COHABITATION AMONG OLDER ADULTS: WELL-BEING, RELATIONSHIPS WITH ADULT CHILDREN, AND PERCEPTIONS OF CARE AVAILABILITY

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Cohabitation has been increasing among older adults over the past decade. Despite the growth in cohabitation, research on this population remains limited. It is well established that the married enjoy better health than the unmarried, and while previous research has considered the psychological well-being of older cohabiters, it is less clear whether cohabitation provides physical health benefits. It is also unclear how cohabiters compare with the married and unpartnered on parent-child relationships. These omissions are notable because families play a key role in the lives of older adults. Using 2008 and 2010 Health and Retirement Study data, I assess psychological well-being and physical health differences between continuously married, remarried, cohabiting, divorced, widowed, and never married older adults. Second, I examine how cohabiters compare to the continuously married, remarried, divorced, and widowed on relationships with adult children. Finally, I explore marital status differences in parent’s beliefs that their children would help in the future with basic personal care. Throughout the project, gender differences are considered. I find that older cohabiters have poorer self-rated health than the continuously married and remarried, but the disadvantaged profile of cohabiters explains the differences. Cohabiters and unpartnered have similar physical health. Cohabiters do not differ from the continuously married and remarried on psychological well-being, but enjoy better well-being than unpartnered. There is little variation by gender. On parent-child relationships, cohabiters have less frequent contact and lower positive relationship quality than the continuously married and widowed, but are similar to the remarried and divorced. Mothers reported more frequent contact and higher positive and negative relationship quality with
children than fathers. Moreover, positive quality differs by marital status for fathers but not mothers, whereas negative quality differs for mothers but not fathers. Finally, cohabitators are the least likely to list a child as someone they believe is willing to provide future help with basic personal care. Parent-child relationship characteristics explained the differences in care perceptions. Overall, my study extends prior research on the well-being of older cohabitators, and sheds new light on how cohabitation is linked to parent-child relationships and perceptions of future care receipt from adult children.
This dissertation is dedicated to my mother, Donna Wright, whom I greatly miss.
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CHAPTER I: INTRODUCTION

Over the past several decades, major shifts have occurred in union formation and dissolution patterns among older adults. For example, the divorce rate for older adults (those 50+) doubled between 1990 and 2010, such that 1 in 4 divorces in 2010 were to persons 50 and older (Brown and Lin 2012). Moreover, Lin and Brown (2012) noted that one of every three baby boomers was unmarried, leaving a large proportion of them eligible to repartner. Many older adults do repartner, though they are as likely to form a cohabiting union as a marriage (Brown, Bulanda, and Lee 2012). The number of cohabiting older adults increased from approximately 400,000 in 1990 to 1.2 million in 2000 and to 2.75 million people in 2010 (Chevan 1996; Brown, Lee, and Bulanda 2006; Brown et al. 2012). Despite the dramatic increase, the body of research on cohabitation among older adults remains limited (Cooney and Dunne 2001).

A major demographic trend is the increasing older adult population. By 2030, nearly 20 percent of the U.S. population is anticipated to be age 65 and older (Cherlin 2010). Moreover, the number of people in the United States aged 60 and over is projected to increase from 40 million in 2011 to 89 million by 2050 (Jacobsen, Kent, Lee, and Mather 2011). Despite the growth in the older adult population, little research has examined crucial family changes, including the increase in unmarried, cohabiting, and divorced persons, among this segment of the U.S. population.

The omission of research on key family changes among older adults is notable because of the central role families play in the care of elders. Spouses are the primary care providers for older adults, and children are another common source of care for older parents (Wolff and Kasper 2006; Silverstein and Giarrusso 2010). Thus, the changing family patterns of older adults
has implications for the receipt of care. For example, older cohabitors are less likely than the married to receive care from their partners (Noel-Miller 2011). With a larger share of the older adult population being unmarried, it is important to consider from whom they will receive care, given that the family is the first line of defense.

The goals of this project are to examine how recent family changes are linked to (1) well-being, (2) parent-child contact, and (3) perceptions of care availability among older adults using the Health and Retirement Study. First, I examine how older cohabitors compare to their continuously married, remarried and unmarried counterparts in terms of psychological well-being and physical health. A limited body of research has examined the psychological well-being of older cohabitors, with mixed results in terms of depression and loneliness (Brown, Bulanda, and Lee 2005; Hansen, Moum, and Shapiro 2007). Previous work has shown that fewer married older adults report a disability than do the unmarried (Lin and Brown 2012). Similarly, literature on the marital biography suggests that older cohabitors would be in worse health than their married counterparts, but better off than the divorced or widowed (Hughes and Waite 2009). However, scholarship has not attended to how older cohabitors compare to the married and unpartnered on physical health. Thus, in this project I will examine psychological well-being and physical health differences between continuously married, remarried, cohabiting, divorced, and widowed older adults.

Second, I also will focus on the relationships between older cohabitors and their adult children by considering frequency of contact between parents and their children, and comparing older cohabitors with the continuously married, remarried, divorced, and widowed. Adult children are one of the most common sources of care for elderly parents (Wolff and Kasper 2006). Thus, it is important to develop our understanding of how family changes among older
adults are linked to ties between parents and their adult children. Studies suggest that marital disruption is negatively associated with support from adult children (Pezzin and Schone 1999; De Jong Gierveld and Dykstra 2002; Lin 2008a), particularly among fathers. Similarly, repartnering appears to weaken parent-child relationships and reduces the frequency of contact with older parents and their children (De Jong Gierveld and Peeters 2003; De Jong Gierveld 2004; Schenk and Dykstra 2012). Despite these findings, no attention has been given specifically to the relationships between older cohabiters and their adult children. In this project, I seek to fill that gap in the literature by examining the frequency of contact between adult children and their cohabiting parents.

Third, I will test for differences between older continuously married, remarried, cohabiting, divorced, and widowed persons in parents’ perceptions of their children’s willingness to help them with basic personal care needs, such as eating or dressing, in the future. Given an increasing older adult population and a large portion of that population being unmarried, questions of caregiving have become a critical issue (Lin and Brown 2012). With cohabitation on the rise, partners could play a significant role in providing care, but research has shown that cohabiters are less likely to receive care from their partners than are the married from their spouses (Noel-Miller 2011). However, research has not addressed the caregiving role of adult children or parents’ perceptions of their children’s willingness to help, an important line of work given that cohabiting partners are less likely to provide care. Therefore, I will examine parents’ beliefs regarding the willingness of children to provide care among older continuously married, remarried, cohabiting, divorced, and widowed individuals.

Throughout the project, attention will be given to gender differences. Marital status appears to be more important for the health of men than women (Gove, Hughes, and Style 1983).
Women often take on the role of caregiver, providing benefits to men’s health, though less so among older cohabitors (Umberson 1992; Noel-Miller 2011). Among women, cohabitors may enjoy the benefits of an intimate relationship with fewer caregiving burdens, but they are also disadvantaged in terms of economics and health insurance (Brown et al. 2005). Thus, it is unclear if differences exist across marital status and within gender on psychological well-being and physical health. Research has shown that divorce and repartnering are negatively associated with parent-child relationships, and fathers fare particularly poorly in that they are less likely to be in as frequent of contact with children as mothers and are less likely to receive time and money transfers from their children (Shapiro 2003; Kalmijn 2007; Lin 2008a). However, little research has included cohabitors, and those that have, did not consider gender differences. Thus, I examine whether cohabiting men and women differ in their relationships with adult children.

This study contributes to the field by providing new insights into the influence of family changes on the lives of older adults. The body of literature on older cohabitors is limited (Cooney and Dunne 2001), and this study builds on that work by expanding our knowledge on the physical health, parent-adult child relationships, and parents’ perceptions of possible future care receipt of care from children of older cohabitors. The study also provides additional information on the family experiences of older adults. With the older adult and cohabiting populations increasing, this study helps to draw attention to key family issues among older people.
CHAPTER II: COHABITORS’ PSYCHOLOGICAL WELL-BEING AND PHYSICAL HEALTH

A large proportion of the growing older adult population today is unmarried (Lin and Brown 2012). Cohabitation has been increasing among unmarried older adults over the past decade and is expected to continue to rise for the foreseeable future (Brown et al. 2006; Brown et al. 2012). Indeed, the doubling of the divorce rate among those 50 years of age and older between 1990 and 2010 means increasing numbers of older adults are eligible to cohabit or remarry (Brown and Lin 2012). Despite the rise in cohabitation among older adults, little is known about how later life cohabitation is linked to individual well-being, as few studies have looked at the psychological well-being of older adults and none has considered physical health. Thus, it is unclear whether older cohabiters enjoy the same health benefits as older marrieds (Carr and Springer 2010). Given the rise in cohabitation among older adults, it is important to consider differences in health by marital status, as the well-being of cohabiters may play an increasingly greater role in the overall health of the older adult population. The goal of this study is to compare older cohabiters with continuously married, remarried, and unmarried persons in terms of psychological well-being and physical health.

Using data from the Health and Retirement Study, I examine how older cohabiters compare to their continuously married, remarried, divorced, widowed, and never married counterparts on both psychological well-being and physical health. I also consider how the relationships between marital status and health differ by gender, as well as whether within gender differences exist in the association between marital status and health. This study contributes to the limited research on older cohabiters by considering both psychological well-being and physical health. To my knowledge, this is the first study to examine the physical health
of older cohabitors. I also extend the literature by including comparisons with both married and remarried persons, and using multiple measures of psychological well-being and physical health.

**Background**

The profile of older cohabitors differs in many ways from that of younger cohabitors. For example, the majority of older cohabitors are previously married, whereas most younger cohabitors have never married (Chevan 1996; Brown et al. 2006). Moreover, older adults often view cohabitation as a long-term substitute for marriage, whereas younger adults often use cohabitation as a testing ground for marriage (Brown 2005).

Several demographic factors are associated with cohabitation among older adults. Hatch (1995) and De Jong Gierveld (2004) found that cohabitation is negatively associated with age, such that younger members of the older population are more likely to cohabit. Indeed, on average, cohabitors are younger than continuously married, remarried, widowed, and never married persons, but do not significantly differ from the divorced (Brown et al. 2006). Cohabitation is higher among men, such that nearly 60 percent of older cohabitors are men (Chevan 1996; Brown et al. 2006; Moustgaard and Martikainen 2009). Compared to the married, cohabitors are less likely to be White than either the continuously married or remarried, and do not differ significantly from the divorced, widowed, and never married (Brown et al. 2006).

Economically, older cohabitors are disadvantaged when compared to the continuously married and remarried, as they are less likely to own their homes and have lower incomes (Brown et al. 2006). However, cohabitors tend to have higher incomes than the divorced or never married and are more likely to own their homes. Finally, older cohabitors fare especially poorly in terms of social relationships compared to their counterparts occupying other marital statuses (Brown et al. 2006; Moustgaard and Martikainen 2009). Cohabitors are the least likely to report
having friends or relatives in the neighborhood. They also report lower levels of religiosity of any marital status group (De Jong Gierveld 2004; Brown et al. 2006; Brown et al. 2012). Overall, the profile of cohabiters tends to be one of disadvantage (Brown et al. 2006). Older cohabiters are generally worse off than the married, and fare better in some respects compared to the widowed, divorced, and never married, though worse in others. These differences in profiles likely contribute to marital status variation in psychological well-being and physical health.

Differences between cohabiters and the other marital status groups may also contribute to health disparities. Compared to the first married, most older cohabiters are divorced or never married, both of which are linked to poorer health (Carr and Springer 2010). Similarly, both the continuously married and remarried are in legal unions compared to the informal setting of cohabitation. Thus, the first married and remarried may benefit from the symbolic significance and rights that come along with the legal tie of marriage (Nock 1995; Cherlin 2004). Cohabiters appear to be most similar to the divorced (Brown et al. 2006), which could be expected given that most older cohabiters are previously divorced (Chevan 1996). One difference between the two is that cohabiters have a live-in partner, which may be beneficial to health, as research has shown that being partnered is associated with better health (Carr and Springer 2010). Finally, cohabiters differ from the widowed in that they have a live-in partner and the widowed experienced the death of their spouse, an event that is associated with poorer psychological well-being (Lee and DeMaris 2007; Sasson and Umberson 2014).

It is well documented that marital status is related to health and well-being, with older married adults faring better than the unmarried (Carr and Springer 2010). For example, the married typically have lower levels of depression and anxiety than unmarried people (Waite 1995; Waite and Gallagher 2000; Carr and Springer 2010). In terms of physical health, studies
have reported higher average levels of self-rated health for the married than the unmarried (Williams and Umberson 2004; Hughes and Waite 2009). Similarly, the married have fewer mobility limitations and chronic conditions than the unmarried, on average (Hughes and Waite 2009).

Variation does exist among the unmarried, as some research has indicated that the stably divorced or widowed are similar to the continuously married on self-rated health (Williams and Umberson 2004; Liu 2012). Scholars have also noted that the negative effects of widowhood appear to last longer than those of divorce (Liu 2012). Although some variation does exist within the unmarried, research has consistently shown that the married are in better health than those who are not married.

Less well examined is how the psychological well-being and physical health of cohabiters compare to other unmarried groups. For example, older adults who live with a spouse or partner report lower levels of loneliness compared to those living without a spouse or partner (Greenfield and Russell 2011). Partnered older adults report better self-rated physical health than the unpartnered, in part, because they report being less isolated (Cornwell and Waite 2009). Overall, less social support and more loneliness may negatively influence health, and the unpartnered tend to experience less social support and more loneliness than the partnered (Cornwell and Waite 2009). With the shares of the unmarried and cohabiting older adult populations increasing, it is critical to develop a better understanding of how repartnering through cohabitation is associated with health and well-being.

Theoretical Background

Theoretically, partnership status can be viewed as a continuum of social attachment (Ross 1995), which can have implications for comparisons of health and well-being among the
married, cohabiters, and unpartnered persons. Ross (1995) argued that married persons have the highest levels of social integration, emotional and economic support, and commitment in comparison to other partnered and unpartnered individuals. Similarly, cohabiters have greater levels of attachment than the unpartnered. Given that social integration, emotional and economic support, and commitment are associated with psychological well-being (Cornwell and Waite 2009; Carr and Springer 2010; Greenfield and Russell 2011), attachment should contribute to marital status differences in well-being (Ross 1995). Thus, we would anticipate the highest levels of well-being to be found among the married, followed by cohabiters and lastly the unpartnered.

**Marital Status and Well-Being**

Two broad camps of explanations have been used to explain the differences between the married and unmarried as it pertains to physical health and psychological well-being. The focus of these explanations is on whether marriage itself leads to better health or if those who are already better off in terms of health are more likely to marry and stay married, contributing to higher well-being among the married. The former type of explanation is that marital status differences are causal, whereas the latter type indicates the benefits of marriage are largely attributable to selection (Waite 1995; Carr and Springer 2010).

**Causal Effects**

The resource perspective argues that married persons have more resources that contribute to marital status differences in health (Williams and Umberson 2004; Carr and Springer 2010). For example, marriage often provides greater access to social support and carries societal symbolic significance (Zhang, Liu, and Yu 2016). Higher levels of social support among the married may contribute to their better psychological and physical well-being by lessening the effects of stress. Waite and Lehrer (2003) noted that marriage is associated with greater levels of
social support, such that spouses are able to turn to their partner in times of need. Marriage may connect spouses with other people (Waite and Lehrer 2003), though debate exists, as Gerstel and Sarkisian (2006) argued that marriage requires a large investment of time and energy, reducing ties to other people. Ties to others may be important in comparing older married persons with cohabiters, as research has shown that older cohabiters report less social support, as they are the least likely to have friends or relatives in their neighborhood and the lowest levels of religiosity across marital status groups, and fewer ties than the married (Brown et al. 2005). Marriage may also bring about higher levels of social support on the societal level in that marriage carries symbolic significance that other unions do not (Cherlin 2004). Similarly, both Waite (1995) and Cherlin (2004) suggest that institutionalization is important, and the lack of institutionalization among cohabiters could reduce their well-being. Institutionalization refers to having a set of norms that guide the way persons within a family or intimate relationship behave toward one another (Cherlin 2004). Scholars argue that cohabitation is an incomplete institution, as there are no norms defining the ways cohabiting partners are to act and cohabiters do not receive the same rights and benefits as the married (Nock 1995; Waite 1995; Cherlin 2004). The ambiguity and uncertainty of the roles of cohabiters and lower levels of social support could contribute to poorer health for cohabiters compared to the married (Waite 1995). In addition, Waite and Lehrer (2003) suggested that marriage encourages more investment into a relationship between spouses, which can then contribute to higher levels of well-being.

According to the resource perspective, economics are also an important mechanism linking marriage and health. Marriage is associated with greater income and wealth, relative to being unmarried. Thus, married persons may enjoy better psychological and physical health because they are better able to afford needed care and preventive measures to avoid illness (Carr
and Springer 2010; Zhang et al. 2016). Cohabitors have lower incomes and are less likely to own their homes than the continuously married and remarried (Brown et al. 2006). However, among those age 62 and older, cohabitors are similar to the continuously married and remarried, as their likelihood of receiving Social Security, the value level of their Social Security benefit, and the proportion in poverty does not differ significantly from either group of married individuals (Lin, Brown, and Hammersmith 2017). On the other hand, cohabitors have higher incomes than the divorced, widowed, and never married, and are also more likely to own their homes than the divorced or never married (Brown et al. 2006). In short, cohabitors are somewhat economically disadvantaged compared to all married persons, and are generally better off than the divorced, widowed, and never married. Following causal explanations, we would anticipate older adults who are married having better health and well-being than their cohabiting counterparts.

Alternatively, we might anticipate similar levels of psychological well-being and physical health between older married persons and cohabitors. Research has shown that older cohabitors often view their relationships as a substitute for marriage (King and Scott 2005; Brown et al. 2012). Cohabitation tends to be more stable for older adults than for younger people, suggesting that cohabitation is more likely to operate similarly to marriage (Brown et al. 2012). If cohabitation is comparable to marriage, older adults may also gain many of the benefits of marriage, leading cohabitors to have similar levels of health and well-being as their married counterparts. Indeed, levels of relationship quality are similar for older cohabitors and the remarried (Brown and Kawamura 2010), which may also contribute to similarities in health and well-being between cohabitors and married older adults. Overall, research suggests that cohabitation is more similar to marriage among older adults than younger adults, and as such, we
might observe fewer differences in health and well-being between older cohabitators and married persons.

Another way in which the greater well-being of the married could be explained is the crisis perspective, which indicates that the lower well-being of unmarrieds reflects the stress and strain of marital disruption (Williams 2003). In fact, Hughes and Waite (2009) suggest that this is the biggest explanatory factor. Marital disruption entails a variety of stressors than can negatively affect well-being. Divorce and widowhood often bring about reduced financial resources and lower levels of social support, among other potential stressors (Carr and Springer 2010; Zhang et al. 2016). In turn, these strains may directly and indirectly undermine psychological and physical health. Several studies have shown that marital dissolution is associated with higher levels of depression compared to the married (Williams 2003; Waite, Luo, and Lewin 2009; Carr and Springer 2010). When looking only at current marital status, it may be that the strain of marital disruption causes the divorced to have lower levels of well-being in comparison to the married. Hughes and Waite (2009) found that people who were continuously married fared better in terms of health than those who had ever been divorced. Similarly, older never married women have better psychological well-being and physical health than the divorced (Cwikel, Gramotnev, and Lee 2006; Pudrovska, Schieman, and Carr 2006). Over time, the never married appear to adapt to their status by involving themselves in supportive relationships (Pudrovska et al. 2006) and engaging in formal services that provide health benefits at older ages (Cwikel et al. 2006).

Selection Effects

Another important possibility is that selection explains the relationship between marital status and well-being. The selection perspective argues that the characteristics of the married,
cohabiting, and unpartnered are associated with health, which drives the association between marital status and well-being. In terms of well-being, selection could work in two ways, with who enters into and who stays in marriage being important. Those who are happier, healthier, and better off economically are more likely to enter into marriage and to remain married (Waite and Gallagher 2000; Cherlin 2010). If happier and healthier people are married, those who are worse off will be cohabiting or unpartnered. Therefore, it is not marital status per se that influences well-being, but the characteristics of those who are in the different groups. Selection could also come into play in terms of who leaves marriage. In this case, those with higher levels of distress or poorer health are more likely to end their marriages, leaving those with higher levels of well-being still married (Karraker and Latham 2015).

By extension, it could be that selection occurs in the decision to marry versus cohabit. We know that married people tend to be better off economically (especially given the higher levels of education among the married), which could contribute to their ability to maintain higher levels of well-being (Waite 1995; Waite and Lehrer 2003; Cherlin 2010). Several studies have shown that older cohabiters tend to be disadvantaged in comparison to their married and remarried counterparts (Brown et al. 2005; Brown et al. 2006; Moustgaard and Martikainen 2009). For example, older cohabiters in Finland tend to be less educated and of lower income than the married. Similarly, in the United States, older cohabiters are often of lower socioeconomic status, less socially connected, and demographically disadvantaged. All of these factors could contribute to the appearance of poorer psychological well-being and physical health among cohabiters, particularly if they are less able to afford health care than the married. However, once these factors are accounted for, few health differences may be observed between the married and cohabiters, as Brown et al. (2005) found among cohabiting and married women.
Evidence for both causal effects and the selection perspective in the association between marital status and well-being have been documented (Waite 1995; Carr and Springer 2010). This means that characteristics, such as happier and healthier people being more likely to marry and stay married and greater resources among the married, explain some of the relationship between marital status and well-being (Goldman 2001). Causal arguments have also received support, suggesting that marriage does contribute to better health (Goldman 2001; Carr and Springer 2010; Waite 1995). Less well known is the extent to which differences in the health and well-being of older cohabiters, the married, and unpartnered can be explained by causal factors or selection. Thus, the current study will test the extent to which selection contributes to differences between older cohabiters and married and unpartnered persons in terms of physical health and psychological well-being. It is not possible to examine if causation exists because of the difficulty in establishing whether there are causal effects of marriage on well-being and the data requirements of doing so.

**Psychological Well-Being**

Research has produced some insight into differences in psychological well-being by union type among older adults, as well as some degree of support for the argument of Ross (1995), who viewed marital status as a continuum of social attachment in which the married should be best off, followed by those in cohabiting unions, daters, and lastly, singles. Overall, partnered older adults report fewer depressive symptoms and less loneliness than do the unpartnered (Ross 1995; Peters and Liefbroer 1997). Findings are not consistent regarding differences in psychological well-being between married middle aged and older adults and cohabiters. Among their sample of Norwegian adults aged 40 to 59 years, Hansen, Moum, and Shapiro (2007) reported differences within cohabiters on life satisfaction. Cohabiters who had
previously been married were no worse than married individuals on life satisfaction, but cohabiters who were never married fared worse on subjective evaluations of their lives than the married or previously married cohabiters. Similarly, in her sample of adults aged 18 to 90 years, Ross (1995) reported no significant difference in depressive symptoms between those coresiding with a partner and the married. However, other work has shown that older cohabiters report a higher average number of depressive symptoms than those who are married, particularly among men (Brown et al. 2005). Research suggests mixed results as to whether cohabiters fare better in terms of depressive symptoms and loneliness than either the widowed or divorced or separated individuals. Ross (1995) found that those living with a partner had less psychological distress than the unpartnered. On the other hand, Brown et al. (2005) noted few differences between older cohabiters and the divorced, widowed, and never married on depression.

Physical Health

Although previous scholarship has provided insight into physical health differences of older adults by marital status, no studies have examined how older cohabiters differ from other groups, though we might anticipate similar patterns for psychological well-being and physical health. As previously noted, research has consistently shown that the married fare better than the unmarried in terms of health (Carr and Springer 2010). Indeed, among baby boomers entering their later years of life, reports of disability are much lower among the married than the unmarried, with 11% of married boomers indicating they have a disability compared to 22% among the unmarried (Lin and Brown 2012). Within the unmarried, levels of disability are similar, though a slightly higher percentage of widowed boomers note having a disability than either the divorced or never married. However, cohabiters have similar levels of limitations in
activities of daily living (ADLs) as both the continuously married and the remarried (Brown et al. 2006).

In a similar vein, Rendall, Weden, Favreau, and Waldron (2011) reported that among those aged 65 and older, the married are advantaged over the unmarried in terms of mortality, with married men faring especially well. However, Liu and Reczek (2012) noted that the marriage advantage in mortality for Whites decreases with age. The findings of Rendall et al. (2011) also suggest that the survival gap between the married and unmarried has been growing in recent years. However, some gender and race differences have been reported for mortality. For example, mortality is lower among married White men and women than among cohabitors. There is no difference in mortality between married and cohabiting Blacks. Finally, few differences exist between unmarried groups on mortality, similar to the findings of Lin and Brown (2012) regarding disabilities. While studies point to physical health advantages for the married, research has not yet addressed how older cohabitors compare to the married and other unmarried individuals.

Prior research contributes to our understanding of how older cohabitors may compare to married and unpartnered persons in terms of health and well-being. Studies suggest that cohabitors will be worse off than married persons, but better than the unpartnered. For example, previously married people have worse health than the currently married in terms of chronic conditions, mobility limitations, and self-rated health (Hughes and Waite 2009). Among partnered persons, those in a second union reported higher levels of loneliness than those in their first union (Peters and Liefbroer 1997). Similarly, remarried people are less healthy, on average, than the continuously married (Hughes and Waite 2009). No differences were uncovered between those living with a partner and those whose partners were nonresident. Among the
unpartnered, widowed and divorced older adults reported similar levels of loneliness (Peters and Liefbroer 1997).

Repartnering does appear to have some benefit for health and well-being. Remarriage following divorce or widowhood is beneficial for health, though not to the same extent as entering into first marriage (Hughes and Waite 2009). Among the currently married, those who have been previously divorced report worse health than the continuously married, but the widowed are not worse off (Hughes and Waite 2009). With most cohabiters being previously married (Chevan 1996) we might anticipate cohabiters being worse off than the continuously married, but comparable to the remarried, and faring better than those who are unpartnered. Several studies have provided evidence that health differences by marital status are due to the negative effects of divorce, as opposed to any benefits provided by marriage (Williams and Umberson 2004; Hughes and Waite 2009; Liu 2012).

Marital dissolution seems to be particularly influential on conditions that develop slowly over time, such as chronic conditions and mobility limitations (Hughes and Waite 2009). Among the unmarried, research has shown that the negative impacts of dissolution often leave adults in worse health than those who have never been married (Williams and Umberson 2004; Manzoli, Villari, Pirone, and Boccia 2007). However, work also indicates that the negative impacts of dissolution decrease over time, such that the continuously divorced and never married have similar health as the stably married (Williams and Umberson 2004). Less agreement exists regarding widowhood, as Williams and Umberson (2004) show a slow decline in the negative effects of widowhood on health for men. Despite the decline, continually widowed persons report worse health than the stably married (Williams and Umberson 2004). On the other hand, Liu (2012) found that the negative effects of widowhood last longer than those of divorce,
though the continually divorced and widowed have similar health trajectories as the stably married. Given that the majority of older cohabiters have been previously married (Chevan 1996), we would expect them to have experienced the negative health and well-being effects of dissolution. On the other hand, repartnering is beneficial for older adults’ health and well-being (Hughes and Waite 2009). Thus, we might expect older cohabiters to fare better than both the widowed and divorced, though work also suggests that few differences may be observed between older cohabiters and the continuously divorced or widowed (Liu 2012).

