrying out household and personal care tasks, whereas parents tend to provide financial support to their adult children (Kohli et al. 2000). Children respond to the onset of physical decline in their parents by increasing their support provision (Broese van Groenou and Knipscheer 1999): sons tend to specialize in the provision of instrumental support, whereas daughters are more likely to provide emotional support. In the event of crises and

prolonged periods of impairment, both sons and daughters continue to meet support demands (Eggebeen and Adam 1998). In this paper we start with an examination of support provision by *the age* of the older parent to assess the consequences of longer life for the overall functioning in daily life and familial embedment. Is there truth in Lillian Rubin's (2000:189) statement that "Older friends, those in their sixties and seventies, tell me that their children have grown more attentive, that they phone more often and invite their visits more urgently"?

## 2.2. OLDER PARENTS WITH AND WITHOUT PARTNERS

In investigating the support children provide to old parents, it is imperative to take into account the household composition or the availability of a partner in the household of the parent. Surveys from different countries show that the vast majority of older adults who are in need of assistance in either the self-care activities of daily living or the home-management activities of daily living receive this assistance from the spouse, if available (De Jong Gierveld 2004; De Jong Gierveld and Van Tilburg 1989; Dooghe 1992). Generally speaking, this puts couples in a better situation than those living alone, especially women. One's spouse can and will serve as the best (long-term) provider of emotional as well as instrumental support. Nearly all husbands rely on their spouses (Kendig et al. 1999). Spouses have the proximity, the long-term commitment, and the similarity in interests and values that underlie this type of support (Dykstra 1993). Now that elderly male persons are much more likely to be married than women, with surprisingly little variation between European regions, being (very) old proves to have very different implications for men and women. For men, being old generally means being attached, that is, having a spouse available for assistance and care. For women, it generally means being spouseless, that is, having to turn to others when they are no longer able to cope by themselves.

Children of widows and widowers "step in" when their parents need help (Klein Ikkink, Van Tilburg, and Knipscheer 1999; Lopata 1996; Wolf, Freedman, and Soldo 1997). Children whose mothers are widowed are more likely to visit their mothers frequently than those with currently married mothers, and these effects are interpreted as a permanent change in the relationship between the widow and her adult children (Roan and Raley 1996).

## 2.3. REPARTNERED PARENTS

A non-negligible part of the parents living in a couple household are involved in a second (or third) partner relationship after widowhood or divorce (De Jong Gierveld 2004). Repartnering creates a variety of new marital and complicated extramarital family patterns. Repartnering may be a *stressful event* (Henry and Lovelace 1995) because many changes have to be faced, such as moving to a new home and adapting to new household rules. Stress is a potential characteristic of the new partner relationship, the more so when those involved have lived alone for a considerable period of time, or are at a somewhat older age. After a period of living alone, people tend to have adopted fixed habits, and it might be difficult to adjust and change them. Repartnered adults require time and energy to invest

in each other, which might have resulted in less time for their children (Spitze and Logan 1992; White 1992).

The *incomplete institutionalization hypothesis* introduced by Cherlin (1978) draws attention to another mechanism: the absence of social guidelines for repartnered couples (see also Coleman, Ganong, and Fine 2000). People who start a new partner relationship are confronted with a lack of norms regarding their role and how to deal with the problems of everyday family life. The repartnering of a parent profoundly affects children's life-worlds as well. The arrival of a newcomer who takes the special place of the (deceased) father or mother is distressing (Ganong et al. 1998) and might give rise to ambiguous feelings. This is all the more so when children face the risk that some of the potential inheritance might be lost in favor of the new partner (De Jong Gierveld and Peeters 2003). Consequently, repartnered older people who form part of a stepfamily may have structurally less close-knit familial networks than older adults in first marriages or older adults living alone after widowhood (Cherlin and Furstenberg 1994; Dykstra 1998; White 1994), and particularly so when repartnering has been preceded by divorce.