An important factor to consider in examining health differences among partnership groups is health insurance. Previous work has shown a gap in health insurance coverage between married and unmarried older adults, with nearly all married persons having insurance versus only three-fourths of the unmarried (Lin and Brown 2012). Lin and Brown (2012) also reported similar levels of health insurance among widowed, divorced, and never married older adults. Differences in health insurance have been observed between cohabiters, the married, and unpartnered. Cohabiters are less likely than both the continuously married and remarried to have health insurance (Brown et al. 2006). On the other hand, cohabiters are advantaged in comparison to the unpartnered, as they are more likely to have health insurance. These variations in health insurance may contribute to partnership status differences in health and well-being by influencing the extent to which, and quality of, health care that marrieds, cohabiters, and unmarrieds receive relative to each other.

*Gender Differences in Health and Well-Being*

Gender plays a key role in marital status differences in health and well-being. Men enjoy greater benefits from being married than women, on average (Bernard 1972). Gender roles may contribute to differences between men and women in the health benefits of marriage. Women
often take on a caregiving role, performing work in which they monitor and control the health behaviors of their husbands (Umberson 1992; Reczek and Umberson 2012). Similarly, compared to women, men are more often viewed as engaging in unhealthy behaviors (Reczek and Umberson 2012). This suggests that men benefit more from having someone to monitor and control their health (Umberson 1992). Overall, men may gain more due to the social support and social control provided by their wives.

Although both men and women benefit from marriage and relationships, findings have been mixed as to whether men benefit more from marriage than women on a few indicators of health, such as mortality (Carr and Springer 2010). For example, Gardner and Oswald (2004) found a large protective effect of marriage on mortality for men, but a much smaller impact for women. Similarly, once socioeconomic status is considered, men appear to gain more from marriage than do women as it relates to mortality (Johnson, Backlund, Sorlie, and Loveless 2000). Williams and Umberson (2004) noted that dissolution is more harmful to men’s self-rated health than women’s, suggesting that marriage has more benefits for men. Other recent research suggests reduced or no gender differences in the health benefits of marriage. For example, Manzoli et al. (2007) found no differences between men and women in the benefits of marriage on mortality. Changes in the health of the married over time may contribute, as married men’s health changed little between 1972 and 2003 and married women’s health improved (Liu and Umberson 2008). Finally, Simon (2002) found benefits in psychological well-being for both men and women, with married women having fewer depression symptoms and men using alcohol less than their unmarried counterparts. Overall, some research suggests that gender differences exist in the relationship between marriage and health, though other studies find no variation on some indicators of health.
We might anticipate cohabiting women faring worse in terms of physical health than men. Brown et al. (2006) noted that cohabiters tend to be disadvantaged compared to the remarried in terms of economics and social relationships, potentially placing them at greater risk of low levels of well-being. These disadvantages were especially prevalent among women in cohabiting relationships, who had lower incomes and were less likely than the remarried to own their homes. Cohabitors are less likely than both the continuously married and remarried to have health insurance (Brown et al. 2006). Cohabiting women fare especially poorly on health insurance, as they are less likely than the unpartnered to have health insurance, suggesting they may be at greater risk of poorer health because they are less able to obtain needed care.

One possible reason for the additional benefits to men is that women often take the role of caregiver and monitor and control their husbands’ or partners’ health behaviors (Umberson 1992; Reczek and Umberson 2012). Thus, we might anticipate men benefiting more from intimate relationships, including cohabitation, than women. Gender differences in caregiving among older adults may play some role in the decision to cohabit rather than marry, and have implications for well-being. As women are caretakers for their husbands in old age, they may be less interested in and inclined to marry and take on the task of providing the level of care that is expected among the married (Hatch 1995; Chevan 1996; Talbott 1998; Davidson 2004; Brown et al. 2005; Noel-Miller 2011). By entering cohabitation, women may derive the benefits from an intimate relationship without as many burdens related to the caregiving expectations that come with marriage (Talbott 1998; De Jong Gierveld 2004; Brown et al. 2005; King and Scott 2005). In addition, cohabiting men may receive less care from their partners than do married men, decreasing their levels of psychological well-being (Brown et al. 2005; Noel-Miller 2011). Indeed, older cohabiters are less likely to receive care from their partners than are their married
counterparts, though cohabitors who do receive care report a similar number of hours of care as the married (Noel-Miller 2011). Based on these factors, research is inconclusive as to whether gender differences exist among older cohabitors, as well as the directionality of any such disparities. However, it is also possible that older men and women fare similarly in cohabitation. Thus, the gender gap in well-being is likely smaller in cohabitation than marriage.

Within gender differences also may be an important aspect to consider. Cohabitors have fewer caregiving obligations than their married counterparts, as caregiving norms are inherent in marriage but not in cohabitation (Noel-Miller 2011). Indeed, Noel-Miller (2011) found that cohabitors are less likely to receive care from their partners than are the married, which may contribute to physical health differences between married and cohabiting men, as women most often provide care. For women, economic factors and social support may explain differences in physical health, as they did for depression (Brown et al. 2005). Thus, we might expect psychological well-being and physical health differences for married and cohabiting men, with married men enjoying better health. However, we might anticipate no differences between married and cohabiting women.

Gender differences exist in the relationship between union type and depression. Older men in cohabiting unions are significantly more depressed than are married men (Brown et al. 2005). On the other hand, there is no difference between cohabiting and married women once economic factors, social support, and health are taken into consideration. Depression scores among married men are particularly low, whereas cohabiting men, cohabiting women, and married women are similar. For physical health, research suggests that within gender differences exist for men, as they will get more out of marriage than cohabitation due to being more likely to receive care from their spouses than cohabitors from their partners (Noel-Miller 2011). No
differences are anticipated among women, though cohabiting women may be better off than the married due to fewer caregiving burdens.

**Current Study**

Over the past several decades, key family changes have occurred in later life, including increasing proportions of unmarrieds and cohabiters. Despite these increases, research remains limited on these segments of the older adult population (Cooney and Dunne 2001). This is an important omission because families play such a central role in the lives of older adults. The current study begins to fill the gap in the literature by examining the psychological well-being and physical health of older cohabiters relative to their married and unmarried counterparts. With cohabiters making up an increasing proportion of the older population, and the older population growing, it is crucial to further our knowledge on the well-being of older cohabiters.

This study uses nationally representative data to examine several research questions. First, how do older cohabiters compare to continuously married, remarried, divorced, widowed, and never married persons in terms of psychological well-being? I hypothesize that cohabiters are worse off than continuously married, comparable to remarried, and fare better than the divorced, widowed, and never married on psychological well-being (hypothesis 1). This research also provides a first look into how older cohabiters compare to these groups on physical health. As with psychological well-being, I expect cohabiters are in poorer physical health than continuously married, similar to the remarried, and better off than the divorced, widowed, and never married (hypothesis 2). I also test the extent to which selection plays a role in marital status differences in psychological well-being and physical health by examining whether demographic and economic factors explain any associations. I anticipate that demographic and
economic characteristics account for some of the differences between groups in psychological well-being and physical health but do not fully explain the associations (hypothesis 3).

Gender differences in the relationships between marital status and psychological and physical health among older adults are considered. First, I explore the extent to which differences exist between men and women in the association of cohabitation and health, as well as in marriage and health. I hypothesize that older cohabiting men benefit more from their unions than women (hypothesis 4). Similarly, I anticipate married men gaining more in terms of health from marriage than married women. Second, I examine within gender differences to determine if cohabitation compares similarly to first marriage, remarriage, divorce, widowhood, and being never married for men and women. I expect that cohabiting men fare worse in terms of psychological well-being and physical health than married men, but I do not anticipate significant differences between cohabiting and married women (hypothesis 5). If any differences exist, I predict cohabiting women fare better than married women due to fewer caregiving expectations. It is important to identify differences in well-being given that the older population as a whole is increasing, as well as the proportion cohabiting. As the older population increases, we can anticipate further growth in cohabitation (Cooney and Dunne 2001). Thus, a focus on the well-being of cohabiters is overdue.

Research on older cohabiters is sparse, with notable exceptions being studies by Brown and colleagues (2005; 2006; 2012), Chevan (1996), and King and Scott (2005), among others. While previous work has focused on the psychological well-being of older cohabiters (Brown et al. 2005), scholarship has yet to consider physical health. I extend the literature by examining both the psychological well-being and physical health of older cohabiters. Moreover, although studies have looked at cohabiters in reference to the married (Brown et al. (2005) and remarried
(Brown et al. 2006) separately, I include both because of the heterogeneity among the groups in terms of health (Hughes and Waite 2009). Finally, I extend the literature by examining multiple measures of health, including depression, as well as a subjective measure of self-rated health and an objective measure of cardiovascular problems. This study is an important contribution in that it provides an in-depth analysis of several aspects of the health of older adults, and furthers our understanding of the role of cohabitation in later life.

A variety of covariates are included in the analyses. Age is considered because some work suggests that marital status and transitions may have a greater influence on health at older ages (Williams and Umberson 2004; Liu 2012), and the proportion of cohabitators decreases with age among older adults (Brown et al. 2006). Research shows that marriage is protective for both Whites and Blacks but is mixed as to whether groups benefit to the same degree (Carr and Springer 2010). Studies show that Hispanics report more depressive symptoms than non-Hispanic Whites (Brown et al. 2006), but are mixed in comparison to non-Hispanic Whites in terms of physical health (Hughes and Waite 2009). Thus, race/ethnicity is included. Health insurance coverage is also entered into the models. This variable is important because the unmarried are less likely to have insurance than are the married (Lin and Brown 2012). Cohabitators are less likely than the married to have health insurance, but are more likely than the unpartnered to be covered (Brown et al. 2006). Cohabitators are less socially connected, and receive less social support, than their married and unmarried counterparts, including lower levels of religiosity (Brown et al. 2006), and social support is linked to better psychological well-being and physical health (Brown et al. 2005; Carr and Springer 2010). Findings are mixed on education, as some scholars have found that cohabitators are less educated than the married (Hatch 1995; Moustgaard and Martikainen 2009), whereas others have found few differences among
marital status groups (Chevan 1996; De Jong Gierveld 2004; Brown et al. 2006). Those with more education tend to be better off in terms of psychological well-being and physical health, on average (Hughes and Waite 2009). Older cohabitators are more likely than the unpartnered and continuously married to be employed full time (Brown et al. 2006), and not working is associated with higher levels of depression (Brown et al. 2005). Cohabitators have lower incomes than the married and higher incomes than the unpartnered (Brown et al. 2006), and those with higher socioeconomic status tend to be in better health (Carr and Springer 2010). Lastly, coresidence with children is included because previous research suggests that living with children older than college age is negatively associated with psychological well-being (Pudrovska 2009), whereas other research finds no association between living with children and psychological well-being for parents (Pillemer and Suitor 1991). Moreover, some older adults live with their children due to their need for help with health issues (Ruggles 2007).

Data and Methods

Data for this study come from the Health and Retirement Study, a nationally representative study of individuals born between 1890 and 1959. The HRS includes six cohorts of older adults. The original HRS sample consists of those born between 1931 and 1941, who were interviewed in 1992 and biennially thereafter. The Assets and Health Dynamics among the Oldest Old (AHEAD) were born between 1890 and 1923 and first interviewed in 1993, reinterviewed in 1995, and combined with HRS in 1998. Two cohorts were first interviewed in 1998, the Children of the Depression Age (CODA), born between 1924 and 1930 and the War Babies (WB) cohort, who were born between 1942 and 1947. The Early Baby Boomers cohort, which consists of individuals born between 1948 and 1953, was added in 2004, and the Middle Baby Boomers, born between 1954 and 1959 were included in 2010. Respondents are
reinterviewed biennially, and a new cohort is added to the study every six years. The sample for
the HRS study was selected using a stratified, multistage area probability sample (Health and
Retirement Study 2008). The HRS sample includes oversamples of Blacks, Hispanics, and
Floridians. The HRS data are ideal for this study because they include measures of health and
well-being at each wave. I use the 2008 and 2010 waves of data from the HRS. I limit my sample
to these years because questions on one of my dependent variables, life satisfaction, are
contained in the Psychosocial and Lifestyle Questionnaire. The questionnaire was given to half
the sample in 2008 and the other half in 2010. Thus, using 2008 and 2010 provides one
observation per person. It is also beneficial to utilize these waves of data in order to increase the
sample size of cohabitators, which improves the statistical power of the analyses.

To be included in the analytic sample, respondents must have valid responses on the
dependent variables, including depression, life satisfaction, self-rated health, and cardiovascular
problems. Further, respondents must have a valid response to the question on marital status.
Respondents who are missing on either the focal independent variable or the dependent variable
are excluded from the analyses. Missing observations on the control variables are addressed
using multiple imputation. The sample is constructed using 2010 variables for each respondent.
However, 2008 variables are used for those missing on the dependent variable for 2010. Thus, all
of the variables in the study are taken from 2010 for those not missing on the dependent variable
in 2010, but are taken from 2008 for those missing on the dependent variable in 2010. In 2012,
the total sample size of the HRS is 38,008. The analytic sample was restricted to respondents
who were also in either the 2008 or 2010 interview (n = 24,220). For depressive symptoms,
1,260 were excluded because of missing data on the dependent variable, 50 were eliminated
because their marital status could not be determined, and 959 were excluded because they were
younger than 50 years of age. The final sample size for the analysis of depressive symptoms is 21,417, which includes 988 cohabiters, 8,185 continuously marrieds, 4,219 remarrieds, 3,087 divorceds, 3,847 widoweds, and 1,091 never marrieds. On life satisfaction, 9,027 were excluded due to missing data on the dependent variable, 25 were dropped because their marital status could not be determined, and 354 were eliminated because they are younger than 50 years old. For life satisfaction, the sample size is 14,319, including 543 cohabiters, 5,818 continuously marrieds, 2,941 remarrieds, 1,757 divorceds, 2,687 widoweds, and 573 never marrieds. On self-rated health, 9 respondents were excluded because they were missing on the dependent variable, 56 were excluded because their marital status could not be determined, and 988 were eliminated because they were less than 50 years old. The sample size for the analysis is 22,156, of which 1,015 are cohabiters, 8,513 are continuously marrieds, 4,401 are remarrieds, 3,098 are divorceds, 4,029 are widoweds, and 1,100 are never marrieds. For cardiovascular problems, 20 respondents were excluded because of missing data on the dependent variable, 56 were eliminated because their marital status could not be determined, and 988 were excluded because they were less than 50 years old. The sample size for having a cardiovascular problem is 22,149, of which 1,015 are cohabiters, 8,510 continuously marrieds, 4,401 remarrieds, 3,098 divorceds, 4,026 widoweds, and 1,099 never marrieds. The proportions of cohabiters in these analyses is similar to those obtained in previous studies and matches the older adult population (Brown et al. 2012; Vespa 2012).

Measures

Dependent Variables. Psychological well-being is measured using a depression scale and a subjective measure of life satisfaction. The HRS includes an eight item version of the Center for Epidemiologic Studies – Depression Scale. Each of the items is a dichotomous variable, which
are then summed to get scores ranging from 0 to 8, with higher scores reflecting poorer psychological well-being. Respondents were asked if they felt each of the following much of the time during the past week: depressed, everything was an effort, restless sleep, happy, lonely, enjoyed life, sad, and could not get going. Two variables, feeling happy and enjoying life, are reverse coded, with higher scores indicating poorer psychological well-being. Respondents missing on 3 or more of the items are excluded. Life satisfaction is a scale, measured using five items in which respondents report the extent to which they believe their lives are close to ideal, the conditions of their lives are excellent, they are satisfied with life, they have gotten the important things they want in life, and they would change almost nothing if they could live their life again. For 2008 and 2010, options range from 1 = strongly disagree to 7 = strongly agree. The scale is the sum of the 5 items, with those missing on 3 or more being coded as missing. These measures of psychological well-being were chosen because prior studies have used them, allowing my results to be placed within the existing literature on marital status differences in well-being (Ross 1995; Peters and Liefbroer 1997; Brown et al. 2005; Hansen et al. 2007).

Physical health is measured using the respondents’ self-rated health. Respondents were asked to report a subjective rating of their own health. Following Brown et al. (2012), self-rated health is a dichotomous measure coded as 1 = excellent or very good health and 0 = poor, fair, or good health. A dichotomous measure of having a cardiovascular problem is also examined, following the measurement strategy of Zhang and Hayward (2006). Respondents were asked whether a doctor had ever told them they had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems. Similarly, they were also asked if a doctor had ever told them they had a stroke. Respondents who reported yes on either of these questions are coded as having a cardiovascular problem, while those who said no on both questions are
coded as not having a problem. Self-rated health and cardiovascular problems were selected as outcomes because they have been used in prior literature, allowing my results to be discussed in terms of previous work on physical health differences by marital status (Williams and Umberson 2004; Zhang and Hayward 2006; Hughes and Waite 2009).

**Independent Variable.** Marital status is coded as a series of categorical variables. Those who are married are separated into continuously marrieds and remarried persons. Respondents who indicated that they were partnered are coded as cohabiting (reference). Categorical variables are also included for persons who are divorced/separated, widowed, and never married.

**Moderating Variable.** Gender is a dichotomous variable in which women are coded as 1 and men as 0.

**Control Variables**

*Demographic Characteristics.* A variety of control variables are included in the analyses. Age is measured as a continuous variable. Categorical variables for race/ethnicity include non-Hispanic White (reference), non-Hispanic Black, Hispanic, and Other.

*Economic Resources.* Education is a series of categorical variables, with less than high school, high school graduate (reference), some college, and college or more being included. The measure for assets is the respondents’ total wealth, including any second home they possess. This household measure is converted to individual wealth by dividing by the square root of the household size (OECD 2013). Assets is a series of categorical variables coded as: in debt, $0-50,000 (reference), $50,001-100,000, $100,001-250,000, and $250,001 or more. Employment status is a series of categorical variables, and consists of full time employed (reference), part time employed, and those not in the labor force.
Health Insurance. Following Brown et al. (2006), a set of categorical variables distinguishing respondents who possess private health insurance (reference), Medicare, other insurance (such as Medicaid), and those who are not insured (0 = no) are included in the analyses. The final health insurance variable is coded as 1 = respondent has insurance and 0 = uninsured.

Religious Attendance. Frequency of attendance at religious services in the past year is included as a continuous variable, with 1 = not at all, 2 = one or more times a year, 3 = two or three times a month, 4 = once a week, and 5 = more than once a week.

Coresidence with Children. Coresidence with children is a dichotomous variable, in which those who live with at least one child are coded as 1 and 0 otherwise.

Analytic Strategy

The analysis begins by documenting differences among the married, remarried, cohabiters, divorced, widowed, and never married in terms of health and the key demographic and economic correlates. With depression and life satisfaction measured as continuous variables, ordinary least squares regression (OLS) is used to examine health differences among the marital status groups. Cardiovascular and self-rated health are binary outcomes for which logistic regression models are utilized. The first set of analyses consists of models in which cohabiters are compared to those in the other marital status groups in terms of psychological well-being and physical health. This analysis also allows me to test the extent to which selection plays a role, as demographic and economic correlates should account for any associations that exist if selection is operating. However, not all selection issues are accounted for with this approach.

Additional models are estimated to test for gender differences in the associations between marital status and health. First, to test if the associations between marital status and well-being
differ by gender, I add interaction terms of marital status and gender to the full models. Finally, to examine within gender differences, I estimate separate models for men and women. Restricting the models by gender allows me to determine the extent to which various marital statuses are related to health separately for men and women, as well as to determine if a particular marital status compares differently to cohabitation for men than women.

Results

Descriptive Results

Table 2.1 presents means and proportions for the four health outcomes by marital status. The continuously married report the fewest depressive symptoms (1.0), followed by the remarried (1.3). Cohabitors have an average of 1.6 depressive symptoms. The divorced report the most depressive symptoms at 2.0, while the widowed and never married each note an average of 1.9 depressive symptoms. Similar to depressive symptoms, the continuously married have the highest life satisfaction (5.2), followed by remarried respondents, with an average of 5.0. Cohabitors report a mean of 4.8 on life satisfaction. Consistent with depressive symptoms, the divorced indicate the lowest levels of life satisfaction with an average of 4.2. Finally, the widowed have a mean of 4.7 on life satisfaction, while the never married average 4.4.

The proportion reporting very good or excellent health is highest for the continuously married (49%), followed by the remarried at 47%. Approximately 39% of cohabitors indicated that they are in very good or excellent health, similar to the proportion of never marrieds (39%). Fewer divorced persons reported being in very good or excellent health (36%), and the widowed were least likely to be in very good or excellent health at just under one third (31%). For cardiovascular health, just under one quarter of the continuously married (23%), remarried (24%), and divorced respondents noted they had a cardiovascular problem. Fewer cohabitators
indicated they have a cardiovascular problem (21%). The never married have the lowest percentage reporting a cardiovascular condition at 18%, and the widowed have the highest with 38%. Taken together, the married, both continuously and remarried respondents, appear to fare best overall on physical health and psychological well-being, followed by cohabiters. The never married report similar physical health as cohabiters, but poorer psychological well-being. Finally, the divorced and widowed are worst off on physical health and psychological well-being.

Descriptive statistics for the control variables for the self-rated health sample are presented in Table 2. Means and proportions for the cardiovascular health and psychological well-being samples are presented by marital status as supplemental tables. A disproportionate number of cohabiting (29%), divorced (30%), and never married (34%) respondents are nonwhite. Consistent with expectations, men make up the majority of the continuously married (52%), remarried (55%), and cohabiting (54%) groups, while the unpartnered groups are mostly women. Cohabiters and never marrieds are the youngest respondents in the sample, averaging 61 and 62 years of age, respectively. Continuously married (64), remarried (63), and divorced (63) persons are similar in age, while widowed respondents are the oldest (77).

As expected, cohabiters tend to fare poorly, relative to the married, in terms of economics. Less than half (46%) of cohabiters have some college or greater education, compared to 57% of continuously marrieds and 56% of remarrieds. Cohabiters are also less educated than both the divorced and never married. Over half of both divorced and never married respondents have at least some college education. The widowed are the least educated, as only 34% have some college or greater education. These differences in education may reflect age variation in marital status. Similarly, 43% of cohabiters have over $100,000 in assets, while 68% of
continuously marrieds, 57% of remarrieds, and 50% of widoweds have greater than $100,000. Cohabitors have more assets than both the divorced and never married, as 35% of divorcees and 38% of never marrieds have more than $100,000. Half of cohabitors are not in the labor market, the lowest proportion of any marital status.

Cohabitors have the lowest mean religious attendance at 2.0, while the continuously married and widowed have the highest, with an average of 2.8 for each. Never married respondents are the least likely to have resident children (11%), followed by cohabitors (18%). In each of the remaining marital status groups, 26% or greater report living with children. Finally, widoweds have the highest proportion with health insurance (96%), followed by continuously marrieds (93%) and remarrieds (91%). Cohabitors are the least likely to have health insurance (81%).

*Multivariate Results*

Table 2.3 presents the results of OLS regression models predicting depressive symptoms. Model 1 is a zero order model examining differences in depressive symptoms between cohabitors and those in other marital statuses. Both the continuously married and remarried report fewer depressive symptoms, on average, than cohabitors. On the other hand, the average number of depressive symptoms reported by the divorced and widowed are higher than that of cohabitors. There is no significant difference between cohabitors and the never married.

Model 2 of Table 2.3 reports the results once covariates are added to the analysis. The difference between cohabitors and the continuously married is no longer significant once control variables are included, contrary to hypothesis 1 that continuously marrieds have higher levels of psychological well-being than cohabitors. In analyses not shown, the gap between the continuously married and cohabitors is no longer significant once demographics, economics, and
religious attendance are included. In support of hypothesis 1, cohabiters and remarrieds do not differ, net of other factors. The difference between the remarried and cohabiting is reduced to nonsignificance once assets are added to the analysis (result not shown). My hypothesis (hypothesis 1) regarding cohabiters having higher levels of psychological well-being than the divorced, widowed, and never married are supported. Differences between cohabiters and the divorced and widowed remain after the addition of all control variables, with cohabiters reporting fewer depressive symptoms, on average, than both the divorced and widowed. Finally, cohabiters report fewer average depressive symptoms than never marrieds once all control variables are included. In short, cohabiting older adults appear to fare similar to their married counterparts on depressive symptoms, and better than the unmarried.

Several of the control variables included in the analysis are associated with depressive symptoms. Both Hispanics and those in other races report greater levels of depressive symptoms than Whites, but Blacks and Whites do not differ. Women note more depressive symptoms, on average, than men. Age is negatively associated with depressive symptoms. Respondents with less than a high school education indicate experiencing more symptoms than those with a high school degree, while college educated respondents note fewer symptoms than those with a high school education. Being in debt is positively associated with depressive symptoms, relative to those with $0 to $50,000 in assets. Those with greater than $50,000 in assets report fewer depressive symptoms than respondents holding $0 to $50,000. Respondents employed part time or who are not in the labor force note more symptoms than those employed full time. Religious attendance is negatively associated with depressive symptoms, as is having health insurance.

Several significant interactions were observed between marital status and gender (result not shown). The interactions for continuously marrieds, divorcees, widoweds, and never
marrieds were all significant, suggesting gender differences in the association between marital status and depressive symptoms. Models estimated separately for women and men are presented in Table 2.3. Model 3 is a zero order model for women. Both continuously married and remarried women indicate fewer depressive symptoms than cohabiting women. However, unlike the models for the full sample, cohabiting women do not significantly differ from the divorced, widowed, or never married in their reports of depressive symptoms. After the addition of covariates in Model 4, continuously married women continue to report fewer depressive symptoms than cohabiting women. Remarried women no longer differ from cohabiting women after assets are taken into account. Divorced, widowed, and never married women do not significantly differ from cohabiting women in their reports of depressive symptoms. Among women, Hispanics and those in other races report more depressive symptoms than Whites, while Blacks and Whites do not differ. Age is negatively associated with depressive symptoms. Having less than a high school education is associated with more symptoms than having a high school degree, and being college educated is related to fewer symptoms. Respondents with over $50,000 in assets report fewer symptoms than those with $0 to $50,000. Part time employment and not being in the labor force are associated with higher levels of depressive symptoms than being employed full time. Finally, religious attendance is negatively related to depressive symptoms.

Results for men are reported in Models 5 and 6 of Table 2.3. The bivariate results in Model 5 show that continuously married men note fewer depressive symptoms than cohabiting men. Remarried men do not report significantly different levels of depressive symptoms than cohabiting men. Divorced, widowed, and never married men all experience higher levels of depressive symptoms than cohabiting men. The addition of demographic, economic, and religious attendance covariates in Model 6 explains the gap between continuously married men
and cohabiting men. In contrast, divorced, widowed, and never married men all report higher levels of depressive symptoms than cohabiting men, net of controls. In short, it appears that cohabiting men are similar to married men on depressive symptoms, and fare better than all groups of unmarried men. These findings suggest that being partnered is beneficial for psychological well-being.

Several of the control variables are associated with depressive symptoms among men. Age is negatively associated with depressive symptoms. Those with less than a high school education note higher levels of symptoms than respondents with a high school degree, whereas being college educated is linked to fewer depressive symptoms than having a high school degree only. Men who are in debt report more depressive symptoms than those holding $0 to $50,000 in assets. Men with more than $50,000 in assets report fewer symptoms than men with $0 to $50,000. Men who are not employed indicate experiencing more symptoms than those who are employed full time. Religious attendance and having health insurance are both negatively associated with depressive symptoms among men.

Table 2.4 reports results for OLS regression models predicting life satisfaction. Results are similar to those previously discussed for depressive symptoms. Model 1 shows that both the continuously married and remarried report greater life satisfaction than cohabitors, whereas the divorced and never married are less satisfied with their lives than are cohabitors. No difference in life satisfaction was observed between cohabitors and the widowed. Model 2 indicates that control variables reduce the difference between cohabitors and both the continuously married and remarried to nonsignificance, refuting hypothesis 1. In analyses not shown, the inclusion of demographics, economics, and religious attendance explains the difference between the continuously marrieds and cohabitors. The addition of assets reduces the difference between
cohabiters and the remarried to nonsignificance, suggesting similar psychological well-being between the groups, as noted in hypothesis 1. However, both the divorced and never married report lower life satisfaction than cohabiters, consistent with hypothesis 1. Once age is included, the difference between cohabiters and the widowed becomes significant, with widowed persons being less satisfied with their lives than cohabiters, supporting hypothesis 1.

Among the control variables, Whites report higher life satisfaction than Blacks, but less than Hispanics. Women report higher life satisfaction than men. Age is positively associated with life satisfaction. Respondents with some college or greater education note greater life satisfaction than the high school educated. Those in debt report lower life satisfaction than those with $0 to $50,000 in assets, while respondents with more than $50,000 report greater life satisfaction. Being out of the labor force is linked to lower life satisfaction, relative to being employed full time. Religious attendance and having health insurance are positively associated with life satisfaction.

Marital status by gender interactions were largely not significant for life satisfaction (results not shown). The only significant interaction was for the never married, suggesting that being never married is significant for men, but not women. Analyses presented separately by gender are included in Table 2.4. The analyses for women are reported in Models 3 and 4. Model 3 indicates that continuously married and remarried women report greater life satisfaction than cohabiting women. Divorced women note lower life satisfaction than cohabiting women. Widowed and never married women do not differ significantly from cohabiting women on life satisfaction. Once covariates are included in the analysis, the difference between both groups of married women and cohabiting women is no longer significant, suggesting married and cohabiting women have similar levels of life satisfaction. Demographic, economic, and religious
attendance controls explain the differences between both groups of marrieds and cohabiters. The difference between divorced women and cohabiting women remains significant, with divorced women having lower levels of life satisfaction than cohabiting women. The coefficient for widowed women becomes significant with the addition of age, indicating that widowed women have lower levels of life satisfaction than cohabiting women. The difference between never married and cohabiting women remains insignificant.

The findings regarding control variables for women mirror those of the full sample. White women report higher life satisfaction than Black women, but less than Hispanic women. Age is positively associated with life satisfaction. Holding a college degree is linked to higher life satisfaction, relative to having a high school degree. Women who are in debt are less satisfied with their lives than are women with $0 to $50,000 in assets. Having more than $50,000 in assets is associated with higher life satisfaction than holding $0 to $50,000. Women not in the labor force are less satisfied with their lives than are women employed full time. Lastly, religious attendance and having health insurance are positively associated with life satisfaction.

The results for men differ somewhat from those for women. In the zero order model presented in Model 5, continuously married men report higher life satisfaction than cohabiting men. The remarried do not differ from cohabiters on life satisfaction. Both divorced and never married people report lower life satisfaction than cohabiting men. The widowed do not differ appreciably from cohabiting men. The addition of control variables changes the pattern of results somewhat. With assets in the model, neither the continuously married nor remarried are significantly different from cohabiters on life satisfaction. In contrast, the divorced, widowed, and never married all report lower life satisfaction than cohabiting men. The coefficient for the
widowed becomes significant once age is added to the analysis. These results suggest that being partnered is beneficial for life satisfaction among older men.

White men are more satisfied with their lives than are Black men, but less satisfied than Hispanic men. Older men report higher life satisfaction than younger men. The college educated note greater life satisfaction than those with a high school degree. Being in debt is negatively associated with life satisfaction, relative to having $0 to $50,000. More than $50,000 in assets is linked to higher life satisfaction than holding $0 to $50,000. Men who are not in the labor force report lower life satisfaction than those employed full time. Finally, religious attendance and having health insurance are positively associated with life satisfaction.

Turning to physical health, Table 2.5 presents the results of logistic regression models predicting very good or excellent self-rated health. Model 1 presents the results of a zero order model. Relative to cohabitors, the continuously married and remarried both have greater odds of reporting that they are very good or excellent health. The widowed are less likely than cohabitors to report being in very good or excellent health. No differences were observed for the divorced or never married, compared to cohabiters.

Model 2 of Table 2.5 presents the results after the addition of demographic, economic, social support, and health insurance controls. As shown in model 2, no significant differences by marital status are observed in self-rated health once all of the control variables are included in the analysis. Age reduced the difference between cohabitors and the widowed to nonsignificance (results not shown). The difference between cohabitors and both the continuously married and remarried is not significant with the addition of assets to the model (results not shown). Overall, the results suggest that differences between cohabitors and other marital status groups in reports of self-rated health among older adults are explained by demographic and economic
factors. My hypothesis (hypothesis 2) that cohabiters and remarrieds are comparable on physical health is supported by these findings. However, hypotheses 2 regarding differences between cohabiters, the continuously married, divorced, widowed, and never married are not supported.

Whites are more likely than each of the other race groups to report excellent or very good health. Women are more likely than men to note being in excellent or very good health. Age is negatively associated with self-rated health. Those with a high school degree are more likely than those with less than a high school education to indicate being in excellent or very good health, but less likely than those with some college or more. Being in debt is negatively related to self-rated health, compared to having $0 to $50,000. Holding more than $50,000 is positively associated with self-rated health, relative to having $0 to $50,000. Not being in the labor force is linked to lower odds of excellent or very good health than being employed full time. Religious attendance is positively associated with health, while having resident children is negatively associated with self-rated health.

Marital status by gender interactions were examined, but none were significant, suggesting that the associations between marital status and self-rated health do not differ by gender (result not shown). Separate analysis were conducted for men and women to examine whether the significance of the control variables differ by gender. Models 3 and 4 of Table 2.5 display the results of models predicting excellent or very good self-rated health for women. Model 3 presents the bivariate results of a zero order model. The results mirror those of the full sample. Both continuously married and remarried women are more likely to report being in excellent or very good health than are cohabiting women. In contrast, widowed women are less likely to be in excellent or very good health than cohabiting women. The self-rated health
differences between cohabiting women and their divorced and never married counterparts did not achieve significance, suggesting the health of both groups are similar to that of cohabiters.

There are no differences between cohabiters and their counterparts in other marital statuses following the addition of control variables, as shown in Model 4 of Table 2.5. The differences between cohabiting women and both continuously married and remarried women are no longer significant after the inclusion of assets in the model. As in the full model, the difference between cohabiting women and widowed women is reduced to insignificance when age is added to the model. The pattern of findings on the control variables for women mirror those of the full sample. White women report better health than their counterparts in other racial groups. Age is negatively associated with self-rated health. Women with less than a high school education have poorer health than those with a high school degree, while women with some college or more are in better health than the high school educated. Holding more than $50,000 in assets is linked to better health than having $0 to $50,000. Women not in the labor force have lower odds of excellent or very good health than women employed full time. Finally, religious attendance is positively associated with self-rated health.

Results on self-rated health for men are in Models 5 and 6 of Table 2.5. As with the full sample and women, both continuously married and remarried men have higher odds of reporting excellent or very good health than cohabiting men. Divorced, widowed, and never married men are not significantly different from cohabiting men on self-rated health. The pattern of results for men after the addition of covariates follows that of the full sample and women, as shown in Model 6. In the full model, there are no differences in self-rated health by marital status. The odds ratios for both the continuously married and remarried are no longer significant once assets
are included in the analysis (result not shown). The addition of age reduces the odds ratio for the widowed to nonsignificance.

Findings on the control variables for men match those of women. White men report better health than men in other racial groups. Age is negatively related to self-rated health. Having less than a high school education is related to poorer health than holding a high school degree, while some college or more is associated with better health. Holding more than $50,000 in assets is linked to better health. Men who are out of the labor force have lower odds of excellent or very good self-rated health than men employed full time. Finally, religious attendance is positively associated with self-rated health.

Table 2.6 presents the results of logistic regression models predicting cardiovascular problems. Model 1 of Table 2.6 shows zero order models comparing cohabiters to those occupying other marital statuses. Widowed persons are more likely than cohabiters to report having at least one cardiovascular condition. No other significant differences are observed relative to those cohabiting. Model 2 of Table 2.6 shows that no differences between cohabiters and other marital status groups are observed once covariates are included in the analysis. As with self-rated health, once age is added to the analysis, the difference between cohabiters and the widowed is reduced to nonsignificance (result not shown). My hypothesis (hypothesis 2) that cohabiters are worse off in their physical health than the continuously married is not supported. Likewise, hypothesis 2, that cohabiters have better physical health than the divorced, widowed, and never married is not supported. The hypothesis (hypothesis 2) that cohabiters and remarrieds have similar physical health is supported by the findings.

Several of the control variables included in the analysis are associated with cardiovascular problems. Hispanic men are less likely than Whites to note having a
cardiovascular problem. Men are more likely than women to report a problem. Age is positively associated with cardiovascular problems. Relative to the high school educated, the college educated have lower odds of a problem. Being in debt is associated with higher odds of a cardiovascular problem than having $0 to $50,000. More than $50,000 is linked to lower odds of a problem. Respondents employed part time are more likely to indicate they have a cardiovascular problem than the full time employed, and not being in the labor force is also related to higher odds of noting a problem. Finally, having health insurance is positively associated with having a cardiovascular problem.

Table 2.6 also reports the results of models run separately for women and men. As with self-rated health, none of the marital status by gender interactions achieved significance, suggesting that the association between marital status and cardiovascular problems is similar for women and men. The bivariate results for women, displayed in Model 3, suggest that divorced and widowed women are more likely than cohabiting women to indicate that they have at least one cardiovascular problem. The continuously married, remarried, and never married do not differ appreciably from cohabiters in their odds of having a cardiovascular problem. Control variables are added to the analysis in Model 4. Once these demographic, economic, social support, and health insurance covariates are included, cohabiting women do not differ from their married and unmarried counterparts in the likelihood of having a cardiovascular problem. The addition of age to the analysis explains the differences between cohabiting women and both widowed and divorced women.

Hispanic women are less likely to have a cardiovascular problem than White women. Age is positively associated with cardiovascular problems. Women with less than a high school education are more likely to note a problem than the high school educated, while the college
educated are less likely. Women in debt have higher odds of a cardiovascular problem than women holding $0 to $50,000 in assets. Having over $50,000 in assets reduces the odds of a cardiovascular problem. Not being in the labor force is linked to higher odds of a cardiovascular problem than being employed full time. Religious attendance is negatively associated with reporting a cardiovascular problem, while having health insurance is positively associated with noting having a problem.

Finally, results for models predicting cardiovascular problems among men are reported in Models 5 and 6 of Table 2.6. Bivariate results from a zero order model in Model 5 show that widowed men are much more likely to report having at least one cardiovascular problem than are cohabiting men. Cohabiting men do not differ from the continuously married, remarried, divorced, or never married in their odds of having a cardiovascular condition. The addition of covariates changes the pattern of results somewhat. In Model 6 of Table 2.6, cohabiting men no longer significantly differ from widowed men in their odds of having a cardiovascular problem once age is taken into consideration. However, the odds ratio for the never married achieves significance in the full model, providing evidence of suppression. The difference between cohabiters and never married men becomes significant once demographics, economics, and religious attendance are included in the analysis. Cohabiting men have similar odds of having a cardiovascular problem as continuously married, remarried, and divorced men.

Many of the control variables in the analysis are associated with cardiovascular problems. Black and Hispanic men have lower odds of reporting a cardiovascular problem than White men. Age is positively associated with having a cardiovascular problem. Men with more than $50,000 in assets have lower odds of noting having a problem. Men not in the labor force have higher
odds of a problem than men employed full time. Finally, having health insurance is positively associated with reporting a cardiovascular problem.

**Discussion**

A growing proportion of older adults in the United States is in a cohabiting relationship. As cohabitation becomes more common in the later years of life, it is important to develop a better understanding of the implications of nonmarital unions for older adults. Using data from the 2008 and 2010 waves of the HRS, this study investigated how older cohabiters compared with their counterparts occupying other marital statuses on psychological well-being and both subjective and objective measures of physical health, as well as whether the influence of marital status varies by and within gender. This question is important because cohabitation is on the rise among older adults, making up a greater proportion of the older population (Brown et al. 2012). With unmarrieds being in poorer health than the married, it is important to develop a better understanding of how partnering through cohabitation is related to health among older persons (Carr and Springer 2010; Lin and Brown 2012).

As anticipated, differences between cohabiters and other marital status groups on psychological well-being and physical health were uncovered. For self-rated health, depressive symptoms, and life satisfaction, continuously married and remarried persons fare better than cohabiters in bivariate models. These results are consistent with my hypotheses (hypotheses 1 and 2) that married persons have higher levels of well-being than cohabiters. On all three outcomes, however, the disadvantaged profile of older cohabiters accounts for the health disparities, as differences are no longer significant once economic and social support factors are included in the analysis, similar to prior work on depressive symptoms (Brown et al. 2005). These findings are also consistent with previous research and the resource perspective on marital
status and health suggesting that greater economic resources and social support receipt among marrieds contributes to marital status variation in well-being (Waite 1995; Williams and Umberson 2004; Liu and Reczek 2012). On cardiovascular problems, continuously married and remarried respondents do not differ from cohabiters, and a smaller proportion of cohabiters than either group of marrieds actually reports having a cardiovascular problem. In short, married and cohabiting older adults report similar psychological well-being and physical health, consistent with my alternative hypotheses of no health differences.

The similarity in well-being between marrieds and cohabiters is consistent with recent research on marital status and well-being for younger adults (Musick and Bumpass 2012), as well as a study of older adult psychological well-being (Wright and Brown 2017). Cohabitation may operate as a substitute for marriage in older adulthood (King and Scott 2005; Brown et al. 2012). My findings align with this interpretation, suggesting that older cohabiters may enjoy some of the benefits of marriage. Likewise, consistent with the crisis perspective, a higher proportion of cohabiters report better health and well-being than their divorced or widowed counterparts, indicating they receive benefits from their partnerships.

Among the unmarried, all of the unpartnered groups report greater depressive symptoms and lower life satisfaction than cohabiters, net of controls. These findings align with the crisis perspective and suggest that being partnered is beneficial for psychological well-being among older adults. There is some evidence that the association between marital status and psychological well-being varies by gender. On depressive symptoms, cohabiting women did not differ from the unpartnered. For men, however, cohabiters reported significantly fewer depressive symptoms than the divorced, widowed, and never married. These findings are
consistent with another recent study on the psychological well-being of older cohabiters (Wright and Brown 2017).

For physical health, the widowed are worse off than cohabiters on both physical health measures, but controlling for age reduces the differences to nonsignificance. Both the divorced and never married appear to fare similarly to older cohabiters in terms of physical health. The never married may adapt to their status by involving themselves in supportive relationships (Pudrovskā et al. 2006) and engaging in formal services that provide health benefits at older ages (Cwikiel et al. 2006). In brief, cohabiters do not differ from either the married or unmarried on physical health in multivariate models. The lack of physical health differences by marital status after including covariates is consistent with prior research suggesting that marital status is a less consequential predictor of well-being in older adulthood (Mineau, Smith, and Bean 2002; Liu and Reczek 2012).

Contrary to expectations, there were no significant gender interactions in the association between marital status and physical health. This is consistent with research suggesting reduced or no gender differences in the marital status relationship with health (Manzoli et al. 2007). Among both women and men, cohabiters were less likely than the married to report having excellent or very good health, but these differences were explained by the disadvantaged profile of cohabiters. Cohabiting women and men were also less likely than the divorced to note having a cardiovascular problem, but the association did not persist in the full model. For women, cohabiters reported better health on both measures than the widowed, but age explained the gap. Finally, never married men are less likely than cohabiting men to indicate they have had a cardiovascular problem, and this association remained significant after the inclusion of covariates. Overall, there are few differences between women and men in the association of
marital status and physical health. Within gender variation by marital status is largely explained by disadvantages among cohabiting older adults.

There are a few limitations to the current study. Marital status and physical health were measured at a single point in time. Union formation is relatively rare in later life and cohabitation is more stable in older adulthood than among younger adults, and thus, it is unlikely that these shifts affect many respondents or alter the results (Brown et al. 2012; Vespa 2012). Therefore, examination of whether marital status has a causal relationship with health is not warranted. However, the models did include numerous controls for selection. These results demonstrate that these factors accounted for much of the marital status variation in health. There could also be additional key factors, but this study is the first to demonstrate that demographic, economic, and social support explain marital status differences in well-being among older adults. Lastly, the HRS does not capture daters or those living apart together (LAT). Both dating and LAT relationships have become more common in the older population, comprising an increasingly greater proportion of unions among older adults (Duncan and Phillips 2011; Brown and Shinohara 2013). Many of the respondents classified as divorced, widowed, or never married may be dating or in a LAT relationship, contributing to why they report similar health to cohabiters.

In sum, my study sheds new light on cohabitation in older adulthood by investigating how the psychological well-being and physical health of cohabiters compares to the married and unmarried. With the older unmarried and cohabiting populations on the rise, it will be important for researchers to continue to assess the implications of family change in older adulthood, particularly as the baby boomers, a large proportion of whom are unmarried (Lin and Brown 2012) enter later life. My findings demonstrate that cohabitation is comparable to marriage in
later life, as the well-being gap between older cohabiters and marrieds closes after accounting for the disadvantaged profile of cohabiters. At the same time, cohabiters do not differ from unpartnereds on physical health. These paradoxical findings warrant future research to assess whether they can be replicated with other data on recent older cohabiters.
<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Depressive Symptoms Mean (n = 21,417)</th>
<th>Life Satisfaction Mean (n = 14,319)</th>
<th>Very Good or Excellent Health % (n = 22,156)</th>
<th>Cardiovascular Problems % (n = 22,152)</th>
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<tr>
<td>Continuously married</td>
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<td>5.2</td>
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Table 2.2. Weighted Means and Proportions for Self-Rated Health Sample

<table>
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<th>Demographic Characteristics</th>
<th>Continuously Married</th>
<th>Remarried</th>
<th>Cohabiting</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>70.4</td>
<td>77.8**</td>
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<td>15.7</td>
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<td>Less than high school</td>
<td>13.6***</td>
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<td>30.9</td>
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<td>24.3</td>
<td>28.9*</td>
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<td>22.4</td>
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<td>33.7***</td>
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<tr>
<td>In debt</td>
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<td>9.1</td>
<td>13.3</td>
<td>5.1*</td>
<td>12.7</td>
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<td>32.5*</td>
<td>38.9</td>
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<td>13.0*</td>
<td>9.7</td>
<td>11.3</td>
<td>12.4</td>
<td>10.5</td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>24.1</td>
<td>22.9</td>
<td>18.9</td>
<td>14.6</td>
<td>20.5</td>
<td>14.3</td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>43.4***</td>
<td>33.6**</td>
<td>23.9</td>
<td>20.1</td>
<td>29.5*</td>
<td>23.7</td>
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<td><strong>Employment</strong></td>
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</tr>
<tr>
<td>Employed full time</td>
<td>34.2**</td>
<td>37.0</td>
<td>40.8</td>
<td>35.4</td>
<td>8.0***</td>
<td>34.0*</td>
</tr>
<tr>
<td>Employed part time</td>
<td>7.1</td>
<td>6.4*</td>
<td>8.6</td>
<td>5.5*</td>
<td>2.4***</td>
<td>5.9*</td>
</tr>
<tr>
<td>Not in the labor force</td>
<td>58.7**</td>
<td>56.6*</td>
<td>50.6</td>
<td>59.1*</td>
<td>89.6***</td>
<td>60.1**</td>
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<tr>
<td><strong>Social Support</strong></td>
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</tr>
<tr>
<td>Religious attendance</td>
<td>2.8***</td>
<td>2.5***</td>
<td>2.0</td>
<td>2.4***</td>
<td>2.8***</td>
<td>2.5***</td>
</tr>
<tr>
<td>Resident children</td>
<td>32.8***</td>
<td>29.6***</td>
<td>17.9</td>
<td>26.0***</td>
<td>26.2***</td>
<td>10.6**</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has health insurance</td>
<td>92.8***</td>
<td>91.2***</td>
<td>81.4</td>
<td>83.8</td>
<td>96.1***</td>
<td>85.6*</td>
</tr>
<tr>
<td></td>
<td>7.2***</td>
<td>8.8***</td>
<td>18.6</td>
<td>16.2</td>
<td>3.9***</td>
<td>14.4*</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>------</td>
<td>------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>No health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unweighted N</td>
<td>8,513</td>
<td>4,401</td>
<td>1,015</td>
<td>3,098</td>
<td>4,029</td>
<td>1,100</td>
</tr>
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</table>

*p < .05, **p < .01, ***p < .001.
Analyses are weighted to correct for the complex sampling design of the HRS.
### Table 2.3. Ordinary Least Squares Regression Models Predicting Depressive Symptoms

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>Continuously married</td>
<td>-0.54***</td>
<td>-0.17</td>
<td>-0.70***</td>
</tr>
<tr>
<td>Remarried</td>
<td>-0.26*</td>
<td>-0.02</td>
<td>-0.33*</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0.38**</td>
<td>0.36**</td>
<td>0.16</td>
</tr>
<tr>
<td>Widowed</td>
<td>0.35**</td>
<td>0.52***</td>
<td>0.09</td>
</tr>
<tr>
<td>Never married</td>
<td>0.28</td>
<td>0.30*</td>
<td>0.04</td>
</tr>
</tbody>
</table>

### Demographic Characteristics

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>White (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>0.07</td>
<td>0.08</td>
<td>0.08</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.18*</td>
<td>0.32**</td>
<td>-0.01</td>
</tr>
<tr>
<td>Other race</td>
<td>0.31**</td>
<td>0.42*</td>
<td>0.20</td>
</tr>
<tr>
<td>Woman</td>
<td>0.15***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>-0.02***</td>
<td>-0.02**</td>
<td>-0.02**</td>
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### Economic Characteristics

<table>
<thead>
<tr>
<th>Education</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>Less than high school</td>
<td>0.38***</td>
<td>0.43***</td>
<td>0.32**</td>
</tr>
<tr>
<td>High school (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>-0.05</td>
<td>-0.11</td>
<td>0.03</td>
</tr>
<tr>
<td>College or more</td>
<td>-0.17**</td>
<td>-0.20**</td>
<td>-0.14*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wealth</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>In debt</td>
<td>0.46***</td>
<td>0.56</td>
<td>0.34**</td>
</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $50,001-$100,000</td>
<td>-0.36***</td>
<td>-0.40***</td>
<td>-0.31**</td>
</tr>
<tr>
<td>Assets $100,001-</td>
<td>-0.46***</td>
<td>-0.42***</td>
<td>-0.51***</td>
</tr>
<tr>
<td>$250,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>-0.66***</td>
<td>-0.72***</td>
<td>-0.60***</td>
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</table>

### Employment

<table>
<thead>
<tr>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
</tr>
<tr>
<td>Employed full time (ref)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed part time</td>
<td>0.22*</td>
<td>0.25**</td>
</tr>
<tr>
<td>Not in the labor force</td>
<td>0.74***</td>
<td>0.79***</td>
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</table>

### Social Support

<table>
<thead>
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<th>Social Support</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>Religious attendance</td>
<td>-0.11***</td>
<td>-0.13***</td>
<td>-0.07***</td>
</tr>
<tr>
<td>Resident children</td>
<td>-0.02</td>
<td>-0.03</td>
<td>0.01</td>
</tr>
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</table>

### Health Insurance

<table>
<thead>
<tr>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
</tr>
<tr>
<td>Has health insurance</td>
<td>-0.17*</td>
<td>-0.07</td>
</tr>
</tbody>
</table>

Constant       | 1.58*** | 2.87***| 1.82***| 3.13***| 1.37***| 2.75***|
Unweighted N    | 21,417   | 21,417 | 12,290 | 12,290 | 9,127  | 9,127  |

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
Table 2.4. Ordinary Least Squares Regression Models Predicting Life Satisfaction

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>b</td>
<td>b</td>
</tr>
<tr>
<td><em>Marital Status</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuously married</td>
<td>0.42***</td>
<td>0.08</td>
<td>0.50**</td>
</tr>
<tr>
<td>Remarried</td>
<td>0.22*</td>
<td>0.03</td>
<td>0.36*</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>-0.53***</td>
<td>-0.53***</td>
<td>-0.52**</td>
</tr>
<tr>
<td>Widowed</td>
<td>-0.03</td>
<td>-0.38***</td>
<td>-0.02</td>
</tr>
<tr>
<td>Never married</td>
<td>-0.40**</td>
<td>-0.41***</td>
<td>-0.12</td>
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**Demographic Characteristics**

<table>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
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<tbody>
<tr>
<td>White (ref)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>-0.14**</td>
<td>-0.14*</td>
<td>-0.16*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.37***</td>
<td>0.30***</td>
<td>0.46***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other race</td>
<td>0.09</td>
<td>0.08</td>
<td>0.08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman</td>
<td>0.13***</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
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<td>0.01***</td>
<td>0.02***</td>
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**Economic Characteristics**

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<tbody>
<tr>
<td>Less than high school</td>
<td>-0.05</td>
<td>-0.09</td>
<td>-0.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school (ref)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>-0.10*</td>
<td>-0.10</td>
<td>-0.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College or more</td>
<td>0.19***</td>
<td>0.18**</td>
<td>0.20**</td>
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</table>

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In debt</td>
<td>-0.36***</td>
<td>-0.47***</td>
<td>-0.21*</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $50,001-$100,000</td>
<td>0.14**</td>
<td>0.15*</td>
<td>0.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>0.38***</td>
<td>0.32***</td>
<td>0.44***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$250,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>0.70***</td>
<td>0.66***</td>
<td>0.76***</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Employment**

<table>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full time (ref)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed part time</td>
<td>-0.03</td>
<td>0.01</td>
<td>-0.14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not in the labor force</td>
<td>-0.20***</td>
<td>-0.18**</td>
<td>-0.22***</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social Support**

| Religious attendance    | 0.11***      | 0.10***| 0.12***|         |         |        |
| Resident children       | -0.06        | -0.05  | -0.06  |         |         |        |

**Health Insurance**

| Has health insurance    | 0.22*        | 0.22*  | 0.22*  |         |         |        |

**Constant**

<table>
<thead>
<tr>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.76***</td>
<td>3.14***</td>
<td>4.74***</td>
</tr>
</tbody>
</table>

| Unweighted N | 14,319 | 14,319 | 8,293 | 8,293 | 6,026 | 6,026 |

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
Table 2.5: Logistic Regression Models Predicting Self-Rated Health

<table>
<thead>
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<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuously married</td>
<td>1.53***</td>
<td>1.09</td>
<td>1.62**</td>
</tr>
<tr>
<td>Remarried</td>
<td>1.38**</td>
<td>1.12</td>
<td>1.49**</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0.90</td>
<td>0.94</td>
<td>0.90</td>
</tr>
<tr>
<td>Widowed</td>
<td>0.72**</td>
<td>0.96</td>
<td>0.70**</td>
</tr>
<tr>
<td>Never married</td>
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<td>0.93</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>0.55***</td>
<td>0.50***</td>
<td>0.65***</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.55***</td>
<td>0.44***</td>
<td>0.70**</td>
</tr>
<tr>
<td>Other race</td>
<td>0.64***</td>
<td>0.65**</td>
<td>0.65*</td>
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<td>22,156</td>
<td>12,547</td>
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*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
### Table 2.6. Logistic Regression Models Predicting Cardiovascular Problems

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<th>Total Sample</th>
<th>Women</th>
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<tr>
<td>In debt</td>
<td>1.48***</td>
<td>1.63***</td>
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<td>Assets $250,000 or more</td>
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<td>0.52***</td>
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<td>Employed part time</td>
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<td>Religious attendance</td>
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<td>Resident children</td>
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<td>Has health insurance</td>
<td>1.61***</td>
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<tr>
<td><strong>Constant</strong></td>
<td>0.27***</td>
<td>0.01***</td>
<td>0.20***</td>
</tr>
<tr>
<td>Unweighted N</td>
<td>22,152</td>
<td>22,152</td>
<td>12,543</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
CHAPTER III: INTERGENERATIONAL RELATIONSHIPS AMONG OLDER COHABITORS

Many demographic changes have occurred among older adults in recent decades (Silverstein and Giarrusso 2010). The proportion of the unmarried older adult population has increased (Lin and Brown 2012). Similarly, the number of older adults who are in cohabiting unions has been on the rise, increasing from 1.2 million in 2000 to more than 3.3 million in 2013 (Brown, Lee, and Bulanda 2006; U.S. Census Bureau 2014). Given the large percentage of unmarried older adults and the rising gray divorce revolution (Brown and Lin 2012), cohabitation is likely to continue to increase in the future because more older adults are eligible to cohabit.