#### 2.4. THE CONSEQUENCES OF DIVORCE EXPERIENCED BY PARENTS

The consequences of divorce are worth studying in their own right: both the economic and social effects. Several studies have shown that women tend to be affected by financial setbacks and a severe reduction in socioeconomic status after divorce, while men suffer reductions in their personal relationships (Cooney 1993; DeGarmo and Kitson 1996; Doherty, Su, and Needle 1989; Uhlenberg 1994). Divorced men are less likely to be in touch with their adult offspring and family members, and to have rewarding interactions with them than divorced women, a finding that is reported for the United States as well as for several European countries (Doherty, Kouneski, and Erickson 1998; Dykstra 1998; Terhell, Broese van Groenou, and Van Tilburg 2001). This difference is related to factors such as a decline in involvement as a non-residential parent, a failure to pay child support, and feelings of anger and blame which are more often directed at fathers than mothers (Cooney and Uhlenberg 1990; Cooney et al. 1986; Furstenberg, Hoffman, and Shrestha 1995; Strain and Payne 1992; Uhlenberg, Cooney, and Boyd 1990; US Bureau of the Census 1987; White 1994). Consequently, transfers of time, money, and all kinds of support between adult children and their fathers after divorce, are lower than those between adult children and fathers in first marriages (Dykstra 1998).

Divorce can have long-term consequences, as was pointed out by Fethke (1989): poor relationships between parents and young adult children do not improve when parents age, only perhaps when savings serve to encourage children to stay in touch or when the children feel a sense of moral obligation to stay in touch (Hagestad 1987; Knipscheer 1990). A negative effect of divorced single-parent families on parent-child solidarity in adulthood is also reported by Lye et al. (1995). Children of divorce have weaker relationships with their parents, particularly with the non-custodial parent, partly due to the fact that divorce poses a threat to the attachment that has developed between parents and children (Bowlby

1969). This low-attachment pattern will likely continue to exist as both the children and their parents age.

## 2.5. THE CONSEQUENCES OF DIVORCE EXPERIENCED BY CHILDREN

Intergenerational relationships are vulnerable to the stresses and strains produced by life changes affecting either generation (Kaufman and Uhlenberg 1998). For that reason, we also consider the effects of disruptive events in the life courses of the children, and more specifically, widowhood and divorce. It is not inconceivable that upward transfers decline, at least temporarily, given that divorced adult children are too preoccupied and too busy to be of much help to their parents. Research suggests that downward transfers increase rather than decrease in response to younger generation divorce as the older generation steps in to help their offspring (Dykstra 1998).

## 2.6. EFFECTS OF HEALTH SITUATION, NUMBER OF CHILDREN, AND DISTANCE TO CHILDREN

The support from children to parents is related to the number of living children, the travel distance between children and parents, motives that guide children, financial gifts from the parent to children, income and employment status of the children (Dooghe 1992; Henretta et al. 1997; Mancini and Blieszner 1989; Rossi and Rossi 1990; Silverstein, Parrott, and Bengtson 1995). Both the number of children and the travel distance between children and older parents are related to the socioeconomic level of the parents (and the children). In the Netherlands, the number of children per woman of the birth cohorts under investigation is significantly higher for the lower social strata than for the higher strata (De Jong 1997). Moreover, the children of parents of higher socioeconomic strata have had better access to higher education, and opt for higher level jobs at greater distances from their parents than the children of lower strata families. For that reason, social class differences, number of live children, and travel distance to children are considered explicitly in the analyses.

The receipt of support will also be related to the severity of handicaps with which the older parents are confronted. In cases of minor handicaps, older individuals will be able to cope by themselves, either alone or with the support of the partner, if available. Some older adults will be able to purchase some assistance (e.g., to clean the house). In the event of increasing handicaps and frailty, support from children will be welcomed.

The previous considerations form the basis for the following hypotheses.

*Hypothesis 1:* With increasing age, parents are more likely to receive support from their adult children. *Hypothesis 2:* Divorced parents, fathers in particular, are less likely to receive support from their children than parents whose marriages remained intact. *Hypothesis 3:* Repartnered parents are less likely to receive support from their adult children than parents whose marriages remained intact or parents who did not repartner. *Hypothesis 4:* Parents are less likely to receive support from their adult children in families with a marital disruption in the younger generation than in families with no marital disruption in the younger generation.