Although cohabitation has become as likely as marriage among older adults who repartner (Brown, Bulanda, and Lee 2012), few studies have considered the linkage between cohabitation and older adults’ relationships with their children. It is crucial to consider these relationships because cohabiters are less likely to receive care from their partners than are the married from their spouses (Noel-Miller 2011). Adult children are among the most common caregivers for parents (Wolff and Kasper 2006), and thus the relationships older adults have with their children may be of growing importance. The goal of this study is to compare older cohabiters’ relationships with their adult children relative to their continuously married, remarried, divorced, and widowed counterparts.

Using data from the Health and Retirement Study, I examine whether older cohabiters’ frequency of contact and relationship quality with their adult children differs from that of the stably married, remarried, divorced, and widowed. Specifically, I test competing hypotheses regarding the remarried, in that there may be no difference between cohabiters and remarried
adults on frequency of contact and relationship quality, as cohabitation operates as a substitute for marriage among older adults (King and Scott 2005). And, research using only fathers found no difference between cohabiters and the remarried on frequency of contact (Noel-Miller 2013). Alternatively, cohabiters may be in more frequent contact and have higher quality relationships with their kids than the remarried because children are more accepting of their parents’ new nonmarital unions (Bildtgard and Oberg 2015), and children believe they will inherit, given there is no legal tie between cohabiting partners. I also test the hypothesis that older cohabiters have less frequent contact and poorer quality relationships with their children than the divorced, as previous work suggests that the negative associations of divorce and repartnering are cumulative (Kalmijn 2007; Kalmijn 2015). Finally, I examine the hypothesis that cohabiters have less contact and poorer quality relationships with children than widowed persons because studies have shown that the widowed have similar levels of contact as the continuously married, who generally have the most frequent contact with adult children (Aquilino 1994b; Lye, Klepinger, Hyle, and Nelson 1995; Tomassini, Kalogirou, Grundy, Fokkema, Martikainen, van Groenou, and Karisto 2004). Repartnering is also negatively associated with parent-child contact, which suggests cohabiters have less contact than the widowed (Kalmijn 2007; Silverstein and Giarrusso 2010; Noel-Miller 2013).

My study also builds on previous research by analyzing the extent to which parent-adult child relationship quality differs across parents’ marital status. Noel-Miller (2013) suggested that quality may play a role in frequency of contact, which may have a long-term influence on the care that parents receive in their later years from adult children. However, theoretical perspectives that inform this study suggest that behavioral and affective dimensions of parent-child relationships may differ (Silverstein and Giarrusso 2010). Thus, the current study will
examine both dimensions of parent-child relationships. I also examine whether differences are present by parent gender as well as whether within gender differences exist in the association between marital status and relationships with adult children. Whereas a few previous studies have included remarriage in comparison to continuously married, divorced, or widowed persons (Kalmijn 2007; Glaser, Tomassini, and Stuchbury 2008; Noel-Miller 2013), this study builds on the literature by considering how cohabitation influences relationships between parents and their adult children. Findings from this study provide new insight on relationships between cohabitors and their adult children, who may play a key role in future caregiving.

**Background**

*Theoretical Background*

There is little literature examining the relationships between older cohabitors and their adult children. The limited body of research on older cohabitors has shown that cohabitors tend to be worse off than both married and unmarried persons in terms of social relationships (Brown, et al. 2006). However, few studies have considered relationships between cohabitors and their children, and those that have are limited to only older fathers (Noel-Miller 2013), or use data outside the context of the United States (De Jong Gierveld and Peeters 2003). Thus, the literature on older cohabitors provides little guidance in the way of theoretical expectations for contact between older cohabitors and their adult children. Therefore, the larger body of work on younger cohabitors and older adults, more generally, is useful in guiding theoretical arguments.

Previous work on younger cohabitors informs theoretical expectations for parent-child relationships among older cohabitors. Studies suggest that younger cohabitors are less socially integrated into their families than are married persons. Using data from the Netherlands, Hogerbrugge and Dykstra (2009) found that cohabitors have less frequent interaction with family
members than do marrieds. Similarly, younger cohabiters are less likely than both the married and unpartnered to engage in support exchanges with their parents (Eggebeen 2005). Cohabiters are also less likely than other groups to indicate that their parents are people they can go to in an emergency. Importantly for the current study, Eggebeen (2005) noted that parent-child relationship quality was a key factor predicting exchanges of support between cohabiters and their parents.

It is essential to also consider parent-child relationship quality, as we could expect quality to be linked to the frequency of contact between parents and their adult children. Solidarity theory argues that the quality of the parent-child relationship is critical when considering support transfers between parents and their children (Bengtson, Giarrusso, Mabry, and Silverstein 2002; Cheng, Birditt, Zarit, and Fingerman 2013). Parents are more likely to receive support from their children and children receive more from their parents when the parent-child relationship is of higher quality (Bengtson et al. 2002). Although solidarity theory is focused on support exchanges, it is likely that older parents are in more frequent contact with children with whom they have a high quality relationship, and are less involved when the parent-child relationship is of poorer-quality (Noel-Miller 2013). Unfortunately, scholarship has provided little insight into how cohabitation in older adulthood is associated with parent-child relationship quality. Thus, the current study seeks to further develop our understanding of marital status differences in parent-child relationship quality by examining positive and negative quality separately. Parent-child relationships can be characterized by both positive and negative quality simultaneously and each type of quality can have independent effects, suggesting they should be considered separately (Pillemer, Munsch, Fuller-Rowell, Riffin, and Suitor 2012; Lee and Szinovacz 2016).
Previous work has demonstrated support for solidarity theory in terms of intergenerational exchanges of support. For example, using data from Germany, Schwarz, Trommsdorff, Albert, and Mayer (2005) found that children provided more support to their middle-aged parents when the parent-child relationship was of higher quality. Similarly, Cheng et al. (2013) reported that young adults are more likely to provide support to their middle-aged parents when a higher quality relationship exists between parents and children. Parents are also more likely to provide support to their young adult children with whom they have a better relationship (Cheng et al. 2013). Cheng et al. (2013) suggested that more support may be exchanged between parents and children with higher quality relationships because they spend more time together. This suggests that it is important to consider both frequency of contact and parent-child relationship quality.

Altruism perspectives also provide insight into the relationship between older adults and their adult children, as they argue that children will provide support based on need (Silverstein and Giarrusso 2010). We might anticipate marital status differences in the frequency of contact with adult children. For example, as suggested by Lin (2008a), resources may contribute to differences in frequency of contact. Cohabitors have lower incomes and are less likely to own their homes, on average, than are the continuously married or remarried, suggesting cohabitors have a greater economic need than either group of married persons (Brown et al. 2006). Thus, cohabitors might have more frequent contact with their adult children based on greater need. Similarly, cohabitors are the least likely marital status group to report friends or relatives in the neighborhood, and thus, they may be in more frequent contact with their children due to their lower levels of social support (Brown et al. 2006). On the other hand, cohabitors have higher incomes, on average, and are more likely to own their homes than are divorced or widowed
persons, suggesting that the divorced and widowed may have a greater frequency of contact with their children due to having fewer resources (Brown et al. 2006; Lin 2008a). Likewise, divorced and widowed persons may have a greater frequency of contact due to their lack of a live-in partner. In short, altruistic perspectives suggest that cohabiters will have more frequent contact with adult children than continuously marrieds or remarrieds. Alternatively, altruistic perspectives are mixed as to how cohabiters may differ from the divorced and widowed in terms of frequency of contact with their children.

It is particularly important to gain further insight into the impact of cohabitation among older adults on their relationships with their children because cohabiters are less likely to receive care from their partners than are married persons (Noel-Miller 2011). In addition, older cohabiters tend to be less socially connected than their married counterparts, on average (Brown et al. 2006). Older cohabiters are less likely than the continuously married, remarried, and widowed to have friends in their neighborhood. Similarly, the continuously married, divorced, and widowed are more likely than cohabiters to report having relatives in their neighborhood. Lastly, older cohabiters are somewhat less likely than either the continuously married or remarried to have children. Taken together, Brown et al. (2006) argue that older cohabiters appear to be most comparable to the divorced in terms of their social relationships.

Cohabitation vs. Remarriage

Empirical and conceptual work lends credence to the possibility that cohabiters and remarried older adults may not differ in the frequency of contact or relationship quality with adult children. For instance, no differences were observed between older cohabiting fathers and fathers who had remarried in terms of frequency of contact with children (Noel-Miller 2013). This finding is consistent with research that suggests cohabitation serves as a substitute for
marriage among older adults, as we would expect no differences between older cohabiters and remarried persons (King and Scott 2005; Brown et al. 2012). It is also consistent with cohabitation among older adults becoming more normative. Taken together, these factors suggest that cohabiters and remarried persons may be similar in their contact with children. Patterns for parent-child relationship quality are similar to those obtained for frequency of contact.

Repartnering seems to have an influence on relationship quality between parents and their children. De Jong Gierveld and Peeters (2003) suggest that repartnered parents have lower quality relationships with their children than do continuously married parents. However, studies that have considered cohabitation are limited in that the data are now dated (De Jong Gierveld and Peeters 2003) or consider only fathers (Noel-Miller 2013). My study builds on these by using more recent data, including both men and women, and considering the quality of the relationship between parents and children.

Conversely, some research suggests that frequency of contact and relationship quality between parents and adult children will be higher among cohabiting parents than remarried parents. Children may play some role in encouraging or pressuring older adults to enter into cohabiting unions, as opposed to marrying (Hatch 1995; Chevan 1996). Children may benefit in that they are more likely to inherit if there is no legal tie between their parent and his or her partner. Consequently, contact may be more frequent between cohabiting parents and their adult children than for remarried parents and their children. Culturally in the United States, married persons are expected to be each other’s main source of support and are also supposed to be able to rely on one another, both of which are time consuming and emotionally demanding (Gerstel and Sarkisian 2006; McPherson, Smith-Lovin, and Brashears 2006; Sarkisian and Gerstel 2008). Thus, for remarried persons, having a new spouse may reduce the time available and need for
interaction with adult children. Indeed, Gerstel and Sarkisian (2006) argued that married people are less embedded in their social networks. Finally, a qualitative study in Sweden noted that children were generally supportive of their parents’ repartnering, unless the parent was planning to remarry, suggesting that remarriage, but not cohabitation, may cause friction in the parent-child relationship (Bildtgard and Oberg 2015). Conversely, one study, using data from the early 1990s in the Netherlands, found that older cohabiters were less likely than either the continuously married or remarried to have weekly contact, and had lower relationship quality, with their adult children (De Jong Gierveld and Peeters 2003).

**Cohabiters vs. Divorced and Widowed**

Marital transitions of parents can alter ties between parents and their adult children. Divorce and repartnering often have negative implications for intergenerational ties, including frequency of contact and relationship quality (Silverstein and Giarrusso 2010). For example, divorced parents typically have less contact with their adult children than do their continuously married counterparts, who have the most frequent contact with their children, especially among mothers (Cooney and Uhlenberg 1990; Bulcroft and Bulcroft 1991; Aquilino 1994a; 1994b; Shapiro 2003; Kalmijn 2007). Parental divorce is also associated with lower relationship quality between fathers and their children (Aquilino 1994b; Kaufman and Uhlenberg 1998). Findings regarding mothers are mixed. Divorce did not appear to negatively influence relationship quality between mothers and their children (Cooney 1994). However, Aquilino (1994b) noted that divorce was also negatively associated with relationship quality between mothers and their young adult children. Divorce is particularly harmful for relations between fathers and their children, especially with most fathers being nonresidential parents following divorce (Aquilino 1994; Pezzin and Schone 1999; Lin 2008a).
Empirical evidence points toward cohabiting older adults having less frequent contact with their adult children than divorced parents who remain unpartnered. Research indicates that repartnering is associated with less contact with adult children than either remaining single or stably married (De Jong Gierveld and Peeters 2003; Kalmijn 2007; Glaser et al. 2008; Noel-Miller 2013). Similarly, in her study of fathers, Noel-Miller (2013) reported that fathers who enter new relationships following divorce have less frequent contact with their adult children than divorced fathers who remain unpartnered. Considering both divorce and remarriage, Kalmijn (2007; 2015) found a cumulative effect, in that the frequency of contact of parents who divorced and repartnered was less than that of parents who only divorced. This cumulative effect suggests that repartnering via cohabitation negatively influences parent-child relations, and should lead to lower contact for cohabiters than the divorced. However, previous work is limited in that studies often do not include cohabiters (Kalmijn 2015), or combine cohabiters with the married (Kalmijn 2007).

Marital dissolution also occurs via widowhood, and studies suggest that widowhood has a different influence than divorce on parent-child relationships. Widowed parents often become more dependent on their adult children following the death of a spouse, while children become less dependent on the surviving parent (Ha, Carr, Utz, and Nesse 2006). Relative to the married, widowed older adults are less likely to report having a confidant (Ha 2008). However, the widowed are somewhat more likely than the married to receive support from their adult children, especially in the months directly following the death of the spouse. Many studies have reported no significant differences among the widowed and married in contact between parents and their adult children (Aquilino 1994b; Lye et al. 1995; Tomassini et al. 2004). Similarly, relative to their stably married counterparts, widowed fathers have somewhat poorer relationship quality
with their young adult children, but no differences in relationship quality exist between widowed mothers and their young adult children (Aquilino 1994b). In short, unlike the divorced, widowed parents, and especially mothers, appear to have ties to their children that are at least as strong as those of the married. Thus, we could anticipate the widowed having more frequent contact with, and higher quality relationships with, their children than cohabiters.

**Gender Differences in Marital Transitions and Relationships with Adult Children**

A common theme in the literature on the relationships between older parents and their adult children is that fathers have less contact with children than mothers following divorce and repartnering (Pezzin and Schone 1999; Kalmijn 2007; Lin 2008a; Silverstein and Giarrusso 2010). Divorced fathers are the least likely to have contact with their children on a weekly basis, compared to married parents and divorced mothers (Shapiro 2003). They are also the most likely to have no contact with their adult children. Several studies have found that divorce has a greater negative effect for fathers than for mothers for parent-child contact (Bulcroft and Bulcroft 1991; Shapiro 2003; Kalmijn 2007; Glaser et al. 2008). In contrast to these other studies, De Jong Gierveld and Peeters (2003) reported no gender differences in terms of parents’ weekly contact with their adult children. However, their study dealt with older adults in the Netherlands, not the United States.

Marital dissolution may have a greater impact on fathers than mothers because mothers often play a key role in relationships between fathers and their children (Kalmijn 2007). Most often, children remain with their mother following divorce, which can have a negative influence on relationships between fathers and their children because mothers frequently serve a gatekeeping role (Cooney and Uhlenberg 1990; Kalmijn 2007). Repartnering can also have negative consequences for fathers’ relationships with their adult children in that new demands
result from repartnering (Furstenberg, Hoffman, and Shrestha 1995). White (1994) found less solidarity between remarried fathers and their children, which may be related to stepmothers placing more emphasis on their own children. Thus, serial fathering may occur in that fathers place more focus on their new family at the expense of children from a previous marriage (Kalmijn 2015). This may create additional demands on fathers, reducing the amount of time they have available for their own children, especially considering biological mothers will be less likely to facilitate a relationship between fathers and children following divorce.

Some research comparing the widowed to other marital statuses also reports gender differences in the relationships between older parents and their adult children. Kalmijn (2007) found that widows are in more frequent contact with their children than are the married. In contrast, relative to the married, widowed fathers have less frequent contact with their children (Aquilino 1994b; Grundy and Shelton 2001; Kalmijn 2007). However, many studies show no differences between widowed and married older adults in terms of contact with their children (Aquilino 1994b; Lye et al. 1995; Tomassini et al. 2004). Based on studies showing variation for widowed men and women, it appears that mothers are driving the findings that show a lack of differences by gender, as mothers appear to fare similarly to the married and fathers are somewhat worse off when it comes to contact with adult children (Aquilino 1994b; Grundy and Shelton 2001; Kalmijn 2007). Overall, research indicates that marital transitions weaken parent-child bonds, with more pronounced declines for father-child relationships than mother-child ties (Silverstein and Giarrusso 2010).

A Note on Selection

Selection may play a role in marital status differences in frequency of contact and relationship quality. Broadly, selection means that characteristics of the continuously married,
remarried, divorced, cohabiting, and widowed are associated with frequency of contact and relationship quality, which contributes to the association between marital status and frequency of contact and marital status and relationship quality. In other words, the association may be spurious. The parent-child relationship may reflect longstanding patterns that precede union status. For instance, selection involves frequency of contact, such as interaction or involvement, being associated with one’s eventual risk of divorce, such that those who have less contact with their children are more at risk of divorce. Thus, the divorced may have lower levels of contact than the married because they had less frequent contact prior to marital dissolution, suggesting reverse causality. For example, Shapiro (2003) noted that selection may influence findings indicating that divorced parents have less contact with children than their stably married counterparts. In considering married persons, those who eventually get divorced tend to see less of their children than those who remain stably married (Shapiro 2003). Thus, married persons who are more likely to divorce already have poorer relationships with their children than those who are at less risk of dissolution.

Selection may also be a factor when it comes to repartnering, such that frequency of contact with children may predict whether or not a parent repartners following marital dissolution. Parents who have stronger ties to their children may be less likely to repartner than parents who are less firmly connected to their adult children (Noel-Miller 2013). Given that the majority of older cohabiters are previously divorced (Chevan 1996), selection may contribute to differences observed between cohabiters and the stably married, as cohabiters may have less contact with their children prior to marital dissolution. Selection may also play a role in differences between cohabiters and the divorced in that cohabiters might be less firmly connected to their children prior to repartnering than those who remain unpartnered.
Current Study

Key family changes, including a rising proportion of unmarried persons and increases in cohabitation, have been occurring among older adults over the past several decades (Silverstein and Giarrusso 2010). Despite the rise in cohabitation, research remains limited on this portion of the older adult population (Cooney and Dunne 2001). To this point, little research has considered the relationships between older cohabiters and their adult children. This exclusion in the literature is notable because families play such an important role in the lives of older adults, and research has shown that older cohabiters are less likely to receive care from their partners than are the married from their spouses (Noel-Miller 2011). Thus, adult children may play a key role in the care and well-being of their older cohabiting parents in the future. The current study begins to fill the gap in the literature by comparing the frequency of contact between parents and their adult children, as well as parent-child relationship quality, by marital status.

This study uses nationally representative data from the Health and Retirement Study to address several questions. First, how do older cohabiters compare to their continuously married, remarried, divorced, and widowed counterparts in terms of frequency of contact and relationship quality with adult children? I anticipate continuously married respondents have the most frequent contact and highest quality relationships with their children, followed by the widowed, the divorced, and lastly, cohabiting or remarried persons, whom I expect to have the least frequent contact and poorest quality relationships (hypothesis 1). I also predict that older cohabiters have less contact and lower relationship quality with their children than the widowed and divorced. Competing hypotheses are examined that predict cohabiters do not differ (hypothesis 2a) from the remarried on frequency of contact and relationship quality, or that cohabiters have more contact and higher quality relationships with children than do their
remarried counterparts (hypothesis 2b). Second, do gender differences exist in the relationships between marital status and frequency of contact and marital status and relationship quality? I expect that mothers have more frequent contact and higher quality relationships with their adult children than fathers (hypothesis 3). Third, within cohabiters, do gender differences exist in the frequency of contact and relationship quality with adult children? In other words, are older cohabiting mothers more likely to be in more frequent contact and have higher quality relationships with their adult children that are cohabiting fathers? I hypothesize that older cohabiting mothers are in more frequent contact and have higher quality relationships with their adult children than cohabiting fathers (hypothesis 4).

Overall, research on older cohabitors’ relationships with their adult children is scarce, as most scholars focus on repartnering through remarriage. Exceptions include De Jong Gierveld and Peeters (2003) and Noel-Miller (2013), who examined frequency of contact between cohabiters and their adult children in different countries and reported mixed results. Previous work is limited in that Noel-Miller (2013) only included fathers in her sample, and Kalmijn (2007) combined cohabiters with the married. I extend the literature by examining both older men and women, as well as separating continuously married, remarried, cohabiting, divorced, and widowed older parents, in terms of frequency of contact and relationship quality with adult children. This study contributes to the field in that it provides insight into the relationships of older cohabitors and their adult children. As cohabitation among older people is expected to continue to increase, adult children may play more of a key role in providing care for their parents in the future.
Control Variables

This study includes controls for factors associated with marital status and parent-child relationships. Parents’ characteristics include age, gender, race/ethnicity, frailty, assets including a second home, education, and number of children. Parent age is included because previous work suggests that age influences parent-child relationships, with older parents, especially mothers, receiving more support from their children (Umberson and Gove 1989; Lin 2008a). Studies have frequently shown that older fathers who are divorced, widowed, or repartnered have poorer relationships with their children than do older mothers (Silverstein and Giarrusso 2010). Research has also found some differences in support transfers by race/ethnicity, with Hispanic mothers less likely than White mothers to receive time transfers, and both Black and Hispanic mothers less likely to receive financial transfers (Lin 2008a). Parent education is positively associated with contact with adult children (Cooney and Uhlenberg 1990; Noel-Miller 2013), though some work has shown no association between parents’ education and contact (Kalmijn 2007). Socioeconomic factors, including wealth, are positively associated with frequency of contact (Noel-Miller 2013). Parents who are in poorer health or have difficulties are more likely to receive care from their children (Lin 2008a), though Noel-Miller (2013) found no association with frequency of contact. Number of children is included because previous work has shown that number of siblings for children and family size are associated with parent-child relationships (Cooney and Uhlenberg 1990; Kalmijn 2007; Noel-Miller 2013). Finally, geographic distance is included, as previous research has shown that children who live closer to their parents are likely to provide care (Leopold, Raab, and Engelhardt 2014) and have more frequent contact with their parents (Noel-Miller 2013).
In addition to parent characteristics, several child characteristics are included in the analyses. For parents with multiple children, composite measures are used as opposed to separate measures for each child. Child gender is considered because daughters are more likely to be in contact with ever divorced fathers than are sons, and daughters are more likely to provide support to their parents (Lin 2008a; Noel-Miller 2013). Child age is included because younger children are more likely to provide support to their parents than are older children, and they are also more likely to be in contact with their ever divorced fathers than older children (Lin 2008a; Noel-Miller 2013). Child education is included because previous research has shown that higher educated children are in less contact with their parents than are lesser educated children (Kalmijn 2007). Children who are married are more likely to be in contact with their ever divorced fathers and being married is associated with parent-child relationship quality (Pillemer, Munsch, Fuller-Rowell, Riffin, and Suitor 2012; Noel-Miller 2013). Previous research has indicated that adult children with their own children are less likely to provide support to fathers, and thus, they may also have less time to be in contact with their parents (Lin 2008). Research on providing care notes that employed children are not expected to spend as much time giving care to their parents because they likely have less time, suggesting they also may be in less frequent contact with their parents (Checkovich and Stern 2002). Finally, fathers who have stepchildren are less likely to be in contact with their children from a prior union, and thus, whether the respondent has stepchildren is included (Noel-Miller 2013). Parents who have stepchildren only, while unusual, are included in the study. These older adults are important to consider because stepchildren feel less obligation to their stepparents than do biological children to their parents (Coleman, Ganong, and Rothrauff 2006). Stepchildren are also less likely to be in contact with or provide
support to their stepparents than are biological children (Noel-Miller 2013). Thus, parents who only have stepchildren may be in a precarious situation if they need care from stepchildren.

**Data and Methods**

See Chapter II for details on the Health and Retirement Study. A benefit of the HRS data is that it includes information on the frequency of contact and relationship quality between parents and their adult children. In this study, I use data from the 2008 and 2010 surveys. These years are used because questions regarding parent-child relationship quality are asked in the Psychosocial and Lifestyle Questionnaire, which is available for both 2008 and 2010.