### 3. Method

#### 3.1. RESPONDENTS

The data are from the Dutch "Living arrangements and social networks of older adults survey" (NESTOR-LSN). In 1992 interviews were conducted with 4494 men and women, aged 55–89 years. The sample was stratified according to sex and year of birth. Older people, particularly men, are oversampled. For reasons of efficiency and cost control, the selection of respondents was restricted to three regions: the northeast, the southeast, and the west of the Netherlands. These regions represent differences in culture, religion, urbanization, and aging. In addition to the choice of regions, a wide range of differences in urbanization was also accomplished by selecting at least two municipalities in each region, a large- and a medium-sized city, and one larger rural town or several smaller ones. The sample includes both the institutionalized and older adults living in their own homes. Not all 4494 respondents completed a full interview. A short interview was completed with 342 (7.6%) of all respondents who were characterized by physical and mental deficiencies that prevented them from participating in a lengthy, 1.5 h interview. The overall response rate, defined as the number of interviews that were actually completed, divided by the number of all sampled cases in which an interview could have been completed is 61.7%. Considering the non-response problems when interviewing an elderly population, the results are satisfactory. The realized sample was fairly representative of the underlying population. Further details on the survey can be found in Broese van Groenou et al. (1995).

The first phase of the analysis in this paper is restricted to respondents aged 65–89, living in private households, with at least one living child ( $N = 2313$ ). In the second phase we concentrate on those of the respondents aged 65 and over, living in private households, with at least one living child, experiencing one or more functional limitations, that is, limitations with self-care and/or mobility, and limitations in carrying out household activities. These restrictions resulted in a sample size of 1643. By considering only those with functional impairments, we obtain a picture of older adults' support networks when they actually require help. We refrained from introducing older parents' official marital status as an explanatory factor for differences in help received from children. Older adults' marital status is no longer a reliable indicator of their partner status and living arrangements. As a consequence of the changing system of values concerning marriage and intimate relationships, consensual unions are not uncommon among younger and older adults (Chevan 1996; Coleman, Ganong, and Fine 2000; Peters and Liefbroer 1997). In this study we explicitly asked all the respondents about partner availability independent of their marital status. In addition, marital history is introduced as an explanatory factor. The following typology was constructed. The selected respondents were distinguished firstly on the basis of current partner status: living with or without a (marriage or consensual) partner in the household. Secondly, we differentiated according to marital history: (1) those in first marriages, (2) the ever-widowed (who have never divorced), and (3) the ever-divorced (regardless of whether the divorce pertained to a first or a subsequent marriage). Non-negligible proportions of the ever-widowed men, and of the ever-divorced men were living with a partner either married or unmarried, at the time of the interview. Due to the small numbers of repartnered widowed women ( $N = 12$ ), and repartnered divorced women ( $N = 14$ ) these groups were excluded from the analyses. A small proportion of the first married (nearly 2%; 9 men and

12 women) were not living with their partners because the latter had been institutionalized. This group was also excluded from the analyses.

### 3.2. PROCEDURE

In this article we first provide descriptive information on the respondents and their families differentiating the respondents according to age group. Secondly, we investigate whether help because of experienced functional limitations is received from children. Multiple classification analyses are performed to determine the contribution of age and marital history types of the parents' as well as of the children's generation to the explanation of differences in the reliance on help from children.

### 3.3. MEASURING INSTRUMENTS

*Health* is assessed via two measures. The first is the mobility and self-care capacity, ranging from 4 to 20. Those not experiencing difficulties in either walking up and down stairs, walking for 5 min outdoors without resting, getting up from and sitting down in a chair, or dressing and undressing (including putting on shoes, doing up zippers, fastening buttons) are assigned a score of 20, and those not able to perform any of the four activities investigated are assigned a score of 4. The second is the capacity to carry out household activities, ranging from 4 (not able to perform household activities such as doing daily groceries, preparing hot meals, changing the sheets on the bed, doing the laundry, and regularly cleaning the house) to 20 (not experiencing any difficulties with the four activities investigated).

*Help because of functional limitations:* Respondents with functional limitations, that is limitations with self-care and/or mobility, and limitations in carrying out household activities were asked if they received help and if yes, from whom they received help. This study looks at whether non-resident children or partners were cited as sources of support. Unfortunately, the data do not allow us to distinguish precisely which children provide the support. We only have information on the generic category "non-resident children". In other words we cannot examine whether, as is often the case (Cooney et al. 1986; Dwyer and Coward 1991; Kendig et al. 1999; Lopata 1996), daughters are more often support-providers than are sons.

*Socioeconomic resources:* Educational attainment is used as the measure of socioeconomic resources. Respondents were asked about the highest educational grade they had attained. To enhance comparability, we calculated the number of years of education it would take to attain this grade, taking the shortest route possible.

*Child characteristics.* The number of surviving children is the first measure used. Children are biological (virtually 95% of all children) as well as adoptive and stepchildren. Secondly, the travel time to the nearest child (in minutes) is included. Thirdly, information is used about children being ever-widowed or divorced. For each of the living children we know the frequency of contacts with the parents; contacts include face-to-face, telephone, and mail interactions.