In total, there are 24,218 respondents in the 2008 and 2010 waves of the HRS. Respondents younger than 50 were excluded (n = 23,196). Those who were never married are also eliminated (n = 22,131), as were respondents who do not have children (n = 21,204). Respondents with children younger than 18 were also excluded (n = 19,689). Those who were missing on marital status or whose marital status could not be determined were dropped from the analysis (n = 18,145). To be included in the analytic sample, respondents must have valid data on the dependent variables, the frequency of contact (n = 12,232) with adult children in the past 12 months, positive parent-child relationship quality (n = 12,448), and negative parent-child relationship quality (n = 12,412). Finally, respondents with a weight of 0 were excluded. This produced a final sample size of 11,921 for frequency of contact, 12,131 for positive parent-child relationship quality, and 12,097 for negative parent-child relationship quality. Missing observations on the control variables are handled via multiple imputation. For each respondent, the 2010 value is used for all of the variables. Those missing on the dependent variable in 2010 are set to their 2008 values on all of the variables included in the study. The proportion of
Might be some problems with the text formatting, but here's the text:炊事者 in the samples is similar to that in other studies and the population estimate of
cohabitors aged 50 and older (Brown et al. 2012; Vespa 2012).

Measures

Dependent Variables. Respondents in the Psychosocial Questionnaire were asked about the
frequency of contact with any of their children, except those who live in the same household.
Parents were asked to report how often they meet up with their children, speak on the phone, and
write or e-mail their children. Response options ranged from 1 = three or more times a week; 2 =
one or twice a week; 3 = once or twice a month; 4 = every few months; 5 = once or twice a
year; and 6 = less than once a year or never. To determine the overall contact between parents
and their children, the three items were reverse coded with higher scores reflecting more frequent
contact. Then, for respondents with nonmissing data on at least two of the three measures, the
average of the items was calculated and multiplied by three to determine the frequency of
contact. This strategy allowed participants with valid data on at least two-thirds of the items to be
included and frequency of contact to be on the same scale for all respondents. Those who were
missing on more than one of the items were coded as missing.

Questions regarding relationship quality between parents and their children are available
in the Psychosocial Questionnaire for 2008 and 2010. Respondents were asked to consider all of
their living children and report on three positive and four negative items. The positive items
include children understand the way their parent feels, how much the parent can rely on their
children if they have a serious problem, and how much the parent can open up to their children to
talk about their worries. Each question included four response options, 1 = a lot; 2 = some; 3 = a
little; and 4 = not at all. These variables were reverse coded, with a higher score reflecting a
higher quality relationship. As with frequency of contact, respondents with nonmissing data on at
least two of the three measures were included. The average of the items was calculated and multiplied by three to obtain the score for positive relationship quality, allowing all respondents to be on the same scale. Those with one or zero nonmissing items were coded as missing.

Respondents were also asked to report on four negative relationship quality items regarding all of their children. These items included children making too many demands on their parent, how often the parent is criticized by their children, how much children let the parent down when they are counting on them, and how often children get on their parents’ nerves. As with the positive qualities, response options were 1 = a lot; 2 = some; 3 = a little; and 4 = not at all. These items were reverse coded with a higher score reflecting poorer relationship quality. The average of the measures was calculated for respondents with at least three nonmissing items and the value was multiplied by four to obtain negative relationship quality.

Marital Status. Parents’ marital status was coded as a set of categorical variables. The married were continuously married and remarried. Respondents who noted that they were partnered were coded as cohabiting (reference). Finally, categorical variables for divorced and widowed persons were included.

Control Variables

Demographic Characteristics. Age of the parent was a continuous variable measured in years. Categorical variables for parents’ race/ethnicity included non-Hispanic White (reference), non-Hispanic Black, Hispanic, and Other. Parent gender was a dichotomous variable in which women were coded as 1 and men as 0.

Economic Resources. Parents’ education was measured using a set of categorical variables for highest degree completed, including less than high school, high school (reference), some college, and college or more. Assets were measured in dollars, reflecting the households’
total wealth, including any second home he or she owns. This was converted into individual assets by dividing the household assets by the square root of the household size (OECD 2013). Assets was a series of categorical variables coded as: in debt, $0-50,000 (reference), $50,001-100,000, $100,001-250,000, and $250,001 or more.

Health. A 30 item frailty index was included, following the application in the HRS of Yang and Lee (2010). Items included whether the respondent has ever had the following eight chronic conditions: cancer, high blood pressure, heart problems, diabetes, lung disease, stroke, psychological problems, or arthritis. Five ADL limitation factors, including getting across a room, bathing, eating, dressing, and getting into or out of bed, were also utilized. The seven IADL limitation questions were also included: difficulties in using a map, using the toilet, managing money, taking medications, preparing meals, getting groceries, and using the telephone. In addition, eight depressive symptoms from the Center for Epidemiological Studies – Depression (CESD) scale were used in the index, including feeling depressed, everything is an effort, felt lonely, felt sad, sleep was restless, could not get going, enjoyed life, and was happy. The positive items in the CESD scale were reverse coded. Other items in the index included self-rated health and body mass index (BMI). Self-rated health was coded as excellent = 0, very good = 0.25, good = 0.5, fair = 0.75, and poor = 1. BMI was coded as 1 for those with a BMI that was equal to or greater than 30. All of the remaining items were dichotomous variables, in which 1 indicated the presence of the condition and 0 if the respondent has not had the condition. The frailty index was calculated by summing across the 30 items and dividing by the total number of possible conditions. Respondents who had valid data on at least 25 of the 30 items were included.
Child Characteristics. Number of children was a continuous measure. A dichotomous measure of geographic distance was included, as respondents were asked if any of their nonresident children lived within 10 miles of them. Child gender was a dichotomous measure, with those having at least one daughter being coded as 1 and those without any daughters as 0. Child age was a continuous measure in years, with the age of the youngest child being used. Children’s education was measured as the average number of years of education of all of the respondent’s children. The marital status of the children was measured as a dichotomous variable coded as 1 if at least one child was not married and 0 if all children were married. Children’s employment was coded as 1 if at least one child was not employed full time and 0 if all children were employed full time. Finally, the relationship between children and respondent was a set of categorical variables, including biological children only (reference), stepchildren only, and both biological and stepchildren.

Analytic Strategy

The first step of the analysis was to provide descriptive differences between the continuously married, remarried, cohabiting, divorced, and widowed on frequency of contact with, and quality of relationships with children, as well as on the key demographic characteristics included in the study. Frequency of contact and relationship quality were continuous variables, and thus ordinary least squares (OLS) regression was employed for the analyses. The first set of models are zero-order models examining the bivariate differences between cohabitors and their counterparts in terms of the frequency of contact and relationship quality with children. Next, all of the control variables were entered into the analyses to determine how cohabitors compared to those of other marital statuses, net of key factors. Interaction terms for marital status and gender were added to the models to determine if differences exist between men and women in the
associations between marital status and frequency of contact with children and marital status and parent-child relationship quality. Finally, separate models were estimated by gender to determine the extent to which gender differences were present within marital statuses on the frequency of contact with children and parent-child relationship quality.

**Results**

*Descriptive Results*

Table 3.1 reports means and percentages by marital status for frequency of contact between parents and their adult children, as well as positive and negative relationship quality separately. Continuously marrieds have the highest average frequency of contact at 9.6, which corresponds to being in contact between every few months and once or twice a month. The widowed (9.2) have the next highest average, followed by the remarried (8.7) and divorced (8.6). Cohabitors have the lowest frequency of contact with their adult children, with an average of 8.0, suggesting cohabitors and their children are in contact between once or twice a year and every few months.

On relationship quality, patterns are similar to frequency of contact. Widowed respondents report the highest average positive quality in their relationships with adult children at a mean of 7.3 (out of a possible high score of 9). The continuously married average 6.9 on positive quality, followed by the divorced (6.5) and remarried (6.1). As with frequency of contact, cohabitors (5.9) have the lowest average on positive relationship quality with children. In terms of negative relationship quality, the divorced (3.4 out of a high score 12) report the poorest average relationship quality with their adult children, followed by cohabitors (3.2) and the remarried (3.0). The continuously married (2.7) and widowed (2.7) report the least negative quality, on average.
Descriptive statistics for the control variables for the frequency of contact sample are presented in Table 3.2. Means and proportions for the relationship quality sample are reported in supplemental tables. A disproportionate number of cohabiters (24%) and divorced (28%) respondents are nonwhite. Reflecting partnering trends in later life, men make up the majority of the first married and remarried samples, whereas most of the divorced and widowed are women. The cohabiting sample is approximately half women and half men. Cohabiters (63) are the youngest marital status group, on average, followed by the divorced (65), remarried (65), and continuously married (67). The widowed are the oldest, averaging 77 years of age.

As expected, the married are the best off economically. Over half of the continuously marrieds (54%) and remarrieds (54%) have at least some college education, compared to just 40% of cohabiters. More divorcees (49%) than cohabiters have at least some college education. However, a higher proportion of cohabiters have been to college than widoweds (35%), which may reflect age variation. The continuously married have the smallest proportion in debt at 2%. Cohabiters have the next smallest proportion at 4%, followed by the widowed (5%) and remarried (6%). The divorced have a much higher proportion in debt at 12%. In contrast, the continuously married (71%) and remarried (63%) are the most likely to hold more than $100,000 in assets. Over half of widoweds (53%) and nearly half of cohabiters (49%) possess greater than $100,000. Perhaps reflecting their dissolution experience, only 38% of divorcees have more than $100,000 in assets. In terms of health, the continuously married report the lowest average frailty score at 0.14, and the remarried (0.15) and cohabiters (0.15) note similar frailty. The divorced (0.19) and widowed (0.21) indicate being in the poorest health of the marital status groups.

There is a large degree of variation across marital statuses on child characteristics. Cohabiters and remarrieds average the highest number of children at four each. Cohabiters
(52%) and the remarried (56%) are by far the most likely to have stepchildren. The vast majority of widowed (82%), divorcees (90%), and continuously married (95%) have only biological children. The continuously married, divorced, and widowed all average approximately three children. The widowed (62%) are the most likely to have at least one of their children within 10 miles. Over half of continuously married (55%) and divorced (52%) parents have children nearby, and half of the remarried (50%) have children close. Cohabiting parents are the least likely to have children with 10 miles of them (41%). Over 80% of parents in each marital status have at least one daughter, ranging from 82% for the continuously married to 88% for the remarried. Cohabitors, continuously married, remarried, and divorcees have similar mean ages for children (32 to 35 years), while the children of the widowed are 46 years old, on average, likely reflecting age differences among parents. The majority of parents in each marital status group have at least one unmarried child. The highest proportion of parents with at least one unmarried child is cohabitors at 76%, followed by the remarried with 74%. Over two-thirds of divorcees (69%) and nearly two-thirds of widowed (66%) have at least one child unmarried. The smallest proportion is continuously married parents with 58% having at least one unmarried child. There is also wide variation in child employment. Nearly half of cohabiting parents (48%) have at least one children who is not employed full time. For parents in the other marital statuses, continuously married parents (27%) are the least likely to have one or more children not working full time, followed by the divorced (29%), widowed (31%), and remarried (33%).

Multivariate Results

Table 3.3 presents OLS regression models predicting frequency of contact between parents and their adult children. Model 1 is a zero order model comparing frequency of contact differences across marital status. Compared to cohabitors, both the continuously married and
remarried report more frequent contact with their adult children. Similarly, the divorced and widowed also have more frequent contact with their adult children than do cohabiting parents.

Model 2 adds control variables for demographic, economic, health, and child characteristics. As in the zero order model, the continuously married and widowed report more frequent contact with their adult children than cohabiters. The addition of control variables for economics and child characteristics reduces the difference between the remarried and cohabiters to nonsignificant. With the inclusion of the child characteristics, the difference between cohabiters and the divorced is not significant.

Several of the control variables are associated with frequency of contact. Black parents report less frequent contact with their adult children than White parents. Women indicate more frequent contact with children than do men. Respondents with less than a high school education are in less frequent contact with their children than those with a high school education, whereas parents with some college or college are in more frequent contact with their children than the high school educated. Parents who report greater than $100,000 in assets have more frequent contact with their children than those with $0 - $50,000 in assets. Parents who score higher on frailty have less contact with their adult children than parents in better health. Several child characteristics are also associated with frequency of contact. Contact is more frequent when at least one child lives within 10 miles of the parent. Similarly, parents are in more frequent contact with their children when they have at least one daughter. Frequency of contact is lower when the youngest child is older. Likewise, contact is less frequent when at least one child is unmarried. Compared to parents with only biological children, those with stepchildren only or with both biological children and stepchildren have less frequent contact with their adult children.
To test for gender differences in the association between marital status and frequency of contact, interactions were added to the full model. The interaction between widowed and gender was significant (b = -1.06, p < 0.05), indicating that widowed mothers are in more frequent contact with their adult children than are widowed fathers. To further examine the marital status differences by gender, separate models were estimated for women and men.

Model 3 is a zero order model predicting frequency of contact across marital status groups for women. Among women, the only differences in frequency of contact are between married respondents and cohabiters. Both continuously married and remarried women are in more frequent contact with their adult children than cohabiting women. There are no significant differences among the unmarried in frequency of contact.

The analysis for women including covariates is shown in Model 4. Both continuously married and widowed women are in more frequent contact with their adult children than cohabiting women, though the coefficients are attenuated from the zero order model. The difference between remarried and cohabiting mothers is not significant. Cohabiting and divorced mothers do not significantly differ on frequency of contact with children.

Several control variables are associated with frequency of contact among mothers. Mothers with less than a high school education note less frequent contact with their adult children than high school educated mothers, whereas mothers with at least some college are in more frequent contact with children. Similarly, mothers with more than $100,000 in assets indicate greater contact frequency with children than mothers holding $0-$50,000. Frailty is negatively associated with frequency of contact between mothers and their children. Having at least one child within 10 miles and at least one daughter are positively associated with frequency of contact. Age of the youngest child is negatively associated with contact frequency between
mothers and their children. Relative to mothers with only biological children, having any stepchildren is negatively associated with frequency of contact with adult children.

Turning to the analysis for men, Model 5 is a zero order model predicting frequency of contact across marital statuses. Similar to women, continuously married men report more frequent contact with their adult children than cohabiting men. There are no significant differences between remarried and cohabiting men or divorced and cohabiting men, on frequency of contact with adult children. Widowed men, however, report being in more frequent contact with their adult children than men who are cohabiting.

Finally, Model 6 adds covariates in the analysis of frequency of contact between parents and their adult children among men. As with mothers, both continuously married and widowed fathers report more frequent contact with their adult children than cohabiting fathers. Cohabiting fathers do not differ from either the divorced or remarried on frequency of contact with children. Among the control variables, Black fathers report less frequent contact with their children than White fathers. Fathers with at least some college note more frequent contact with their children than high school educated fathers. Having more than $100,000 is positively associated with frequency of contact between fathers and children. Frailty is negatively related to frequency of contact. Fathers with at least one child within 10 miles report more frequent contact with their adult children than fathers whose children live farther away. Age of the youngest child and having at least one unmarried child are negatively associated with frequency of contact. There is no significant difference between fathers with only biological children and those with stepchildren only. Fathers with both biological and stepchildren note less frequent contact with adult children than fathers with only biological children.
Table 3.4 presents the results of OLS regression models examining positive relationship quality between parents and their adult children. The results are similar to those presented for frequency of contact. Model 1 presents a zero order model comparing cohabiters to their counterparts in other marital statuses. As with frequency of contact, cohabiters report the lowest levels of positive relationship quality with their children across marital statuses. The continuously married, widowed, and divorced all note higher positive relationship quality than cohabiters. While the remarried report a slightly higher level of positive relationship quality than cohabiters, the difference does not achieve significance.

Model 2 of Table 3.4 reports the results after the inclusion of covariates. The continuously married and widowed both report higher levels of positive relationship quality than cohabiters in the full model, though the coefficients were attenuated. The inclusion of parent demographic and child characteristics reduced the gap between cohabiters and the divorced to nonsignificance. The difference between the remarried and cohabiters was not significant. Several control variables were associated with positive relationship quality, though the pattern of results differs somewhat from the models for frequency of contact. Older respondents reported higher quality relationships with their children. Compared to Whites, Blacks and Hispanics note higher levels of positive relationship quality. Mothers have higher quality relationships with their children than do fathers. Parents with poorer health are much less likely to note higher levels of positive relationship quality than parents who are in better health. Having at least one child within 10 miles is associated with higher levels of positive relationship quality, as is having at least one daughter. Positive relationship quality is lower when the age of the youngest child is older, and having at least one unmarried child is associated with lower levels of positive
relationship quality. Finally, having any stepchildren is associated with lower quality relationships, relative to parents who have only biological children.

As with frequency of contact between parents and their adult children, there is evidence that the association between marital status and positive relationship quality varies by gender. An interaction between continuously married and gender was significant (b = -0.73). Among continuously marrieds, mothers report higher positive relationship quality with their adult children than fathers. Likewise, the interaction of widowed and gender was significant (b = -0.70), indicating that widowed mothers have higher levels of positive relationship quality with their children than widowed fathers.

Results of models estimated separately for men and women are presented in Models 3-6. Model 3 contains a zero order model assessing the association between marital status and positive relationship quality with children for mothers. Continuously married and widowed mothers both report higher quality relationships with their children than do cohabiting mothers. Positive relationship quality did not differ for cohabiting mothers and their remarried and divorced counterparts. After the addition of covariates in Model 4, the difference between continuously married and cohabiting mothers was reduced to nonsignificance. Similarly, the difference between widowed mothers and cohabiting mothers was no longer significant. The coefficients for remarried and divorced mothers were not significant, indicating similar levels of relationship quality for these mothers and cohabiting mothers. Among the covariates, age is positively associated with positive relationship quality. Both Black and Hispanic mothers report higher positive relationship quality than White mothers. Mothers with some college or greater education indicate lower positive relationship quality than high school educated mothers. Mothers in poorer health note much lower positive relationship quality than mothers in better
health. Several child characteristics are also related to positive relationship quality. Mothers enjoy higher quality relationships with their children when at least one child lives within 10 miles and when they have at least one daughter. Alternatively, relationships are poorer when the youngest child is older and at least one child is unmarried. Compared to mothers with only biological children, mothers with any stepchildren indicate less positive relationship quality with adult children.

The results of the zero order model for fathers are similar to those for mothers. As shown in Model 5 of Table 3.4, continuously married and widowed fathers report higher positive relationship quality with adult children than cohabiting fathers. Divorced fathers and cohabiting fathers do not differ from each other. There is also no significant difference between remarried and cohabiting fathers. The results of the full models for fathers, displayed in Model 6, differ from those of mothers. While the coefficients have been attenuated, continuously married and widowed fathers continue to have higher positive relationship quality than cohabiting fathers, net of covariates. Remarried and divorced fathers indicate similar levels of positive relationship quality as cohabiting fathers. As with mothers, older fathers note higher positive relationship quality than younger fathers, as do Blacks and Hispanics relative to Whites. Fathers in poorer health report much less positive relationship quality with their adult children than fathers in better health. Having at least one child within 10 miles is beneficial for relationship quality. Alternatively, age of the youngest child and having at least one unmarried child are negatively associated with positive relationship quality. Compared to fathers with only biological children, those with both biological and stepchildren have lower quality relationships with their adult children.
The results of OLS regression models examining negative relationship quality between parents and their adult children are presented in Table 3.5. The results of models estimated for the full sample on negative quality differ from those for frequency of contact and positive relationship quality. For the total sample, the continuously married and widowed exhibit less negative relationship quality with their adult children in Model 1. Neither the remarried nor the divorced significantly differ from cohabiters. In the full model, displayed in Model 2, the coefficient for the continuously married no longer achieves significance after the addition of age. Widowed parents also do not differ cohabiting parents in the full model. Cohabiting, remarried, and divorced parents have similar levels of negative relationship quality. Older parents report lower levels of negative relationship quality than younger parents. Black parents note higher negative relationship quality than White parents. Mothers indicate higher negative quality with their children than fathers. Having more than $100,000 in assets is associated with lower levels of negative quality. Worse health among parents is linked to poorer relationship quality. Number of children and older age of the youngest child are both associated with lower levels of negative relationship quality. Parents who have a child within 10 miles, at least one unmarried child, and one or more children not employed full time exhibit lower levels of negative relationship quality than their counterparts.

To test for gender differences in the association between marital status and negative relationship quality with adult children, several interactions were estimated. Both the continuously married by gender (b = -0.83) and widowed by gender interactions (b = -0.82) were significant. Continuously married women note higher levels of negative relationship quality than continuously married men. Similarly, widowed mothers exhibit higher levels of negative
relationship quality than widowed fathers. Thus, separate models are presented for women and men.

The results for women are shown in Models 3 and 4 of Table 3.5. Among mothers, the continuously married, remarried, and widowed express less negative relationship quality with their children than cohabiters. Divorced mothers do not significantly differ from cohabiting mothers. Whereas the addition of covariates explained marital status differences for mothers on positive relationship quality, that is not the case for negative quality. Following the addition of covariates (Model 4), the coefficient for remarried mothers no longer achieves significance, whereas continuously married and widowed mothers still exhibit less negative relationship quality than cohabiting mothers. Divorced and cohabiting mothers note similar levels of negative relationship quality. Several control variables are related to negative relationship quality. Parent age is negatively associated to negative relationship quality. Black mothers report higher levels of negative relationship quality than White mothers, whereas Hispanic mothers note lower levels. Mothers with some college education indicate greater negative relationship quality than mothers with a high school education. Parent-child relationship quality is poorer when mothers have worse health. Number of children is negatively associated with negative relationship quality. Having a child within 10 miles, at least one child unmarried, and one or more children not employed full time are all positively related to negative relationship quality. Finally, mothers who have only stepchildren exhibit marginally less negative relationship quality with their children than mothers with only biological children.

The pattern of results for men, displayed in Models 5 and 6 of Table 3.5, greatly differ from those for women. Whereas cohabiting women reported higher levels of negative relationship quality with their children than married or widowed women, cohabiting men do not
differ from men in other marital statuses on negative relationship quality with their adult children. As shown in the full model, Model 6, married, divorced, and widowed fathers report similar levels of negative relationship quality with their children as cohabiting fathers. These results differ from the models for positive relationship quality among mothers, in which covariates did not explain all marital status differences. Older fathers note lower negative relationship quality than younger fathers. Non-Hispanic fathers of other races have lower quality relationships with their adult children, compared to White fathers. Relative to the high school educated, fathers with college or more education have higher quality relationships with their children, as do men with more than $100,000 in assets in comparison to fathers with $0-$50,000. Parent-child negative relationship quality is higher when fathers are in worse health. Number of children, having at least one daughter, and older age of the youngest child are associated with lower levels of negative relationship quality, whereas having at least one child within 10 miles, at least one child unmarried, and one or more children not employed full time are all positively associated with negative relationship quality between fathers and their children.

**Discussion**

Cohabitation among older adults has increased threefold since 2000, and is likely to continue to rise in the foreseeable future. Despite increasing cohabitation among older adults, little is known about the relationships between cohabiters and their adult children. This is a notable omission because older cohabiters are less likely to receive care from their partners than are married persons from their spouses (Noel-Miller 2011). Thus, adult children may play an important role in providing care for their parents and less contact and poorer relationship quality may diminish the likelihood of care. The current study uses data from the 2008 and 2010 waves of the HRS to examine how cohabiting parents compare to their continuously married, remarried,
divorced, and widowed counterparts on frequency of contact, positive relationship quality, and negative relationship quality with their adult children. Moreover, I assess whether the association between marital status and parent-child relationship characteristics varies by parent gender, as previous research has shown that parent dissolution and repartnering are associated with poorer parent-child relationship outcomes for fathers than mothers (Pezzin and Schone 1999; Kalmijn 2007; Lin 2008a; Silverstein and Giarrusso 2010). These are key questions because the proportions of unmarried and cohabiting older adults are increasing and may be more likely to need care from their adult children because they do not have a spouse.

As expected, there are differences by marital status in frequency of contact and parent-child relationship quality. Consistent with my hypotheses (hypotheses 1 and 2), continuously marrieds and widoweds report more frequent contact and higher positive relationship quality with their children than cohabiting parents. Similar to prior research on fathers, remarried parents did not significantly differ from cohabitors across outcomes (Noel-Miller 2013). Divorced parents also did not differ from cohabitors in their relationships with adult children. These findings align with previous work suggesting that marital dissolution is harmful for parent-child relationships (Aquilino 1994a; 1994b; Shapiro 2003; Kalmijn 2007; Lin 2008a; Silverstein and Giarrusso 2010). The more frequent contact and higher relationship quality of continuously marrieds relative to cohabitors does not support altruism perspectives, which posit that children provide support to parents based on need. Cohabitors are economically disadvantaged compared to their continuously married counterparts, suggesting less need for married than cohabiting parents. On the other hand, widowed parents, who may need more support due to spousal death and older age of the parent, are in more frequent contact with their children and have higher quality relationships than cohabiting parents, as altruism perspectives would suggest.
These findings also provide insight into possible differences in care receipt by marital status. Solidarity theory indicates that parents will be most likely to receive care from their children when the parent-child relationship is of higher quality (Bengtson et al. 2002). Cohabiting parents may less likely to receive care from their children than either continuously married or widowed parents, given that they report less frequent contact and lower positive relationship quality with their children than the continuously married and widowed. From a solidarity theory perspective, the lack of significant differences between cohabitors and their remarried and divorced counterparts across parent-child relationship measures suggests that there may also be few differences in care receipt. However, little is known about care receipt among older cohabitors, an important topic for future research to consider.

The association between marital status and parent-child relationships varies by gender. For each of the outcomes considered in this study, interactions of gender with continuously married and widowed were significant. For continuously marrieds, mothers reported greater contact frequency, higher positive relationship quality, and higher negative relationship quality than continuously married fathers. Likewise, widowed mothers noted more frequent contact, as well as higher positive and negative relationship quality with children. That continuously married and widowed mothers exhibit higher values on both positive and negative quality than fathers could be because mothers spend more time with their children than fathers, as I found in the interactions for frequency of contact. Moreover, prior research has indicated that parent-child relationships may experience both positive and negative quality simultaneously, pointing to the importance of considering both dimensions of relationship quality (Pillemer et al. 2012).

Models of relationship quality examined separately by parent gender also show somewhat different patterns of results for women and men in the comparison of cohabiting
parents and those in other marital statuses. On positive relationship quality, cohabiting mothers do not significantly differ from continuously married, remarried, divorced, and widowed mothers. Continuously married and widowed fathers report higher positive quality than cohabiting fathers. For negative relationship quality, there are no differences between cohabiters and fathers in other marital statuses. Among mothers, however, continuously married and widowed mothers note lower levels of negative quality in their relationships with their children than cohabiting mothers. In short, there appear to be gender differences in the association between marital status and relationship quality, though the pattern of results varies depending on the outcome considered. Consistent with previous research, these findings suggest that the unmarried may be more prone to needing formal care in the future than continuously marrieds (Pezzin and Schone 1999; Shapiro 2003; Kalmijn 2007; Lin 2008a). The current study extends this prior work by demonstrating that older cohabiters, despite having partners, may also be at greater risk of needing formal care than continuously married or widowed parents if care receipt from children is linked to parent-child relationships (Noel-Miller 2011).