#### 4. Results

##### 4.1. BACKGROUND CHARACTERISTICS

Table 1 presents descriptive information on characteristics of the older parents by age groups.

As the table shows, the percentage of older adults living with a partner in the household decreases sharply after the age of 75, as expected. In the oldest age group of 85–89 years only 38% of the respondents live with a partner. The mean number of living children ranges between 3.3 and 3.6, but the mean number of children contacted at least on a weekly basis differs more sharply. Across age categories, there is a steady decrease in the

**Table 1. Reports of family embedment, and demographic variables of parents aged 65–89, by age groups: descriptive statistics ( $N = 2313$ ).**

Variables <sup>a</sup>	65–69 ( $N = 486$ )	70–74 ( $N = 456$ )	75–79 ( $N = 554$ )	80–84 ( $N = 495$ )	85–89 ( $N = 322$ )	<i>T</i>
Percent with partner in household***	73 <sup>b</sup>	72 <sup>b</sup>	63 <sup>c</sup>	49 <sup>d</sup>	38 <sup>e</sup>	60
Number of children alive (mean)	3.3	3.3	3.4	3.6	3.3	3.4
Number of children contacted at least weekly (mean)***	2.3 <sup>b</sup>	2.2 <sup>b,c</sup>	2.0 <sup>c</sup>	2.0 <sup>c</sup>	1.7 <sup>d</sup>	2.1
Number of children and/or children in law contacted at least weekly (mean)***	3.5 <sup>b</sup>	3.2 <sup>b,c</sup>	3.1 <sup>c</sup>	3.0 <sup>c</sup>	2.5 <sup>d</sup>	3.1
Travel time to nearest child (in minutes)	21	18	22	24	26	22
Educational level in years*	8.6 <sup>b</sup>	8.4 <sup>b,c</sup>	8.1 <sup>c</sup>	8.2 <sup>b,c</sup>	8.1 <sup>c</sup>	8.3
Percent with one or more self-care or mobility limitations***	23 <sup>b</sup>	33 <sup>c</sup>	38 <sup>d</sup>	52 <sup>e</sup>	67 <sup>f</sup>	44
Percent with one or more household activity limitations***	46 <sup>b</sup>	55 <sup>c</sup>	64 <sup>d</sup>	76 <sup>e</sup>	88 <sup>f</sup>	67

\* $p < 0.05$ ; \*\*\* $p < 0.001$ .

<sup>a</sup>For significant relationships results from Waller–Duncan tests are provided. Non-overlapping letter codes (b,c,d,e,f) within rows indicate significant differences between age groups.

mean number of children contacted on at least a weekly basis from 2.3 to 1.7. Apparently, the circumstances of younger-old parents (in good health, with partner, recently retired, and ready to support the families of children and grandchildren) are more conducive to frequent contact with children than those of older parents. When contacts with children and children-in-law are taken together, the findings show that in each of the age groups, there are contacts on at least a weekly basis with between 2.5 and 3.5 members of the younger generation. The conclusion is warranted that Dutch older adults are well embedded in family interactions. Given a mean traveling time of about 22 min, we can assume that the majority of the weekly contacts are face-to-face. Table 1 also shows that the oldest age groups have the lowest levels of education, and the highest levels of functional limitations.

Findings for respondents confronted with one or more functional limitations are presented in Table 2. This pertains to 53% of the respondents in the age group 65–69 years; the

**Table 2. Reports of family embedment, and demographic variables of parents with functional limitations, aged 65–89, by age groups: descriptive statistics ( $N = 1643$ ).**