There are some limitations to the current study. First, marital status and parent-child relationships were measured at the same point in time. Union transitions among older adults are rare in later life (Brown et al. 2012; Vespa 2012), and it is unlikely that these affect the results. Second, I am not able to account for selection through the frequency of contact and relationship quality between parents and their children prior to parents’ marital dissolution or repartnering. Items on parent-child frequency of contact and relationship quality were introduced in 2006 in the Psychosocial questionnaire and only half of the sample is asked the questions at each wave. Despite this limitation, numerous parent and child characteristics were included as controls. Finally, dating and LAT relationships cannot be identified in the HRS. Research suggests that
ties with children may play a role in parents’ living arrangement decisions (De Jong Gierveld and Merz 2013). As dating and LAT relationships are becoming more common among older adults (Duncan and Phillips 2011; Brown and Shinohara 2013), future research should examine how these nonmarital unions are related to parent-child relationships.

Overall, cohabiting parents have less frequent contact and lower quality relationships (it is possible that contact is tied to quality and vice versa) with their adult children than continuously married and widowed parents, but fare similarly to the remarried and divorced. Dissolution and repartnering appear to be somewhat harmful to parent-child relationships. Moreover, mothers have more frequent contact and higher quality relationships with their children than do fathers. With increasing proportions of unmarried and cohabiting older adults, it will be important to better understand how family change influences parents’ relationships with their adult children and the implications of differences in parent-child relationships for care receipt among parents. The current study takes a first step in considering how the increase in cohabitation among older adults influences parent-child relationships. Future research should extend this line of scholarship by examining the extent to which care receipt from children varies by marital status for parents, and whether parent gender, parent-child contact, and relationship quality play a role.
<table>
<thead>
<tr>
<th></th>
<th>Frequency of Contact</th>
<th>Positive Relationship Quality</th>
<th>Negative Relationship Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuously married</td>
<td>9.6</td>
<td>6.9</td>
<td>2.7</td>
</tr>
<tr>
<td>Remarried</td>
<td>8.7</td>
<td>6.1</td>
<td>3.0</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>8.0</td>
<td>5.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Divorced</td>
<td>8.6</td>
<td>6.5</td>
<td>3.4</td>
</tr>
<tr>
<td>Widowed</td>
<td>9.2</td>
<td>7.3</td>
<td>2.5</td>
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<tr>
<td>Unweighted N</td>
<td>11,921</td>
<td>12,131</td>
<td>12,097</td>
</tr>
</tbody>
</table>
Table 3.2. Weighted Means and Proportions for Frequency of Contact Sample

<table>
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<tr>
<th>Demographic Characteristics</th>
<th>Continuously Married</th>
<th>Remarried</th>
<th>Cohabiting</th>
<th>Divorced</th>
<th>Widowed</th>
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<tbody>
<tr>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>86.2</td>
<td>75.7</td>
<td>72.3</td>
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</tr>
<tr>
<td>Black</td>
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<td>6.0</td>
<td>12.5</td>
<td>15.7</td>
<td>10.0</td>
</tr>
<tr>
<td>Hispanic</td>
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<td>5.3</td>
<td>8.1</td>
<td>9.3</td>
<td>6.0</td>
</tr>
<tr>
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<td>2.5</td>
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<td>2.7</td>
<td>2.0</td>
</tr>
<tr>
<td>Woman</td>
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<td>47.6</td>
<td>50.6</td>
<td>65.9</td>
<td>83.2</td>
</tr>
<tr>
<td>Age</td>
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<td>65.1</td>
<td>63.0</td>
<td>64.6</td>
<td>76.6</td>
</tr>
<tr>
<td><strong>Economic Characteristics</strong></td>
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<td></td>
</tr>
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<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
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<td>14.1</td>
<td>21.0</td>
<td>17.2</td>
<td>25.6</td>
</tr>
<tr>
<td>High school</td>
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<td>39.0</td>
<td>33.6</td>
<td>39.5</td>
</tr>
<tr>
<td>Some college</td>
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<td>28.0</td>
<td>21.0</td>
<td>26.9</td>
<td>20.9</td>
</tr>
<tr>
<td>College or more</td>
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<td>26.3</td>
<td>19.0</td>
<td>22.3</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Wealth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>4.1</td>
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<td>Assets $0-$50,000</td>
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</tr>
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<td>Assets $50,001-$100,000</td>
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<td>12.5</td>
<td>13.3</td>
<td>12.3</td>
<td>11.2</td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>23.5</td>
<td>23.6</td>
<td>15.4</td>
<td>17.0</td>
<td>19.4</td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>47.6</td>
<td>38.9</td>
<td>33.4</td>
<td>20.8</td>
<td>33.9</td>
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<td><strong>Health</strong></td>
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<td>0.15</td>
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<td>0.21</td>
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<td><strong>Child Characteristics</strong></td>
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</tr>
<tr>
<td>Number of children</td>
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<td>4.1</td>
<td>4.2</td>
<td>2.9</td>
<td>3.4</td>
</tr>
<tr>
<td>At least one child within 10 miles</td>
<td>54.5</td>
<td>49.9</td>
<td>41.1</td>
<td>52.0</td>
<td>62.4</td>
</tr>
<tr>
<td>At least one daughter</td>
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<td>88.1</td>
<td>83.6</td>
<td>84.1</td>
<td>84.9</td>
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<td>33.4</td>
<td>32.3</td>
<td>33.9</td>
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</tr>
<tr>
<td>At least one unmarried child</td>
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<td>74.0</td>
<td>75.8</td>
<td>68.9</td>
<td>65.6</td>
</tr>
<tr>
<td>At least one child not full time</td>
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<td>32.9</td>
<td>48.0</td>
<td>29.0</td>
<td>31.2</td>
</tr>
<tr>
<td></td>
<td>Biological children only</td>
<td>Stepchildren only</td>
<td>Both biological and step children</td>
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<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------------</td>
<td>------------------</td>
<td>----------------------------------</td>
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<tr>
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<td>48.4</td>
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<td></td>
<td></td>
<td>82.1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Stepchildren only</td>
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<td>4.5</td>
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<tr>
<td></td>
<td></td>
<td>0.5</td>
<td>0.8</td>
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</tr>
<tr>
<td>Both biological and step children</td>
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<td>47.1</td>
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<td></td>
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<td>10.0</td>
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<tr>
<td></td>
<td></td>
<td>1,453</td>
<td>2,390</td>
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Table 3.3. Ordinary Least Squares Regression Models Predicting Frequency of Contact

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>b</td>
<td>b</td>
<td>b</td>
</tr>
<tr>
<td>Continuously married</td>
<td>1.66***</td>
<td>1.04***</td>
<td>1.29***</td>
</tr>
<tr>
<td>Remarried</td>
<td>0.71**</td>
<td>0.46</td>
<td>0.83*</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0.67*</td>
<td>0.26</td>
<td>0.37</td>
</tr>
<tr>
<td>Widowed</td>
<td>1.24***</td>
<td>1.00***</td>
<td>0.50*</td>
</tr>
<tr>
<td><strong>Demographic Characteristics</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (ref)</td>
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<tr>
<td>Black</td>
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<td>-0.16</td>
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<tr>
<td>Hispanic</td>
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<td>-0.07</td>
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</tr>
<tr>
<td>Other race</td>
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<td>-0.22</td>
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<tr>
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<td>Age</td>
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<td>-0.01</td>
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<tr>
<td><strong>Economic Characteristics</strong></td>
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<tr>
<td><strong>Education</strong></td>
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</tr>
<tr>
<td>Less than high school</td>
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<td>-0.44**</td>
<td>-0.14</td>
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<tr>
<td>High school (ref)</td>
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<tr>
<td>Some college</td>
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<td>0.29*</td>
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</tr>
<tr>
<td>College or more</td>
<td>0.79***</td>
<td>0.44***</td>
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</tr>
<tr>
<td><strong>Wealth</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>In debt</td>
<td>-0.04</td>
<td>-0.23</td>
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</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assets $50,001-$100,000</td>
<td>0.18</td>
<td>0.19</td>
<td></td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>0.36**</td>
<td>0.33*</td>
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</tr>
<tr>
<td>Assets $250,000 or more</td>
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<td>0.54***</td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frailty</td>
<td>-2.54***</td>
<td>-2.75***</td>
<td>-2.40***</td>
</tr>
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<td><strong>Child Characteristics</strong></td>
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</tr>
<tr>
<td>Category</td>
<td>Coefficient 1</td>
<td>Coefficient 2</td>
<td>Coefficient 3</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Number of children</td>
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<td>0.02</td>
<td>-0.05</td>
</tr>
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<td>At least one child within 10 miles</td>
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<td>1.24***</td>
<td>1.32***</td>
</tr>
<tr>
<td>At least one daughter</td>
<td>0.49***</td>
<td>0.73***</td>
<td>0.18</td>
</tr>
<tr>
<td>Age</td>
<td>-0.02**</td>
<td>-0.03**</td>
<td>-0.02*</td>
</tr>
<tr>
<td>At least one unmarried child</td>
<td>-0.30***</td>
<td>-0.17</td>
<td>-0.45***</td>
</tr>
<tr>
<td>At least one child not full time</td>
<td>-0.05</td>
<td>-0.01</td>
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<td>Biological children only (ref)</td>
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<td></td>
</tr>
<tr>
<td>Stepchildren only</td>
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<td>-1.67***</td>
<td>-0.60</td>
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<td>Both biological and step children</td>
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<td>-0.46***</td>
<td>-0.43**</td>
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<tr>
<td>Constant</td>
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<td>Unweighted N</td>
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<td>11,921</td>
<td>6,997</td>
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*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
Table 3.4. Ordinary Least Squares Regression Models Predicting Positive Relationship Quality

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1</td>
<td>Model 2</td>
<td>Model 3</td>
</tr>
<tr>
<td>Continuously married</td>
<td>1.02***</td>
<td>0.71**</td>
<td>0.71*</td>
</tr>
<tr>
<td>Remarried</td>
<td>0.25</td>
<td>0.19</td>
<td>0.37</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>0.59*</td>
<td>0.40</td>
<td>0.37</td>
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<tr>
<td>Widowed</td>
<td>1.42***</td>
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Demographic Characteristics

Race

<table>
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<tr>
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Economic Characteristics

Education

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<th>College or more</th>
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<td>-0.10</td>
<td>-0.19*</td>
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<td>College or more</td>
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Wealth

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<tr>
<th>In debt</th>
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<th>Assets $50,001-$100,000</th>
<th>Assets $100,001-$250,000</th>
<th>Assets $250,000 or more</th>
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<tr>
<td>-0.21</td>
<td>0.02</td>
<td>0.03</td>
<td>0.02</td>
<td>-0.17</td>
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Health

<table>
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<tbody>
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Child Characteristics
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<th>Standard Error</th>
<th>p-value</th>
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<td>0.03</td>
<td>0.04</td>
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<tr>
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<td>0.20***</td>
<td>0.18**</td>
<td>0.19*</td>
</tr>
<tr>
<td>At least one daughter</td>
<td>0.31***</td>
<td>0.44***</td>
<td>0.15</td>
</tr>
<tr>
<td>Age</td>
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<td>-0.01**</td>
<td>-0.02*</td>
</tr>
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<td>At least one unmarried child</td>
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<td>-0.19**</td>
<td>-0.41***</td>
</tr>
<tr>
<td>At least one child not full time</td>
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<td>-0.11</td>
<td>-0.12</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stepchildren only</td>
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<td>-1.05**</td>
<td>-0.62</td>
</tr>
<tr>
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<td>-0.42**</td>
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<tr>
<td>Constant</td>
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<tr>
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<td>12,131</td>
<td>7,147</td>
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*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
Table 3.5. Ordinary Least Squares Regression Models Predicting Negative Relationship Quality

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Model 2 b</td>
<td>Model 3 b</td>
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<td>Continuously married</td>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
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<td>-0.08</td>
</tr>
<tr>
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<td>-1.24***</td>
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Demographic Characteristics

<table>
<thead>
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<th>Total Sample</th>
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<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1  b</td>
<td>Model 2 b</td>
<td>Model 3 b</td>
</tr>
<tr>
<td>White (ref)</td>
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</tr>
<tr>
<td>Black</td>
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<td>0.20</td>
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<td>Hispanic</td>
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<td>-0.47**</td>
<td>-0.04</td>
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<tr>
<td>Other race</td>
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<td>Woman</td>
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</tr>
<tr>
<td>Age</td>
<td>-0.03***</td>
<td>-0.05***</td>
<td>-0.02*</td>
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Economic Characteristics

<table>
<thead>
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<th>Education</th>
<th>Total Sample</th>
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<th>Men</th>
</tr>
</thead>
<tbody>
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<tr>
<td>Some college</td>
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<td>0.20*</td>
<td>-0.11</td>
</tr>
<tr>
<td>College or more</td>
<td>-0.03</td>
<td>0.13</td>
<td>-0.24*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wealth</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>In debt</td>
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<td>-0.21</td>
<td>0.03</td>
</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
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<td>Assets $50,001-$100,000</td>
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<td>-0.01</td>
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<tr>
<td>Assets $100,001-$250,000</td>
<td>-0.20</td>
<td>-0.11</td>
<td>-0.31</td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>-0.20*</td>
<td>-0.13</td>
<td>-0.27*</td>
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</table>

Health

<table>
<thead>
<tr>
<th>Frailty</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>3.51***</td>
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Child Characteristics
<table>
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<th>Estimate 2</th>
<th>Estimate 3</th>
<th>Estimate 4</th>
</tr>
</thead>
<tbody>
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<td>Number of children</td>
<td>-0.09***</td>
<td>-0.10***</td>
<td>-0.08**</td>
<td></td>
</tr>
<tr>
<td>At least one child within 10 miles</td>
<td>0.29***</td>
<td>0.26**</td>
<td>0.30**</td>
<td></td>
</tr>
<tr>
<td>At least one daughter</td>
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</tr>
<tr>
<td>Age</td>
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<td>-0.01</td>
<td>-0.03***</td>
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</tr>
<tr>
<td>At least one unmarried child</td>
<td>0.47***</td>
<td>0.53***</td>
<td>0.39***</td>
<td></td>
</tr>
<tr>
<td>At least one child not full time</td>
<td>0.37***</td>
<td>0.44***</td>
<td>0.30*</td>
<td></td>
</tr>
<tr>
<td>Biological children only (ref)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepchildren only</td>
<td>-0.28</td>
<td>-0.54</td>
<td>0.01</td>
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</tr>
<tr>
<td>Both biological and step children</td>
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<td>-0.18</td>
<td>-0.09</td>
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</tr>
<tr>
<td>Constant</td>
<td>3.21***</td>
<td>5.35***</td>
<td>3.74***</td>
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<td>12,097</td>
<td>7,127</td>
<td>7,127</td>
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</table>

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
CHAPTER IV: PARENTS’ PERCEPTIONS OF FUTURE CARE FROM ADULT CHILDREN

Several demographic changes have been underway among older adults in the past few decades. Among these changes is an increasing proportion of unmarried persons (Manning and Brown 2011; Lin and Brown 2012), as well as a growing cohabiting population. Since 2000, cohabitation has increased threefold, as nearly one quarter of cohabiting unions today includes a partner at least 50 years old (Brown, Lee, and Bulanda 2006; Brown, Bulanda, and Lee 2012; Vespa 2012; U.S. Census Bureau 2014). Despite the increase in the older cohabiting population, research on cohabiters remains limited (Cooney and Dunne 2001), and parent-child relationships have received little attention in the literature. As larger numbers of unmarried baby boomers move through later life, adult children may play a greater role in the care of their parents in the coming years.

Cohabiters are less likely to receive care from their partners than are married persons from their spouses (Noel-Miller 2011). Thus, as their health declines, older cohabiters may need additional sources of care. Indeed, the risk of institutionalization appears to be higher among older cohabiters than the married in Finland because of lower commitment to caregiving among partners than spouses (Moustgaard and Martikainen 2009). A key source of care in the future may come from adult children (Wolff and Kasper 2006). To this point, previous research has not provided insight into how older cohabiters compare to their counterparts in the perception of children being willing to provide needed assistance. The current study begins to fill this gap in the literature by shedding new light on older cohabiters’ views of the care they may receive from their adult children in the future.

Using data from the Health and Retirement Study (HRS), I examine whether the likelihood of believing at least one child would provide help with basic needs differs among
cohabitators, the continuously married, remarried, divorced, and widowed. I expect the continuously married to be most likely to indicate that at least one child would provide future assistance. I test competing hypotheses on the remarried. As previous work suggests that cohabitation may be a substitute for remarriage among older adults (King and Scott 2005), I test whether cohabitators and remarrieds are similar in the likelihood to believe they will receive basic personal care from their adult children in the future. On the other hand, children appear to be more accepting of cohabiting unions among their older parents (Bildtgard and Oberg 2015), and norms in the United States suggest that spouses should rely on each other for care and support. Thus, I test the competing hypothesis that cohabiting parents are more likely to think they will receive future help with basic care from adult children than their remarried counterparts. I also examine the hypothesis that older cohabitators are less likely to report they will receive assistance from their children than the divorced, as research has shown that the consequences of divorce and repartnering are cumulative and that the divorced have fewer resources than cohabitators, suggesting greater need (Brown et al. 2006; Kalmijn 2007). Finally, I test whether widowed parents are more likely than cohabitators to indicate they will receive future help from their children because previous work has found that the widowed are among the most likely to receive support, have fewer economic resources than cohabitators, and are more dependent on their children in the months following widowhood (Brown et al. 2006; Ha, Carr, Utz, and Nesse 2006; Glaser, Tomassini, and Stuchbury 2008; Lin 2008a). The current study contributes to the field by providing insight into the role of children in providing care for their cohabiting parents, as well as how the views of cohabiting parents differ from those of their counterparts in terms of perceived future assistance from adult children for basic personal needs.
Background

A major issue for older adults is the receipt of care, both financial and personal. In general, spouses are the primary source of care for older adults (Silverstein and Giarrusso 2010). With fewer older adults being married, a paramount question is from whom are older adults going to receive care? Following spouses, the other most common source of care for older individuals is adult children (Wolff and Kasper 2006). Children may be influential in the repartnering decisions of their older parents, and repartnering by an older parent could affect the parent-child relationship (De Jong Gierveld and Peeters 2003; De Jong Gierveld and Merz 2013). Some research has examined the effects of divorce and remarriage on ties between parents and their adult children, but little attention has been given to the parent-child relationships of older cohabitors. This gap is notable, as research has also shown that married older adults tend to enjoy better physical and psychological well-being than their unmarried counterparts (Carr and Springer 2010). Ties with adult children may be particularly important for older cohabitors, as they tend to fare worse in terms of social relationships than do other persons. For example, older cohabitors are less likely than the married and widowed to report having friends in the neighborhood (Brown et al. 2005; Brown et al. 2006).

Support Perceptions, Well-Being, and the Receipt of Care

Previous research has noted that perceived support is linked to well-being among older adults. Several studies have shown that older parents who perceive themselves as being supported, or likely to receive future support, have higher levels of physical and psychological well-being, including a lower likelihood of having functional limitations (Bisconti and Bergman 1999; Shaw and Janevic 2004; Taylor and Lynch 2004; Yang 2006). Similarly, parents who anticipate receiving help with future illnesses expect to live longer than their counterparts who
do not expect to receive assistance (Ross and Mirowsky 2002). Perceived support may be linked to well-being in that it provides a sense of security and reduces stress for parents (Bisconti and Bergman 1999; Ross and Mirowsky 2002; Yang 2006). Actual support receipt has been tied to perceived support, as Peek, Coward, Peek, and Lee (1998) found that parents who intend to seek care from their children are more likely to receive care than those who do not intend to seek help. Indeed, some scholars argue that perceived support is more influential on well-being than actual care receipt (Taylor and Lynch 2004; Yang 2006).

Theoretical Background

Altruism perspectives argue that time transfers and care receipt are based on need rather than past history or current level of contact (Silverstein and Giarrusso 2010). Thus, parents who are in the poorest health are most likely to receive time and support from their adult children relative to parents who are in better health. From this perspective, parents who are most in need of time from their adult children will receive help, regardless of marital status. However, research on health and well-being suggests that the unmarried should be most likely to receive support from their children because unmarrieds have poorer psychological well-being and physical health than the married (Hughes and Waite 2009; Carr and Springer 2010; Lin and Brown 2012).

We can anticipate differences in future care perceptions by marital status based on variation in the characteristics of each group. Lin and Brown (2012) noted that reports of disability are much more common among unmarried baby boomers than the married, as 22% of the unmarried indicated that they have a disability compared to only 11% of marrieds. Similarly, unmarried boomers are less likely to have health insurance than are the married (Lin and Brown 2012). Older cohabitors are less likely than the stably married, remarried, and unpartnered to
have health insurance overall, but are more likely to have private health insurance than the unpartnered (Brown et al. 2006). On income, cohabitators are worse off than their married counterparts, though they fare better than the unpartnered (Brown et al. 2006). Moreover, caregiving from a partner is less likely in cohabitation than in marriage among older persons, suggesting that cohabitators are more in need of support from outside their unions (Moustgaard and Martikainen 2009; Noel-Miller 2011). However, older cohabitators tend to be disadvantaged in terms of social relationships, as they are less likely than both the married and unpartnered to have friends or relatives in the neighborhood (Brown et al. 2006). Their fewer social ties may necessitate greater reliance on children. An altruistic perspective suggests that cohabitators may be more in need of time from their adult children than the continuously married or remarried, and is mixed as to how cohabitators may compare to the unpartnered.

Relationship quality may play a role in whether parents expect to receive care from their adult children. Solidarity theory argues that the quality of the parent-child relationship is important when considering support transfers between parents and their children (Bengtson, Giarusso, Mabry, and Silverstein 2002; Cheng, Birditt, Zarit, and Fingerman 2013). Parents are more likely to receive support from their children and children receive more from their parents when the parent-child relationship is of higher quality (Bengtson et al. 2002). Although solidarity theory is focused on support exchanges, it is likely that older parents are in more frequent contact with children with whom they have a good-quality relationship, and are less involved when the parent-child relationship is of poorer-quality (Noel-Miller 2013). Therefore, we could expect relationship quality to play a role in whether parents expect to receive future care from their adult children. Unfortunately, scholarship has provided little insight into how relationship quality influences the association between older adult cohabitation and expectations of future care from
adult children. Thus, the current study includes parent-child relationship quality as a covariate in examining the association between parents’ marital status and expectations of future care from adult children.

Previous work has demonstrated support for solidarity theory in terms of intergenerational exchanges of support. For example, using data from Germany, Schwarz, Trommsdorff, Albert, and Mayer (2005) found that children provided more support to their middle-aged parents when the parent-child relationship was of higher quality. Similarly, Cheng et al. (2013) reported that young adults are more likely to provide support to their middle-aged parents when a higher quality relationship exists between parents and children. Parents are also more likely to provide support to their young adult children with whom they have a better relationship (Cheng et al. 2013). Cheng et al. (2013) suggested that more support may be exchanged between parents and children with higher quality relationships because they spend more time together.

**Marital Status and Relationship Quality**

Scholarship has provided some insight into marital status differences in relationship quality with children among older adults. Cooney (1994) found that young adults whose parents divorced have less intimate relationships with their fathers, compared to young adults whose parents were married. Divorce did not appear to negatively influence relationship quality between mothers and their children (Cooney 1994). Similarly, parental divorce is associated with lower relationship quality between fathers and their young adult children (Aquilino 1994b). However, Aquilino (1994b) noted that divorce was also negatively associated with relationship quality between mothers and their young adult children. Relative to their stably married counterparts, widowed fathers have somewhat poorer relationship quality with their young adult
children, but no differences in relationship quality exist between widowed mothers and their young adult children (Aquilino 1994b). Repartnering also seems to have an influence on relationship quality between parents and their children. De Jong Gierveld and Peeters (2003) suggest that repartnered parents have lower quality relationships with their children than do continuously married parents. Cohabitors also appear to have poorer quality relationships with their children, as compared to married older adults (De Jong Gierveld and Peeters 2003).

*Cohabitation vs. Remarriage*

Cohabitors may be more likely to report they will receive future care from their adult children than the remarried or may not differ in their likelihood of believing they will receive assistance. Literature suggests that cohabiting parents might be more likely to receive time transfers from their children than their remarried counterparts. For example, prior research indicates that children may be influential when parents form unions in later life by encouraging their parents to enter cohabiting unions, as opposed to remarriage (Hatch 1995; Chevan 1996). Using participants from Sweden, Bildtgard and Oberg (2015) reported that adult children were supportive of repartnering among their parents when a cohabiting union was formed. However, adult children were less supportive of new unions when they were formed through remarriage. These findings suggest that time transfers and care receipt are less likely among the remarried, in comparison to cohabiters. Finally, remarried persons have higher incomes and are more likely to own their homes than are older cohabiters (Brown et al. 2006). Altruism perspectives suggest that parents with greater resources will be less likely to receive assistance from their children because they have less need for that help (Lin 2008a). Thus, we could anticipate older cohabiters being more likely to report they will get help from their children in the future than older remarried persons.
Norms in the United States regarding marriage also lend support to the hypothesis that cohabiting parents will be more likely to receive help from their children than the remarried. In the United States, married spouses are viewed as each other’s primary source of support, and are expected to rely upon one another (Gerstel and Sarkisian 2006; McPherson, Smith-Lovin, and Brashears 2006; Sarkisian and Gerstel 2008). Among older adults, spouses are the main source of care (Wolff and Kasper 2006). Indeed, empirical research indicates that married older adults are more likely to receive care from their spouses than are cohabiters from their partners (Noel-Miller 2011). Thus, remarried persons may have less need for assistance from children because they are more likely to receive care from their spouse than are cohabiters from a partner. Finally, unmarried older adults tend to have poorer health and well-being than the married, which may necessitate the need for additional care from children among cohabiters than the remarried (Hughes and Waite 2009; Carr and Springer 2010; Lin and Brown 2012). In short, empirical and conceptual work suggests that cohabiters may be more likely to indicate they will receive care from their children than the remarried.

Alternatively, there may be no difference in views of future care from children between older remarried persons and cohabiters. Scholars have noted that cohabitation often serves as a substitute for marriage in older adulthood (King and Scott 2005). Older cohabiters appear to have similar levels of relationship quality (Brown and Kawamura 2010) and union duration (Brown et al. 2012) as their remarried counterparts, suggesting that marriage and cohabitation are more similar in older adulthood than among younger adults. Limited empirical research supports the idea that remarried and cohabiting older adults may not differ in terms of time transfers from children. Noel-Miller (2013) found no difference between remarried and cohabiting fathers on the likelihood of receiving financial transfers from their adult children.
However, research has not examined differences between cohabiters and remarried older adults in terms of views of future care receipt from children. Thus, the current study tests the hypothesis that older cohabiters and remarried persons do not differ in their views regarding the receipt of future help from adult children.

*Cohabitation vs. Divorced and Widowed*

Marital disruption can affect ties between parents and their adult children. For older adults’ expectations of care from their children, divorce is negatively associated with expected sick care, which refers to care provided when a person has been unable to care for themselves for at least a week due to sickness (Lin and Wu 2014). Compared to married parents, the divorced are less likely to receive support from their adult children (Kalmijn 2007). Similarly, weekly contact between parents and adult children is less frequent among repartnered older adults, in comparison to the continuously married or those living alone (De Jong Gierveld and Peeters 2003). De Jong Gierveld and Dykstra (2002) noted that ever-divorced parents are less likely to receive support from their children than are ever-widowed parents, with ever-divorced parents, particularly men, receiving especially low levels.

A small body of literature has examined differences in parent-adult child relationships by partnership status, often suggesting a weakening of the parent-child relationship after the parent repartners (De Jong Gierveld 2004; Schenk and Dykstra 2012). Repartnering does not provide much benefit to the ever-divorced on the receipt of support from children (De Jong Gierveld and Dykstra 2002), and studies have shown that repartnering is negatively associated with receiving support from children. Evidence suggests that transfers of time and cash are reduced between adult children and their remarried mothers, compared to those who do not remarry (Pezzin and Schone 1999). Relative to divorced fathers who remain unpartnered, fathers who repartner are
less likely to receive financial transfers and support from their adult children (Glaser et al. 2008; Noel-Miller 2013). Similarly, in samples of both men and women, Kalmijn (2007) and Pezzin, Pollak, and Schone (2008) reported that cash transfers from children are less likely from children whose parents repartnered than those who remained unpartnered. Kalmijn (2007) found that the effects of divorce and repartnering are cumulative, such that those who dissolved their marriages and repartnered fare worse in terms of cash receipt from their children than those who divorced and did not repartner. Older cohabitators are less likely than the divorced to give or receive financial help from their children (Brown et al. 2005). On average, older cohabitators have household incomes that are higher than the divorced, and altruism perspectives argue that persons with greater resources are less likely to receive help from their children because they are less in need of assistance (Brown et al. 2006; Lin 2008a). Lastly, divorce appears to have less of a negative association with parent-child relationships than in the past, as intergenerational assistance has increased over time, particularly among contemporary cohorts for whom divorce is more normative (Glaser et al. 2008). In short, we could anticipate older cohabiting parents to be less likely to believe they will receive help from their children than the divorced.

We might expect cohabiting parents also to be less likely than widowed parents to believe they will receive future assistance from their children. Research has shown that widowed parents often become more dependent upon their adult children, particularly in the time period directly following the death of one’s spouse (Ha et al. 2006). Across marital statuses, widowed parents, especially mothers, are often the most likely to receive care from their children (Glaser et al. 2008; Lin 2008a). Widowed parents frequently receive greater levels of support from their adult children than do their stably married counterparts (Eggebeen 1992; Barrett and Lynch 1999; Kalmijn 2007). As with the divorced, widowed persons have lower household incomes and are
also less likely to own their homes than are older cohabiters (Brown et al. 2006). Given that cohabiters tend to have greater resources, they are likely less in need of assistance from their children and we could anticipate them having lower odds of believing they will receive such help.

The Role of Parent Gender in Perceptions of Future Help

Gender differences have been well documented in the association between marital disruption and the receipt of care, with fathers faring worse than mothers in parent-child relationships and time transfers from children. Among the widowed, mothers often receive greater levels of support from children than married mothers, whereas fathers receive the same amount as married fathers (Kalmijn 2007). The negative association between divorce and expected sick care is greater for men than women (Lin and Wu 2014). The divorced are less likely to receive support from their adult children, and fathers are especially unlikely to receive support from their children (Kalmijn 2007). Similarly, divorced fathers are less likely to receive help from their adult children than are widowed fathers (Lin 2008a). Divorced fathers are also less likely to receive help from their adult children than divorced mothers. Lower levels of coresidence and fewer hours of informal care among the divorced compared to the widowed have been observed, and this is especially likely among older fathers (Pezzin and Schone 1999). Relative to the widowed, divorced mothers are just as likely to receive time and money support from their adult children (Pezzin and Schone 1999; Lin 2008a). Divorced fathers may fare worse than mothers because children often remain with their mothers following dissolution, and mothers often play an important role in the father-child relationship (Cooney and Uhlenberg 1990; Kalmijn 2007).
Remarriage also appears to have more negative consequences for fathers than mothers in reducing support from children (Kalmijn 2007). Remarriage has a greater negative association with fathers’ receipt of support than mothers and more fathers are affected because they are more likely to remarry than are mothers (Sweeney 2010). Similarly, the majority of older cohabiters are men, suggesting that cohabiting fathers are less likely than cohabiting mothers to receive support from their children (Chevan 1996; Brown et al. 2006). In sum, fathers are in a particularly precarious situation in that they are less likely to receive care from their adult children, compared to mothers. Thus, we might expect a greater association between marital status and perceptions of future care from children for fathers than mothers. Likewise, within each marital status category, we could anticipate mothers being more likely to believe they will receive assistance from children than fathers.

A Note on Selection

Selection might play a role in the association between parents’ marital status and views of future help from children. It is possible that relationships with children are associated with union dissolution and subsequent formation. In other words, patterns in parent-child relationships are established prior to union dissolution, which may contribute to the associations observed after divorce. For example, Shapiro (2003) noted that parents who go on to divorce tend to have less contact with children prior to divorce than those who remain stably married. Therefore, these persons should be less likely to receive care from their children in part because they have poorer relationships.

It also could be that relationships with children are associated with parents’ repartnering in older adulthood. Children may play some role in encouraging or pressuring their older parents to enter into cohabiting unions, as opposed to marrying (Hatch 1995; Chevan 1996). Children
might benefit in that they may be more likely to inherit or get a larger inheritance if a parent does not form a new legal tie through remarriage. Research suggests that ties with family are linked to union transitions among older cohabiters (Vespa 2013). For example, older cohabiting women who are close to their families and friends are less likely to transition into remarriage and have a greater likelihood of ending a cohabiting union than those who are less close to their networks (Vespa 2013). On the other hand, close ties to family are associated with a higher likelihood of remarriage for older cohabiting men (Vespa 2013). Research from Europe also suggests that children play some role in parents’ decision making regarding the formation of cohabiting or living apart together unions (De Jong Gierveld and Merz 2013). Thus, family relationships appear to influence union formation and dissolution among older adults, which may shape perceptions of future assistance receipt from children to their parents.

**Current Study**

In the past several decades, significant demographic changes have occurred among older adults, including larger shares of unmarried and cohabiting persons (Brown et al. 2006; Giarrusso and Silverstein 2010; Manning and Brown 2011; Lin and Brown 2012). Few studies have examined the receipt of, or perceptions regarding, care among cohabiters or the parent-child relationships of older cohabiters. This gap is noteworthy because cohabiters are less likely to receive care from their partners than are married persons from their spouses (Noel-Miller 2011). Thus, adult children may play an important role in the care of their cohabiting parents, which could have implications for policy and institutionalized care. The current study begins to fill the gap in the literature by examining parents’ perceptions regarding their likelihood of receiving basic personal help from their children in the future across marital statuses.
This study uses the nationally representative Health and Retirement Study to examine several research questions. First, how do older cohabiting parents compare to their continuously married, remarried, divorced, and widowed counterparts in the likelihood of reporting that they will receive assistance from their adult children in the future? I anticipate the continuously married are most likely to believe they will receive help from their children, followed by the widowed, divorced, and lastly, cohabiters and remarrieds (hypothesis 1). I test competing hypotheses regarding cohabiters and remarrieds, as we could anticipate cohabiters being more likely to report that they will receive future assistance (hypothesis 2a) or no difference between the two groups (hypothesis 2b). I also predict that cohabiters are less likely than both the widowed and divorced to indicate they will receive help from their adult children. Second, does the relationship between marital status and perceptions of future help receipt vary by gender? I expect mothers to be more likely to believe they will receive care from their children regardless of marital status. Marital status appears to matter more for men than women in terms of time transfers (Lin 2008a), and thus I anticipate the association between marital status and beliefs to be negligible among women and larger for men (hypothesis 3). Finally, do cohabiting women and men differ in their perceptions of future care receipt from their adult children? I anticipate that cohabiting mothers are more likely to indicate they will receive help from their children than are cohabiting fathers (hypothesis 4).

While previous research has focused on the relationship between older adults and their children following divorce (Lin 2008a) and repartnering (De Jong Gierveld and Peeters 2003), cohabitation has largely been neglected. Noel-Miller (2013) examined frequency of contact and financial transfers between divorced fathers and their children, but she did not consider perceptions regarding future care from children to their parents, nor did she examine mothers.
The current study builds on the previous literature by focusing on help receipt perceptions by parents and includes both mothers and fathers in the sample. With the focus of the study being on the likelihood of parents’ believing they will receive future care from their children instead of intraindividual change, multilevel models are not utilized. In other words, emphasis is placed upon total care receipt perceptions from children and not any individual child, as the total care received is likely more influential on well-being.

This study expands on previous work by comparing the parent-adult child relationships and views of future care receipt of older cohabiters with continuously married, remarried, divorced, and widowed persons. Among older adults, repartnering varies by gender, as men are more likely to form new unions than are women (De Jong Gierveld 2004; Brown et al. 2006; Sweeney 2010). Older cohabiters and remarried persons are much more likely to be men than women (Brown et al. 2006). Thus, attention is also given to gender differences within cohabitors. The current study contributes to the field in that it provides new insight into the receipt of care in older adulthood, a topic that has become increasingly important because of the growth in the population of unmarried older adults in recent decades (Manning and Brown 2011; Lin and Brown 2012).

**Control Variables**

Parent and child characteristics related to marital status and care receipt between adult children and their parents are taken into account. Demographic, economic, and health characteristics of parents are examined. Previous work has shown some racial/ethnic differences in time transfers to parents, as Lin (2008a) noted that Hispanic mothers are less likely to receive transfers of time from their children than are White mothers. In contrast, Hispanic fathers are more likely to receive monetary support from children than White fathers (Lin 2008a). Older
cohabitators are less likely to be White than their married or remarried counterparts (Brown et al. 2006). Parent age is included because older mothers are more likely than younger mothers to receive support from children (Lin 2008a), and the proportion cohabiting declines with age (Brown et al. 2006). Having more ADL and IADL difficulties are associated with a greater likelihood of support from children (Lin 2008), and are thus taken into account. Parents’ education, assets, and employment are included as control variables, as altruistic perspectives suggest that the receipt of support is based on need. Those with fewer resources are more likely to receive support (Silverstein and Giarrusso 2010). Marital status differences in resources have been found among older adults, with cohabitators often in poorer economic standing than the married and better off than the unpartnered (Brown et al. 2006). Finally, number of children is considered because research indicates that more children are associated with receiving less care from each child. Cohabitators are somewhat less likely to have children than their continuously married and remarried counterparts (Brown et al. 2006).

Several characteristics of children are included in the analyses. For parents with multiple children, composite measures are utilized instead of separate measures for each child. Child gender is considered because daughters are more likely to provide support for their parents, and those with sisters are less likely to provide support than are children without sisters (Lin 2008a). Child age is included, as younger children are more likely to provide support to parents than older children (Lin 2008a). Children’s education is negatively associated with providing assistance, as those with fewer years of schooling are more likely to provide support than those with more education (Lin 2008a). Geographic distance between parent and child is taken into account because research has found that parents are more likely to receive support when children live closer to them (Leopold, Raab, and Engelhardt 2014). Similarly, children living in the home
are likely more easily able to provide time than those outside the home. Married children are less likely to provide help to their parents than are children who are unmarried (Pezzin et al. 2008). Children who are employed likely have less time to provide care for their parents, and are not expected to spend as much time providing care (Checkovich and Stern 2002). Fathers who have stepchildren are less likely to receive financial transfers from children born in a previous relationship (Noel-Miller 2013). Solidarity theory indicates that children are more likely to provide support to their parents when they have a higher quality relationship, and thus parent-child relationship quality is included as a control variable in the analysis (Bengtson et al. 2002). Frequency of contact between parents and their children is also measured, as research suggests that support is more likely to be exchanged when parents and children are in more frequent contact (Cheng et al. 2013).

**Data and Methods**

See Chapter II for details on the Health and Retirement Study. The 2008 and 2010 waves are utilized for this study because parent-child relationship quality and frequency of contact were asked in the Psychosocial and Lifestyle Questionnaire during these years.

There are 24,218 respondents in the 2008 and 2010 waves of the HRS. Of these respondents, 4,700 were not in the 2008 or 2010 Psychosocial and Lifestyle Questionnaire and did not have data on relationship quality or frequency of contact with children in either year (n = 19,518). Respondents younger than 50 were eliminated (n = 18,902). To be included in the analytic sample, respondents must have been previously married (n = 18,124) and have had at least one child (n = 17,277). Given the focus on adult children in this study, respondents with any child younger than 18 were excluded (n = 16,273). Those missing on marital status were also excluded from the study (n = 16,246). Respondents without valid data on the dependent variable,
perceptions of adult children’s willingness to provide basic personal help in the future, were not included in the sample (n = 15,774). Finally, respondents with a weight of 0 were eliminated. This produced a final sample size of 15,094 cases. There are 597 cohabitators, 6,321 continuously marrieds, 3,103 remarrieds, 1,978 divorcees, and 3,095 widoweds. Missing observations are handled via multiple imputation. Respondents who were included in the Psychosocial and Lifestyle Questionnaire in 2010 are coded to their 2010 values on all study variables, and those who were participants in 2008 are coded to their 2008 values on all variables in the study.

**Measures**

*Dependent Variable.* The dependent variable for this analysis is parents’ perceptions of whether children will provide future help with basic personal care. Respondents were asked if relatives or friends other than a spouse or partner would be willing and able to provide help with basic personal care activities, such as eating and dressing over a long period of time in the future. Respondents were then asked to identify their relationship to those individuals. A Rand constructed variable for number of children identified is used for this analysis. Perception of future assistance from children is a dichotomous variable, in which respondents who noted at least one child would be willing to help are coded as 1 and 0 if no children are identified.

*Marital Status.* Parents’ marital status is a series of categorical variables. Marital status categories include continuously married, remarried, cohabiting (reference), divorced, and widowed.

*Mediating Variables*

Frequency of contact is measured in the Psychosocial and Lifestyle Questionnaire and asks about how often the respondent meets up with, speaks on the phone with, and writes or e-mails any of their children. Response options include 1 = three or more times a week; 2 = once
or twice a week; 3 = once or twice a month; 4 = every few months; 5 = once or twice a year; and 6 = less than once a year or never. These items are reverse coded with higher scores reflecting more frequent contact. For respondents with valid data on at least two of the three items, the average is calculated and multiplied by three to determine the frequency of contact.

Parent-adult child relationship quality, both positive and negative factors, is also asked in the Psychosocial and Lifestyle Questionnaire. Positive items include children understand the way their parent feels, how much the parent can rely on their children if they have a serious problem, and how much the parent can open up to their children to talk about their worries. Responses range from 1 = a lot to 4 = not at all. The items are reverse coded with higher scores indicating better quality relationships (2008 alpha = 0.81; 2010 alpha = 0.82). The final positive relationship quality score is determined by calculating the average for respondents with valid data on at least two of the three items and multiplied by three. Negative items are children making too many demands on their parent, how often the parent is criticized by their children, how much children let the parent down when they are counting on them, and how often children get on their parents’ nerves. The response options are 1 = a lot; 2 = some; 3 = a little; and 4 = not at all. The four measures are reverse coded with higher scores representing poorer relationship quality (2008 alpha = 0.77; 2010 alpha = 0.77). Among respondents with nonmissing data on at least three of the four measures, the average of the items is calculated and multiplied by four.

**Control Variables**

*Demographic Characteristics.* Parent age is measured as a continuous variable. Categorical variables for race/ethnicity include non-Hispanic White (reference), non-Hispanic Black, Hispanic, and Other. Parent gender is a dichotomous variable, with women coded as 1 and men as 0.
**Economic Resources.** Education is measured using a set of categorical variables for highest degree completed, including less than high school, high school (reference), some college, and college or more. Assets are measured in dollars, reflecting the respondents’ total wealth, including any second home he or she owns. Assets are converted into individual assets by dividing the households’ wealth by the square root of the number of persons in the household (OECD 2013). Assets is a series of categorical variables coded as: in debt, $0-50,000 (reference), $50,001-100,000, $100,001-250,000, and $250,001 or more. Employment status consists of three categorical variables for full time employed (reference), part time employed, and not in the labor force.

**Health.** Number of ADL and IADL difficulties are continuous measures. Five ADL limitations and seven IADL limitations are included in the HRS. The five ADL limitation items include trouble eating, bathing, dressing, getting into or out of bed, and getting across a room. Number of ADL conditions is constructed by calculating the average of the nonmissing items for those with valid data on at least four of the five items. Then, the average is multiplied by five, with scores ranging from 0 to 5. The seven IADL variables include difficulties preparing meals, taking medication, getting groceries, using the telephone, using a map, using the toilet, and managing money. For respondents with valid data on at least five of the seven items, the average is calculated and multiplied by seven, with values ranging from 0 to 7.

**Child Characteristics.** Number of children is a continuous measure. Child gender is a dichotomous variable, in which those with at least one daughter are coded as 1 and those without any daughters are coded as 0. Child age is a continuous measure in years coded as the age of the youngest child at the time of interview. Child marital status is a dichotomous variable coded as 1 if at least one child is not married and 0 otherwise. The relationship between children and
respondent is a series of categorical variables, including biological children only (reference), stepchildren only, and both biological and stepchildren. Children’s employment is coded as 1 if at least one child does not work full time and 0 if all children are employed full time. The parental status of the children is coded as 1 if at least one child is childless and 0 otherwise. Geographic distance is coded as 1 if at least one child lives within 10 miles of the parent, including those who coreside with their parent, and 0 if all children live more than 10 miles away.

**Analytic Strategy**

The analysis begins by presenting descriptive statistics for the marital status groups on perceptions of future assistance from children, as well as the covariates. Beliefs regarding future help from children is a binary variable, and thus, logistic regression models are estimated for the analyses. The first model is a logistic regression model that examines only marital status. Next, a model is estimated that adds frequency of contact between parent and child as well as parent-child positive and negative relationship quality. The third model adds all of the parent and child characteristics to the previous model. The final model includes interaction terms for marital status by gender. This model allows for an examination of whether gender differences exist in the association between marital status and assistance beliefs. Finally, models are estimated separately by gender to determine the extent to which gender differences exist within marital statuses on views of help receipt from adult children.

**Results**

*Descriptive Results*

Means and percentages for all of the variables included in the study are presented separately by marital status in Table 4.1. Less than half of parents in each marital status category
expect at least one child will provide help with basic personal care in the future. The widowed (44%) were the most likely to believe a child would help them in future, followed by continuously married parents at about 43%. Approximately 41% of remarried parents expected that at least one of their children would be willing to provide help in the future, as did a similar percentage of the divorced (40%). Cohabitors (35%) were the least likely to indicate at least one child would be willing to offer basic personal care in the future. Bivariate tests show that the percentage of cohabiting parents anticipating future help from their children is significantly lower than those of the widowed and continuously married. The difference between cohabitors and remarrieds is not significant. The percentage gap for cohabitors and the divorced also did not attain statistical significance.

Cohabiting parents were also disadvantaged relative to parents in other marital statuses in their frequency of contact and relationship quality with children. Continuously married parents had the most frequent contact with their children, being in contact between every few months and once or twice a month. The widowed (9.1) had the second highest average, followed by the remarried (8.6) and divorced (8.5). Cohabiting parents (7.8) had the least frequent contact at between once or twice a year and every few months. The patterns for positive and negative relationship quality were similar. Widowed parents (7.3 out of 9) reported the most positive relationship quality with their children, followed by the continuously married (6.8). Divorced and remarried parents had averages of 6.4 and 6.1, respectively. Cohabiting parents reported the lowest positive relationship quality with a mean of 5.6. On negative relationship quality, cohabiting and divorced parents noted the poorest quality relationships, averaging 3.4 (out of 12). The remarried and continuously married had means of 3.0 and 2.8, respectively. Widowed parents noted the least negative relationship quality, with an average of 2.5.
A disproportionate number of cohabiters (28%), divorcees (30%), and widoweds (21%) were nonwhite. As anticipated, the majority of partnered respondents, 51% of continuously marrieds, 52% of remarrieds, and 51% of cohabiters, were men. Cohabitors were the youngest on average at 62 years, followed by the divorced (64), remarried (65), and continuously married (66). The widowed were the oldest, with a mean of 77 years.

Cohabitors tended to be economically disadvantaged relative to the married. About 31% of continuously marrieds and 26% of remarrieds had a college degree, compared to 20% of cohabiting older adults. Among the divorced, 22% had a college education. Only 13% of widoweds had a college degree, likely due to age. More cohabiters had less than a high school education (22%) than had a college degree (20%) in the sample. Fewer continuously marrieds (15%), remarrieds (15%), and divorcees (19%) had less than a high school education than cohabiters. Cohabitors (6%) were more likely to be in debt than the continuously married (3%) and widowed (5%). A similar percentage (6%) of remarrieds and cohabiters were in debt. The divorced were by far the most likely to be in debt (12%). More continuously marrieds (45%), remarrieds (37%), and widoweds (31%) than cohabitors (27%) had at least $250,000 in assets. The divorced (20%) were the least likely to have $250,000 or greater. Employment was most common among cohabiters, as 47% were employed full time or part time. Among the continuously married, remarried, and divorced, 37%, 39%, and 39% were employed, respectively. Only 11% of widoweds were employed.

There were small differences across marital status groups on number of ADL and IADL limitations. Approximately 84% of the sample reported no ADL limitations and about 73% indicated no IADL limitations. Continuously married and remarried respondents each averaged 0.2 ADL limitations, cohabiters had a mean of 0.3 ADLs, and the divorced had an average of 0.4
ADLs. The widowed had the highest average at 0.6, which is likely due to age. Similarly, continuously married, remarried, and cohabiting respondents all had means of 0.4 on IADL limitations. The divorced had an average of 0.6 IADLs, and the widowed were highest at 1.0.

Child characteristics were also taken into consideration. On average, remarried and cohabiting respondents had the highest average number of children with approximately four each. There was a large degree of variation by parents’ marital status on the composition of biological and stepchildren. The majority of continuously married (94%), divorced (89%), and widowed (81%) parents had only biological children. Over half (51%) of remarried parents had both biological and stepchildren. Among cohabitors, 48% had only biological children, 12% had only stepchildren, and the remaining 40% had both biological and stepchildren. The continuously married, divorced, and widowed all had means around three. Widoweds (73%) had the highest proportion of children within 10 miles or who were coresident, followed by the continuously married (68%) and divorced (65%). Approximately 60% of remarrieds had a child coresiding with them or living within 10 miles, while cohabitors (53%) were the least likely to have children nearby. There was little variation across marital statuses in having at least one daughter. About 87% of remarrieds had at least one daughter, ranging to 81% for continuously marrieds and cohabitors. The average age of respondents’ youngest child is similar across marital statuses (32 to 35 years). The mean age of the youngest child of widoweds was 46 years. Cohabiting parents were the most likely to have at least one unmarried child, with over three-fourths (78%) having an unmarried child. Nearly three-fourths of remarrieds (75%), and over two-thirds of divorced (70%) and widowed (66%) parents had an unmarried child. The continuously married (61%) were the least likely to have an unmarried child. Similarly, 29% of continuously married parents had at least one child not employed full time, followed by 32% of divorced parents.
Approximately one-third of widowed (33%) and remarried (34%) parents had at least one child not working full time. Half of cohabiting parents had one or more children working less than full time.

*Multivariate Results*

The results of logistic regression models predicting parents’ perception of their childrens’ willingness to provide help with basic personal care in the future are presented in Table 4.2. Models 1-3 present estimates for the full sample. As shown in the zero order model (Model 1), continuously married and widowed parents were more likely than cohabiting parents to believe their children will be willing to provide help in the future. Remarried and cohabiting parents similarly perceive their children as willing to help in the future. The variation between cohabiters and the divorced did not achieve significance.

Model 2 of Table 4.2 adds parent-child relationship quality and frequency of contact to the analysis. With the addition of these factors, cohabiting parents no longer significantly differed from continuously married, widowed, or remarried parents in their odds of believing their children will be willing to provide help in the future, suggesting frequency of contact and relationship quality mediate the associations. Parents who had more frequent contact and higher positive relationship quality with their children were more likely to believe that their children will be willing to provide future help. Negative parent-child relationship quality was not associated with parents’ perceptions of their children’s willingness to provide help.

The final model, Model 3, incorporates demographic, economic, health, and child covariates. Cohabiting parents did not significantly differ from parents in other marital statuses on their beliefs that children will be willing to provide future help. Both frequency of contact and positive relationship quality were associated with a higher likelihood of believing adult children
will provide assistance with basic care in the future. Negative relationship quality, on the other hand, was not associated with care expectations. Among the covariates, age was negatively related to help expectations. Compared to Whites, Hispanic parents were less likely to anticipate receiving future care. Likewise, parents with a college degree had lower odds of expecting to receive care than those with a high school education. Similarly, respondents with $250,000 or more in assets were less likely to report believing they would receive future help than those with $0 to $50,000 in assets. Both number of ADL and number of IADL limitations were negatively associated with expectations of future help, which may be related to parents having concerns about burdening their children. Several child characteristics were linked to parents’ beliefs regarding future care from their adult children. Having more children, at least one child within 10 miles, and at least one daughter were all positively associated with parents anticipating their children being willing to provide them help in the future. Moreover, as the age of the youngest child increased, parents had higher odds of expecting help from their children. Parents who had at least one unmarried child were less likely than those with only married children to believe their children were willing to provide future assistance. Finally, parents with any stepchildren had lower odds of anticipating future help than respondents with only biological children.

To examine whether the relationship between marital status and parents’ beliefs regarding future care receipt differed by gender, interactions were estimated. None of the interactions were significant. In short, the results suggested little variation between mothers and fathers. I examined models separately by gender to assess within gender differences.

Models 4-6 present the results of the analyses for mothers. In the zero order model shown in Model 4, cohabiting mothers did not significantly differ from mothers in other marital statuses. Similarly, in Model 5 the differences between cohabiting mothers and all other mothers
were not significant. As for the full sample, frequency of contact and positive relationship quality were both positively associated with believing adult children will be willing to provide help in the future, whereas negative relationship quality was not related to mothers’ perceptions.