Variables <sup>a</sup>	65–69 ( $N = 257$ )	70–74 ( $N = 288$ )	75–79 ( $N = 392$ )	80–84 ( $N = 408$ )	85–89 ( $N = 298$ )	<i>T</i>
Percent with partner in household***	77 <sup>b</sup>	75 <sup>b</sup>	65 <sup>c</sup>	49 <sup>d</sup>	39 <sup>e</sup>	60
Percent receiving help from partner (alone or together with other support)***	51 <sup>b</sup>	49 <sup>b</sup>	45 <sup>b</sup>	35 <sup>c</sup>	23 <sup>d</sup>	40
Number children alive (mean)	3.4	3.4	3.4	3.7	3.3	3.5
Number of children contacted at least weekly (mean)***	2.3 <sup>b</sup>	2.3 <sup>b</sup>	2.0 <sup>c</sup>	2.1 <sup>b,c</sup>	1.7 <sup>d</sup>	2.1
Number of children and/or children in law contacted at least weekly (mean)***	3.5 <sup>b</sup>	3.4 <sup>b,c</sup>	3.1 <sup>c</sup>	3.1 <sup>c</sup>	2.5 <sup>d</sup>	3.1
Percent receiving help from children (alone or together with other support)***	23 <sup>b</sup>	22 <sup>b</sup>	33 <sup>c</sup>	41 <sup>d</sup>	47 <sup>d</sup>	34
Travel time to nearest child (in minutes)	16	17	23	24	22	21
Educational level in years	8.6	8.4	8.1	8.1	8.1	8.2

\*\*\* $p < 0.001$ .

<sup>a</sup>For significant relationships results from Waller–Duncan tests are provided. Non-overlapping letter codes (b,c,d,e) within rows indicate significant differences between age groups.

percentage increases with age and reaches 93% for the age group 85–89 years. As Table 2 shows, when there is a partner in the household, that person is frequently cited as the one who helps perform activities of daily living: more than 60% of the respondents co-residing with a partner, list the partner as support giver. In the oldest age group, the partner is cited least often, partly because a large proportion of this age group has no partner, and partly because the partner is not able to provide support due to health restrictions.

The pattern of findings for the mean number of children alive, mean number of children contacted on a weekly basis, and mean number of children and/or children-in-law, contacted on a weekly basis more or less resembles that presented in Table 1. Children are frequently involved in contacts with their old parents, and support giving is an important aspect of intergenerational family ties. With increasing age, the parents are more and more likely to receive support from their adult non-resident children.

Overall, 34% of the respondents with functional limitations cite children as support providers. The support from children is either in the form of support from children alone, or help from children together with other sources of support, such as the spouse, or other informal support providers (cousins, friends, colleagues), and/ or formal support (e.g., a community nurse). In the next section we will address several factors that might account for differences in older parents' reliance on support provided by children.

#### 4.2. EXPLAINING SUPPORT BY NON-RESIDENT CHILDREN

Previous studies have indicated substantively different patterns of care use among older adults who are currently married and those who are unmarried (Mutchler and Bullers 1994; Wolf, Freedman, and Soldo 1997). In our study it is possible to differentiate further between older adults, taking into account gender and marital histories as well. We would like to highlight a number of differences between the groups, which are evident in Table 3.

All the differences registered in the bivariate analysis remain significant in the multivariate analysis. Age at the day of the interview is again significantly and positively related to support from children: the oldest old have a greater likelihood of being supported by children than the younger old, after controlling for all the covariates and the other independent variables. About 2.2–6.3% more children support their parents aged 80 years and over as compared to the mean situation, and among the parents aged 74 or younger 3.8–6.5% fewer children are involved in support giving.

Table 3 indicates that marital history, partner status, and gender are very important, significant predictors of support from children to parents coping with limitations. The deviations from the grand mean of 34% are registered, both before and after controlling for the covariates and other independent variables: large, positive deviations from the grand mean are found for widowers and especially widows who live alone. The deviation, adjusted for the covariates and for the other independent variables, is +23.8% for widows and +14.9% for the widowers. The largest negative deviations from the grand mean are indicated for divorced men: –24.2% for divorced men without new partners, and –24.7% for divorced men co-residing with a new partner. Moderate negative deviations from the grand mean are found for parents in their first marriage.

**Table 3. Support from children (alone or together with other sources of support, 0 = no, 1 = yes) as received by parents aged 65–89 with functional limitations (in percentages of the subsamples); by age, current partner status, marital history and gender, and by marital history characteristics of the children; results of multiple classification analyses ( $N = 1643$ ).**

	<i>N</i>	Deviation <sup>a</sup>	Deviation <sup>b</sup>	<i>F</i>	<i>P</i>	<i>B</i>	Beta
<i>Main effects</i>							
Age				3.562	0.007		0.090
85–89 years	298	12.8	6.3				
80–84 years	408	7.0	2.2				
75–79 years	392	–1.0	0.3				
70–74 years	288	–11.9	–6.5				
65–69 years	257	–11.2	–3.8				
Marital history, partner status and gender of parents:				28.320	0.000		0.349
Parent in first marriage + partner							
M	669	–13.5	–13.7				
F	235	–7.8	–3.8				
Parent ever-widowed (no divorce) + partner							
M	57	–16.6	–16.8				
F	n.a.	n.a.	n.a.				
– Partner							
M	162	18.3	14.9				
F	418	25.9	23.8				
Parent ever-divorced + Partner							
M	36	–31.4	–24.7				
F	n.a.	n.a.	n.a.				
– Partner							
M	20	–29.1	–24.2				
F	46	–5.9	–0.4				
Marital history of children:				1.154	0.283		0.024
Children ever-divorced							
No	1303	0.5	0.6				
Yes	340	–1.8	–2.2				

Table 3. (continued)

	<i>N</i>	Deviation <sup>a</sup>	Deviation <sup>b</sup>	<i>F</i>	<i>P</i>	<i>B</i>	Beta
Children				0.872	0.350		0.021
ever-widowed (no divorce)							
No	1574	-0.1	0.2				
Yes	69	2.1	-4.7				
Covariates				12.724	0.000	-0.014	
Self-care and mobility capacity (4-20)							
Household activities capacity (4-20)				0.510	0.475	-0.001	
Educational level				93.409	0.000	-0.032	
Number of children				24.100	0.000	0.024	
Travel time				10.234	0.001	-0.000	

<sup>a</sup>Deviation from the grand mean (34.1%) unadjusted for the covariates and the other independent variables.

<sup>b</sup>Deviation from the grand mean (34.1%) adjusted for the covariates and the other independent variables.  $R^2 = 21.4\%$ .

We also investigated the effects of severe life course events of the adult children on giving support to older parents. The coefficient for ever having been confronted with widowhood was not significant, although those confronted with widowhood tend to be less frequently involved in support giving to older parents (-4.7%). The coefficient for divorce was also not significant. Divorced children are 2.2% less involved in support providing to older parents than registered as the grand mean for support of children to parents. Apparently, the dedication of children who have been confronted with widowhood or divorce is family directed in the sense that they give priority to supporting their parents in need of help, notwithstanding the extra burden they are confronted with themselves.

Significant differences are also found for health. The better the self-care and mobility capacity, the less likely it is that support from children is obtained. There is a negative, but not significant association between the capacity to carry out household activities and the likelihood of receiving support from children.

Educational level is also a significant and negative predictor of support given by children to older parents. The lower the educational level of the parent, the more support from children is obtained. Not surprisingly, the number of living children is another significant predictor of support provided by children: having only one child raises the risk of receiving no support from the younger generation as compared to those older adults with more living children. The more time that is needed to travel the distance between the older adult and the nearest non-co-resident child, the greater the risk that the older adult will not be supported by the child(ren). The outcomes suggest that larger families, in the lower educated sectors of society, especially if the parents and children live in the same neighborhood, constitute a

support reservoir for older adults with health limitations, and/or limitations in carrying out specific household activities, such as collecting daily groceries, and cleaning the house: a child will always be "there" to take care of the shopping, the cleaning of the house, or to help the parent with visits to the hospital.

## 5. Discussion

The aim of this study was to investigate the relationship between older parents and adult children, including support from children to older parents. Given an increasing life expectancy for both men and women, and the likelihood of a higher prevalence of limitations and frailty among the oldest olds, it is important to have information about care giving patterns oriented to older parents. The present study involved both parents who are confronted with self-care and mobility limitations and limitations in carrying out household activities, and parents who are not in need of assistance. In a society that is characterized by increasing life expectancy other social and demographic indicators are changing too. We explicitly aimed at exploring the long-term effects of important events in the life-course of the older adults: widowhood, divorce, and repartnering after a marital break-up. Additionally, we investigated the effects of widowhood and divorce in the children's generation.

For this purpose we selected those older adults from the "Living arrangements and social networks of older adults survey" (1992;  $N = 4449$ ), who were 65–89 years of age, living in private households, and had living children. In the second phase of the analyses we concentrated on a subsample: those with functional limitations. This subsample includes by definition an older segment of the NESTOR-LSN sample, and concomitantly affects the likelihood of including widowed respondents (over-represented in the subsample), divorced respondents (under-represented in the subsample), and repartnered respondents (under-represented in the subsample). In the Netherlands, the divorce rate increased sharply after 1974, the year in which a new more liberal divorce law was introduced. Before the mid-1970s divorce was a statistically rare phenomenon and not socially accepted. A societal stigma was attached to divorce, a stigma affecting not only the divorced persons themselves but also their families and their children. The likelihood of having experienced divorce is still rather low among Netherlands' cohorts of older adults, and most prominent among the young old (Liefbroer and Dykstra 2000). As a consequence the numbers of ever-divorced older adults in the subsample is relatively low. It is not uncommon for widowed and divorced men and women in their 30s and early 40s, to enter into a new partnership (Uunk 1999). The proportion of men and women who repartner after having become single at later ages is relatively low, but increasing (Liefbroer and Dykstra 2000).

Our first hypothesis addressed the relationship between a higher age of the parents and the contact frequencies and support of children to their parents. The data showed that older adults have at least weekly contacts with 2.5–3.5 of their children and children-in-law. Parents aged 75 and over receive significantly more support from children than younger parents. This relationship between age of parents and support of children remains significant after controlling for health and other relevant variables. We conclude that older adults in general are well embedded in the network of children and children-in-law. On the premise that the vast majority of older adults who are in need of assistance because of functional

limitations actually receive this assistance, either from their spouse (if available), or from their children, we investigated data about help-giving by the (partner and) children. More than 60% of the older adults with partners cited the spouse as a support provider, whereas 34% of all respondents cited one or more of the children as support providers. At first sight, this seems to be a rather low percentage. However, one should take into account that the majority of the respondents with functional limitations were only moderately handicapped, and their preference is to manage on their own and to be independent for as long as possible. Our data clearly indicate that children give less support to parents with only minor self-care and mobility limitations, but support giving increases when parents are confronted with more functional limitations.

Further research (not explicitly reported here) showed a U-shaped pattern for children's support provision and their parents' functional capacity (see also Roan and Raley 1996). Parents with only minor self-care and mobility limitations are least likely to receive support from children. The likelihood of support from children increases with increasing self-care and mobility limitations but only to a certain level. Older adults characterized by very poor health (self-care and mobility capacity scores of 11 or lower) are less likely to receive support from children than are parents with milder forms of health problems. A possible explanation for this finding is that those with the poorest health rely most heavily on formal sources of support and for that reason have less need for support from adult children. Many parents in modern individualist societies prefer—finances permitting—to hire required services, rather than rely on the assistance of unpaid family members (Pyke 1999). In doing so, they guarantee their independence from children's support for as long as possible. Klein Ikkink, Van Tilburg, and Knipscheer (1999) who report parallel outcomes, related their findings to the reciprocity in parent-child dyads: parents with a relatively good self-care and mobility capacity give more support to their children, and thus also receive more support. So, children's support-giving to their parents is—to a certain extent—governed by reciprocity. We would also like to point out that more intense self-care and mobility limitations require more energy, time, and caring capacities of support providers. Not all children are optimally equipped to provide a greater volume and more personal support on a regular basis. More support giving may increase distress and may be too burdensome to midlife and older children (Silverstein and Chen 1996); support from formal sources might be needed to assist adult children.

In answer to the second hypothesis, the data point out that relationships between divorced fathers and their children are not very supportive and do not appear to improve after a period of "slumber" when the fathers age and are confronted with functional limitations. Few differences were observed between ever-divorced fathers with and without a new partner. Ever-divorced men generally do not receive help from their children. Ever-divorced women are more likely than are their male counterparts to receive support from their children. But the data showed convincingly that widows and widowers (without new partners) are most likely to be supported by children in case of need. In line with what has been found by Wolf, Freedman, and Soldo (1997) children of widowed parents seem to "step in" when parents without partners need help. In contrast, children of divorced parents generally tend not to be involved in caregiving, or only small percentages of them do so. Apparently, the state of divorce decreases the likelihood of optimal "fathering" and "mothering" in the short run, and the possibilities for reciprocal rewards in the long run. One might have assumed

that offspring become more willing to assist when their parents become more impaired, even when situations have created tension or ill feelings in the past. Our study provides little evidence for this assumption. Apparently, parental impairment does not constitute a condition under which children of divorce are more likely to be support providers to their parents. The negative effects of parental divorce on later caregiving have been reported for the United States (Cooney and Uhlenberg 1990; Furstenberg, Hoffman, and Shrestha 1995; Strain and Payne 1992; Uhlenberg, Cooney, and Boyd 1990; White 1994). In this article we found similar effects for the Netherlands.

Among the repartnered widowers the likelihood of receiving support from non-resident children is more or less comparable to men in first marriages. Only the subgroup of repartnered ever-divorced men receives less support from children. This outcome provides partial support for our third hypothesis, that repartnering of ever-widowed or ever-divorced older adults increases the risk that children will refrain from providing support to their older parents.

The risk of receiving no support at all is significantly higher for ever-divorced men without a new partner than for ever-widowed men without a new partner, and for ever-divorced women without a partner compared to ever-widowed women without a partner. An explanation that immediately presents itself is that the findings should be attributed to the relatively favorable health status and the younger ages of the ever-divorced as compared to the widowed men and women without new partners. Presumably, then, the ever-divorced without new partners receive little help from children and others because they have little need for it. Additional multivariate analyses revealed, however, that after controlling for health (and other background characteristics), the likelihood that ever-divorced fathers and mothers without partners receive help from their children is significantly lower than for widowed fathers and mothers without partners. An alternative explanation focuses on the offspring of the ever-divorced, following the notion that the relationship between fathers (and mothers) and children requires sustenance, and if this relationship is disturbed by divorce or nonresidential parenthood, it is more likely to lack intrinsic and reciprocal rewards, and to be characterized by feelings of anger. Of course, the findings also reflect the dominant custody arrangements: in most cases children live with their single mothers after divorce. In general, the findings indicated that ever-divorced men are most likely to be estranged from their adult children. This is in line with statements by Cooney and Uhlenberg (1990) and Rossi and Rossi (1990) that when adult children reach adulthood they have little desire, feel only marginally obliged, or see few opportunities to maintain or renew contacts with their ever-divorced fathers.

In order to investigate hypothesis four we estimated the effects of disruptions in the life courses of the adult children on support giving to older parents. The coefficient for having been confronted with widowhood was not significant. The coefficient for divorce was not significant either. The findings suggest that adult children, though they are experiencing trouble in their own lives, do not refrain from providing support to parents in need. Some caution is advised, however. In this study we were unable to take into consideration the time that had passed since the disruption of the adult children's marriages. It could well be that so much time has passed that the children have reached a new balance in their lives and experience few restrictions to help their aging parents. Empathy on the part of adult children who themselves have faced setbacks for the needs of their old parents might also play a

role. Feelings of empathy might be particularly strong among those who received support from their parents while coping with the dissolution of their marriages. We conclude that if the bonds between parents and children are close and based on lifelong warm reciprocal feelings, the children will opt to support their older parents, reciprocating the support they received, irrespective of the problems of their own situation.

The results of this study underscore the importance of looking at the biographical history of the parent-child relationship to understand the motives of children being or not being involved in care-provision, such as feelings of affection based on having shared many years together, feelings of obligation shaped by the social and cultural milieu of the family, the desire to reciprocate earlier parental help, and the quality of the parent-child relationship (Suitor et al. 1995). Our findings suggest that information on the family's past contributes to an understanding of support-giving by children over and above assessments of current circumstances, such as living with or without a partner.

Our findings also show that the distance to the nearest child and the number of children are important determinants in and of themselves. We found a positive association between family size and the likelihood of receiving support from children. In line with findings by Uhlenberg and Cooney (1990) this study reveals that older adults with larger families are more likely to list a child as support-provider than are those with smaller families. Given that the provision of instrumental support is strongly contingent upon geographic proximity, our finding that having children living nearby increases the likelihood that they serve as support providers does not come as a surprise. Note, however, that when parents and children live near to each other, we do not know why this is the case. They might always have resided at short distances from one another, the child might have decided to move closer to the parent to provide care, or the parent may have moved to allow the child to provide care. Few Dutch older adults are geographically isolated from their offspring: of the parents in the NESTOR-LSN sample, only 14% had no children living within a 30 min traveling distance (Dykstra and Knipscheer 1995).

Considering that older adults' level of education is associated with the likelihood of divorce, health, family size, and the distance to the nearest child, it is interesting that we still find a significant association between education and the likelihood of listing a child as support provider, once these determinants have been taken into account: the higher the level of education of the older adult, the less likely she/he is to have a child as a support provider. It is not entirely clear how to account for this finding. From other research we know that older adults' educational level reflects a preference for certain types of assistance (Timmermans, Heide, and De Klerk 1997). The better educated prefer not to rely on family members when help is needed but rather to purchase help or to do without assistance. A reluctance to become the dependent party in the relationship with children might underlie the low levels of reliance on support by adult children reported by older adults with higher levels of educational attainment.

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