In the full model, Model 6, cohabiting mothers did not differ from mothers in other marital statuses on their beliefs of their children’s willingness to provide future help. Mothers who were in more frequent contact with their children were more likely than those in less frequent contact to believe their children will provide future help. Likewise, positive relationship quality was positively associated with expecting to receive assistance in the future. However, negative relationship quality was not associated with mothers’ beliefs. As parent age increased, the likelihood of believing children will provide future assistance decreased. Hispanic mothers had lower odds of anticipating future help than White mothers. Compared to mothers with a high school degree, those with some college or college were less likely to believe they will receive help from their children in the future. Mothers with at least $250,000 in assets were less likely to anticipate care from their children than mothers with $0-$50,000, and mothers who were not in the labor force had lower odds of believing they will receive care than those employed full time. Number of ADL and number of IADL limitations were negatively related to anticipating future assistance. Several child characteristics were associated with an increased likelihood of believing children will provide help, including having a greater number of children, at least one child within 10 miles, having at least one daughter, and older age of the youngest child. Mothers with at least one unmarried child were less likely to believe their children will be willing to provide future help. Relative to mothers with only biological children, those with only stepchildren had much lower odds of believing they will receive assistance.
The analysis for fathers is displayed in Models 7-9 of Table 4.2. Model 7 presents a zero order model for fathers. Consistent with the analysis for the full sample, continuously married and widowed men were more likely than cohabiting men to perceive at least one child being willing to provide help with basic personal care in the future. The differences for the divorced and remarried did not significantly differ from cohabiters. The addition of frequency of contact and relationship quality mediated the association, shown in Model 8, by reducing the odds ratios for the continuously married and widowed to nonsignificance, suggesting these fathers had similar likelihoods of believing they will receive future help as cohabiting fathers. Both frequency of contact and positive parent-child relationship quality were positively related to believing children will provide assistance in the future. There was no link between negative parent-child relationship quality and perceptions of future help.

The full model with demographic, economic, health, and child covariates for fathers is displayed in Model 9. Consistent with the full sample and mothers, cohabiting fathers did not significantly differ from those in other marital statuses in their beliefs regarding future help from children. Moreover, more frequent contact and higher positive relationship quality were linked to greater odds of believing children will be willing to provide help in the future. Among fathers, fewer covariates were tied to care receipt beliefs. Fathers who reported their race/ethnicity as other were less likely to anticipate future help, relative to White fathers. College educated fathers had lower odds of believing they will receive future assistance than the high school educated. Number of ADL and number of IADL limitations were negatively associated with believing children will be willing to provide future help. Fathers with a greater number of children, at least one child within 10 miles and at least one daughter were more likely to anticipate receiving help in the future. Older age of the youngest child was also positively associated with expectations for
future help, whereas having at least one unmarried child was linked to lower odds of anticipating help. Finally, fathers with only stepchildren were much less likely to anticipate future assistance than those with only biological children.

Table A4.1 in Appendix C presents a supplemental analysis in which demographic, economic, health, and child characteristics are added to the analysis prior to frequency of contact and parent-child relationship quality. Model 1 is a zero order model for the total sample, indicating that continuously married and widowed parents are more likely than cohabiting parents to anticipate receiving care from their children in the future. With the addition of covariates in Model 2, cohabiting parents do not significantly from parents in any of the other marital statuses on future care expectations.

Models 3 and 4 of Table A4.1 present the results for women. Cohabiting mothers do not significantly differ from mothers in other marital statuses in either the zero order model (Model 3) or the model with covariates (Model 4). Among men, continuously marrieds and widoweds are more likely than cohabiting fathers to report anticipating future care from their children prior to the addition of control variables (Model 5). After the inclusion of covariates in Model 6, cohabiting men do not significantly differ from married, divorced, or widowed men on expectations of future care receipt from children.

**Discussion**

An increasing proportion of today’s older adults are unmarried, and this trend is likely to grow in the future as Baby Boomers enter their later years (Lin and Brown 2012). Many of these older individuals are repartnering through cohabitation, as approximately 3.3 million adults ages 50 and older were cohabiting in 2013 (U.S. Census Bureau 2014). Unmarried older adults tend to be in worse health than the married, but do not have spouses to provide care (Carr and Springer
Similarly, cohabiters are also less likely to receive care from their partners than are the married from their spouses (Noel-Miller 2011). Taken together, these factors suggest that other family members, such as adult children, may play a key role in caregiving for their aging parents in the future.

The current study uses the 2008 and 2010 waves of the Health and Retirement Study to examine the extent to which cohabiting parents’ expectations of future help with basic personal care from adult children differs from those of the continuously married, remarried, divorced, and widowed. Prior research indicates that parents who believe they will receive support have better health and expect to live longer than parents who do not anticipate assistance (Bisconti and Bergman 1999; Ross and Mirowsky 2002; Shaw and Janevic 2004; Taylor and Lynch 2004; Yang 2006). Moreover, some scholars argue that perceptions of support may be more important for well-being than the actual receipt of care (Taylor and Lynch 2004; Yang 2006). Finally, I also consider whether the association between marital status and perceptions of future support varies for women and men. Studies suggest that marital status may be more influential for fathers than mothers, as the negative effects of divorce and remarriage are greater for men than women (Kalmijn 2007; Lin 2008a; Lin and Wu 2014). Divorced fathers are often less likely than divorced mothers to receive care from their children, and remarried fathers tend to receive less support than remarried mothers (Kalmijn 2007; Lin 2008a).

Across marital status categories, less than half of parents report anticipating future help from their children. The widowed were the most likely to believe at least one of their children would provide basic personal care in the future, followed by the continuously married. Cohabiters were the least likely to list a child as someone they believed would provide help in the future. These bivariate findings support my hypothesis (hypothesis 1) regarding differences
between cohabiting parents and their widowed and continuously married counterparts. The results suggest that support for altruism perspectives varies by which groups are being considered. Altruism perspectives argue that support is based on need rather than current contact or past history (Silverstein and Giarrusso 2010). Thus, parents who have fewer resources or who are in poorer health will be most likely to anticipate future care from their children. The widowed reported the highest average number of ADL and IADL conditions and were more likely to anticipate help than cohabitators, providing support for altruism. On the other hand, the continuously married were also more likely than cohabitators to believe they would receive future help despite being better off economically, which is not consistent with altruism perspectives.

While significant differences by marital status were observed in the bivariate model for the full sample, there was no significant variation in the multivariate analysis. Solidarity theory, which posits that parents are more likely to receive care from children when relationship quality is higher, is supported because parents with higher positive relationship quality have higher odds of anticipating future care from their adult children. Similarly, parents who have more frequent contact with their children are more likely to believe they will receive future help with basic personal care. Negative relationship quality was not associated with future care perceptions, indicating that positive quality is more important when considering future help. There is evidence that frequency of contact and positive relationship quality mediate the association between marital status and perceptions of future care receipt. In the sample, cohabiting parents report the lowest frequency of contact and least positive relationship quality of all parents. After frequency of contact and positive relationship quality are included in the models, cohabiting parents no longer differ from the continuously married, remarried, or widowed in their odds of anticipating future help from their children. Thus, the pattern of results supports solidarity theory
and suggests that differences in frequency of contact and positive relationship quality account for cohabiting parents having lower odds of believing their children will provide basic personal care in the future.

While frequency of contact and relationship quality were important predictors of future care expectations, demographic, economic, health, and child characteristics also played some role. Prior to the addition of control variables cohabiting parents were marginally less likely than remarried parents to believe they would receive help from their children (not shown). With the addition of the demographic, economic, health, and child characteristics, the difference between cohabiters and the remarried was not significant. Likewise, the addition of frequency of contact and relationship quality explained the difference between remarried and cohabiting parents. These findings are consistent with my alternative hypothesis (hypothesis 2b) that cohabiters and remarrieds will not differ on beliefs regarding future personal care. Moreover, in supplemental analyses, the inclusion of demographic, economic, health, and child characteristics reduced the difference between the continuously married and cohabiting to nonsignificance. In short, the disadvantaged profile of cohabiters contributes to their lower odds of believing their children are willing to provide future help. Finally, there were no significant differences between cohabiters and the divorced in any of the analyses. These findings are not consistent with altruism perspectives.

Marital status by gender interactions were tested to examine whether the association between marital status and perceptions of future care receipt varied for mothers and fathers. None of the interactions were significant, indicating that marital status operates similarly for women and men. The bivariate patterns of results were different for women and men. Cohabiting mothers did not differ from the continuously married or widowed. However, for men, both
continuously married and widowed fathers had higher odds of anticipating future help than cohabiting fathers, whereas cohabiters did not differ from the remarried or divorced. These bivariate findings suggest that marital status may be more important for men, but none of the interactions were significant. In results not shown, gender was a significant predictor of care expectations prior to the addition of relationship quality and frequency of contact, with mothers having higher odds of anticipating future care than fathers. However, the variation between mothers and fathers was not significant when frequency contact and relationship quality were included in the analysis. Prior research has shown that fathers, particularly those who are divorced or remarried, are less likely than mothers to receive care (Pezzin and Schone 1999; Kalmijn 2007; Lin 2008a). Given the lack of gender differences in beliefs regarding future care, fathers who do not receive that support may be in a particularly precarious situation. Future research should further examine gender differences in help expectations and actual care receipt.

There are a few limitations to the current study. First, the analyses are cross sectional and the causal ordering of the associations cannot be determined. It is possible that children play a role in parents’ decisions regarding repartnering (De Jong Gierveld and Merz 2013). Parent-child relationships may also be established prior to the current marital status for parents who have experienced union transitions (Shapiro 2003). The HRS is limited in that parent-child relationship quality and frequency of contact were measured beginning in 2006 and are only asked of half of the sample at each wave since then. Thus, it is not possible to determine parent-child relationship quality for parents whose unions were formed in 2006 or earlier. Union transitions in older adulthood are rare (Brown et al. 2012; Vespa 2012) and parents report stability in emotional cohesion in their relationships with their children over time (Giarrusso, Feng, and Bengtson 2004). Therefore, measuring parent-child relationships two waves prior is
unlikely to capture quality prior to the current union or alter the results. Another limitation may be the wording of the dependent variable. Respondents were asked to identify those whom they thought would be willing to provide basic personal care in the future over a long period of time. It is possible that the share of parents who believe at least one child will provide any future care is underestimated. Parents may be less likely to list a child as willing to give care for a long period of time because they may perceive the time frame as a burden for children who have other obligations. The anticipation of care could be a conservative estimate, and the proportion of parents who believe they will receive some form of care from their children may be higher.

Finally, dating and LAT relationships are becoming more common in later life (Duncan and Phillips 2011; Brown and Shinohara 2013). Unfortunately, these unions cannot be measured using the HRS, and little is known about caregiving from non-coresidential partners. Future research should consider how these relationships are associated with parent-child relationships, care expectations, and actual care receipt.

Across all marital statuses, less than half of older parents identified one of their children as someone they thought would be willing to provide basic personal care in the future. Cohabiting parents were the least likely to report at least one child as willing to provide basic personal care in the future. After parent-child relationship quality and frequency of contact are taken into account, cohabiting parents are no less likely than the widowed or continuously married to anticipate future care from a child. However, cohabiting parents report the lowest relationship quality and frequency of contact, two key predictors of future care expectations. As cohabiting older adults are less likely to receive care from their partners than are the married (Noel-Miller 2011), adult children may become a key source of care in the future. These findings suggest that cohabiting parents may be less likely to receive that care than other parents.
current study takes a first step in considering how increasing shares of unmarried and cohabiting older adults is related to caregiving. Future research should examine actual care receipt to determine if parents’ expectations and actual care are consistent, and the extent to which care receipt varies by parent marital status.
| Table 4.1. Weighted Means and Proportions for Study Variables by Marital Status |
|----------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
|                                 | Continuously Married %/Mean | Remarried %/Mean | Cohabiting %/Mean | Divorced %/Mean | Widowed %/Mean |
|                                 | %/Mean                      | %/Mean          | %/Mean          | %/Mean          | %/Mean          |
| **Expectations of Help from Children** |                              |                  |                  |                  |                  |
| Parents expecting future help   | 42.5*                       | 40.9            | 35.3            | 40.3            | 43.8*           |
| **Parent-Child Relationship**   |                              |                  |                  |                  |                  |
| Frequency of Contact            | 9.5                         | 8.6             | 7.8             | 8.5             | 9.1             |
| Positive Relationship Quality   | 6.8                         | 6.1             | 5.6             | 6.4             | 7.3             |
| Negative Relationship Quality   | 2.8                         | 3.0             | 3.4             | 3.4             | 2.5             |
| **Demographic Characteristics** |                              |                  |                  |                  |                  |
| Race                            |                              |                  |                  |                  |                  |
| White                           | 82.9                        | 84.4            | 71.6            | 69.8            | 78.8            |
| Black                           | 5.5                         | 7.0             | 14.0            | 17.2            | 11.9            |
| Hispanic                        | 8.6                         | 6.0             | 10.3            | 10.2            | 7.0             |
| Other race                      | 3.0                         | 2.6             | 4.1             | 2.8             | 2.3             |
| Woman                           | 48.6                        | 47.9            | 48.9            | 62.7            | 82.9            |
| Age                             | 65.7                        | 64.6            | 61.9            | 64.2            | 76.9            |
| **Economic Characteristics**    |                              |                  |                  |                  |                  |
| Education                       |                              |                  |                  |                  |                  |
| Less than high school           | 14.5                        | 15.2            | 22.3            | 18.5            | 29.0            |
| High school                     | 31.6                        | 31.1            | 33.8            | 32.7            | 37.8            |
| Some college                    | 22.7                        | 27.3            | 23.6            | 27.3            | 19.9            |
| College or more                 | 31.2                        | 26.3            | 20.3            | 21.5            | 13.3            |
| Wealth                          |                              |                  |                  |                  |                  |
| In debt                         | 2.6                         | 6.3             | 5.8             | 11.7            | 4.6             |
| Assets $0-$50,000               | 16.8                        | 20.6            | 36.2            | 39.9            | 32.9            |
| Assets $50,001-$100,000         | 11.7                        | 12.1            | 13.6            | 12.5            | 11.7            |
| Assets $100,001-$250,000        | 23.6                        | 23.7            | 17.3            | 15.5            | 19.9            |
| Assets $250,000 or more         | 45.3                        | 37.2            | 27.1            | 20.4            | 30.9            |
| Full time employment            | 30.6                        | 32.8            | 39.8            | 33.5            | 8.0             |
| Part time employment            | 6.3                         | 6.1             | 6.8             | 5.8             | 2.7             |
| Not in the labor force          | 63.2                        | 61.0            | 53.4            | 60.7            | 89.3            |
### Health

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### Child Characteristics

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Unweighted N: 6,321 3,103 597 1,978 3,095

* *p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
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<td>Widowed</td>
<td>1.43*</td>
<td>0.97</td>
<td>1.11</td>
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| Parent-Child Relationship        |                          |       |     |      |      |      |      |      |      |
| Frequency of Contact             |                          | 1.12*** | 1.09*** | 1.11*** | 1.07*** | 1.12*** | 1.11*** |      |      |
| Positive Relationship Quality    |                          | 1.20*** | 1.21*** | 1.22*** | 1.23*** | 1.17*** | 1.17*** |      |      |
| Negative Relationship Quality    |                          | 1.01    | 1.01 | 1.02 | 1.01 | 0.99 | 1.01 |      |      |

| Demographic Characteristics      |                          |       |     |      |      |      |      |      |      |
| Race                             |                          |       |     |      |      |      |      |      |      |
| White (ref)                      |                          |       |     |      |      |      |      |      |      |
| Black                            |                          | 0.95   | 1.01 |      |      |      |      |      |      |
| Hispanic                         |                          | 0.71*** | 0.64*** |      |      |      |      |      |      |
| Other race                       |                          | 0.74   | 0.96 |      |      |      |      |      |      |
| Woman                            |                          | 1.03   |      |      |      |      |      |      |      |
| Age                              |                          | 0.98*** | 0.98*** |      |      |      |      |      |      |

<p>| Economic Characteristics         |                          |       |     |      |      |      |      |      |      |
| Education                        |                          |       |     |      |      |      |      |      |      |
| Less than high school            |                          | 0.94   | 0.99 |      |      |      |      |      |      |
| High school (ref)                |                          |       |     |      |      |      |      |      |      |
| Some college                     |                          | 0.91   | 0.78*** |      |      |      |      |      |      |
| College or more                  |                          | 0.68*** | 0.59*** |      |      |      |      |      |      |
| Wealth                           |                          |       |     |      |      |      |      |      |      |
| In debt                          |                          | 0.94   | 0.89 |      |      |      |      |      |      |
| Assets $0-$50,000 (ref)          |                          | 0.99   | 0.86 |      |      |      |      |      |      |
| Assets $50,001-$100,000          |                          | 1.01   | 1.01 |      |      |      |      |      |      |
| Assets $100,001-$250,000         |                          | 1.01   | 1.01 |      |      |      |      |      |      |</p>
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*p < .05, **p < .01, ***p < .001.
Analyses are weighted to correct for the complex sampling design of the HRS.
CHAPTER V: DISCUSSION

Family patterns among older adults have been changing across the past several decades. This dissertation focuses on older cohabiters, a segment of the older adult population that has increased threefold since 2000. While a few studies have considered cohabitation in later life, the research literature is limited. This is a notable omission because increasing proportions of older adults are unmarried (Lin and Brown 2012) and the share is likely to continue to grow in the future, particularly with research showing increasing acceptance of cohabitation by older adults (Brown and Wright 2016). Published research on cohabitation in later life has been largely descriptive (Brown et al. 2006; Brown et al. 2012) or focused on psychological well-being (Brown et al. 2005; Wright and Brown 2017).

A large body of research has investigated differences in health and parent-child relationships by marital status. However, studies have largely neglected to consider how later life cohabitation is tied to well-being and relationships between parents and their children. Research on health has examined how older cohabiters compare to the married and unpartnered on psychological well-being (Brown et al. 2005; Wright and Brown 2017), but no published studies have explored physical health. Moreover, despite research showing that marital dissolution and repartnering are negatively associated with frequency of contact and relationship quality between parents and their children (Shapiro 2003; Kalmijn 2007), cohabiting parents’ relationships with their adult children have largely been neglected in the literature. Prior work that has considered cohabiters is limited by including only fathers (Noel-Miller 2013), combining marries and cohabiters (Kalmijn 2007), or using international data (De Jong Gierveld and Peeters 2003). Finally, Noel-Miller (2011) investigated care receipt from partners among older cohabiters, but little is known about the extent to which adult children may be potential care providers for their cohabiting parents.
Although the current project examines psychological well-being, it also extends previous work by considering the physical health of older cohabitors relative to their married and unmarried counterparts. Importantly, Chapters III and IV investigate cohabitors’ relationships with their adult children and expectations of future care receipt from their children. This extension of the literature is crucial because spouses are typically the primary caregiver in later life (Wolff and Kasper 2006) and cohabitors are less likely to receive care from their partners than are the married (Noel-Miller 2011). Thus, unmarried older adults, including cohabitors, may need more care from their adult children in the future. Using data from the 2008 and 2010 Health and Retirement Study (HRS), my project is among the first to consider how parental cohabitation in later life is linked to relationship dynamics between parents and their adult children.

Key Findings

I first examine the psychological well-being and physical health of older cohabitors, compared to the continuously married, remarried, divorced, widowed, and never married. I found consistent patterns of results on depressive symptoms and life satisfaction. After the inclusion of covariates, cohabitors did not differ from the continuously married or remarried on psychological well-being. In contrast, cohabitors reported fewer depressive symptoms and greater life satisfaction than their divorced, widowed, and never married counterparts, on average. There was some gender variation in the findings for depressive symptoms. Cohabiting women reported more depressive symptoms than continuously married women, but did not differ from the remarried, divorced, widowed, or never married. However, cohabiting men did not differ from married men, but noted fewer depressive symptoms than divorced, widowed, and never married men. In short, after accounting for demographic and economic factors, older cohabitors appear to
have similar levels of psychological well-being as the married and are better off than the unpartnered, consistent with other research on depressive symptoms (Wright and Brown 2017).

On physical health, there were also some differences by marital status. The continuously married and remarried were more likely to report being in excellent or very good health than cohabiters. However, these differences were no longer significant after the inclusion of economic factors, suggesting that the health disparity is explained by the disadvantaged financial position of cohabiting older adults relative to their married counterparts. There were few differences in self-rated health between cohabiters and the divorced, widowed, and never married. For cardiovascular problems, the widowed were more likely than cohabiters to note a problem, but this difference was explained by age. Cohabiters did not differ from the other marital status groups. Overall, cohabiters have similar psychological well-being and physical health as the married after economic factors are considered. The physical health of cohabiters is similar to the divorced, widowed, and never married, but cohabiting older adults report greater psychological well-being than the unpartnered.

I also investigated parent-adult child relationships, using both affective and behavioral measures. My analysis focused on how the frequency of contact as well as positive and negative relationship quality of older cohabiters compared with that of parents who are continuously married, remarried, divorced, and widowed. I found that cohabiters reported the lowest average frequency of contact and positive relationship quality with their adult children, and had among the highest mean negative relationship quality across parent marital statuses. With the addition of covariates, cohabiters had less frequent contact and lower positive relationship quality with their children than continuously married and widowed parents, but did not differ from remarrieds or the divorced. There were few differences on negative relationship quality, though the patterns of
results varied by gender. As anticipated, mothers tend to have more frequent contact with their children, as well as higher positive and negative relationship quality than fathers. Importantly, while there were marital status differences on positive relationship quality for fathers, there were no differences for mothers. In contrast, there were no marital status differences on negative quality for fathers, but there were for mothers. These findings highlight the need for scholars to consider multiple dimensions of parent-child relationships and to consider positive and negative quality separately (Pillemer et al. 2012). In short, cohabiting parents appear to have somewhat poorer relationships with their adult children than parents in other marital statuses, especially those who are continuously married or widowed.

Finally, I explored differences in future care receipt expectations by parents’ marital status. Overall, less than half of parents indicated that they anticipated receiving long term help with basic personal care in the future from their adult children. On average, cohabiting parents were the least likely to list one of their children as someone they viewed as willing to provide them with help in the future. I also found that frequency of contact and positive relationship quality between parents and their adult children were important mediators of the association between parents’ marital status and perceptions of future care from their children. Consistent with solidarity theory, parents who were in more frequent contact with and had higher positive relationship quality with their adult children were more likely to list at least one child as someone who they believed would be willing to provide care in the future (Bengtson et al. 2002). The inclusion of frequency of contact and positive relationship quality reduced differences between cohabiting parents and their counterparts in other marital statuses to nonsignificance. These findings suggest that less frequent contact and lower positive relationship quality among
cohabiting parents and their children account for marital status differences in parents’ perceptions of future care receipt from adult children.

**Contributions**

This dissertation adds to the literature on older adult unions and cohabitation in several ways. First, to my knowledge, this is the first analysis to consider the physical health of older cohabitors, relative to older adults in other marital statuses. A large body of research exists on the association between marital status and health, with studies overwhelmingly demonstrating that marriage is beneficial for well-being across the life course (Carr and Springer 2010). Research has examined the health of younger cohabitors in reference to both the married and unmarried, showing that cohabitors tend to have poorer health than the married and better health than the unpartnered (Carr and Springer 2010). Scholarship on marital status and health among older adults, however, has yet to consider cohabitation. My study provides new insight into the physical health of cohabitors by illustrating differences between marrieds and cohabitors on self-rated health, and demonstrating that these differences are explained by the disadvantaged economic position of cohabitors relative to the married. Future research should expand on these findings by considering additional physical health indicators, as well as examining how transitions into and out of cohabitation are associated with well-being.

My dissertation also contributes to the literature by providing additional evidence on psychological well-being using a larger sample size than has been available in previous studies on the topic. Previous studies on psychological well-being among older cohabitors were conducted using data from 1998 (Brown et al. 2005) or included small sample sizes (Wright and Brown 2017). My study includes a larger number of cohabitors (N = 988 for depressive symptoms and 543 for life satisfaction) than previous research and examines more contemporary
cohabitators than other studies. Further, previous studies have not considered life satisfaction differences between older cohabitators and their married and unpartnered counterparts. My results are similar to those of another recent study that illustrated few differences in psychological well-being between cohabitators and marrieds (Wright and Brown 2017). Taken together, these studies provide evidence on the potential benefits of cohabiting unions in later life.

Third, a large body of research has considered the roles of marital dissolution and repartnering on parent-child relationships. Previous studies on the topic have examined repartnering through remarriage, but little attention has been given to cohabitation. Research including older cohabitators has been limited in that it has used only fathers (Noel-Miller 2013), combined cohabitators and marrieds (Kalmijn 2007), or only utilized international data (De Jong Gierveld and Peeters 2003). A qualitative study in Sweden indicated that it is important to consider both remarriage and cohabitation, as children tended to be more supportive of their parents’ repartnering through cohabitation than remarriage (Bildtgard and Oberg 2015). My study also contributes to the literature by investigating both behavioral (frequency of contact) and affective (relationship quality) dimensions of parent-child relationships. This is particularly important because theory suggests these aspects of parent-child relationships differ. In brief, this research offers insight into the parent-child relationships of cohabitators, which may influence future care receipt.

Another contribution is the consideration of both positive and negative relationship quality between parents and their adult children. An emerging body of research on ambivalence in parent-child relationships indicates that parents and children can have mixed feelings toward each other (Pillemer et al. 2012). At the same time that a parent’s relationship with a child has high levels of positive quality, that same relationship can be characterized as having high levels
of negative quality. Indeed, I found that the patterns of results regarding differences in relationship quality varied for positive and negative quality. Further, interactions indicated that mothers have both higher positive and negative quality relationships with their children than fathers. As I show in chapter IV, parent-child relationships are an important factor in parents’ perceptions of their children’s willingness to provide future care. Importantly, higher positive relationship quality was linked to higher odds of parents’ anticipating future care from their children, whereas negative quality was not associated with parents’ perceptions. These results suggest that positive and negative quality are distinct and highlight the importance of considering both dimensions in future research.

**Limitations**

While my dissertation extends our knowledge on cohabitation in later life, there are some limitations to the study. First, the measures of life satisfaction, frequency of contact, and parent-child relationship quality are from the Psychosocial Questionnaire. While the data available in the questionnaire are rich, it is somewhat limited. The Psychosocial Questionnaire was first utilized by the HRS in 2006 when half of the sample was randomly selected to receive the leave behind questionnaire. The other half of the sample answered the questions in 2008. Unfortunately, these measures regarding life satisfaction and parent-child relationships are not available in the data prior to 2006, and I am not able to account for parent-child relationships prior to 2006 for half the sample and 2008 for the other half. This is an important limitation in that research has indicated that parents who eventually get divorced tend to have poorer relationships with their children prior to marital dissolution (Shapiro 2003). Moreover, parents’ relationships with their children may influence whether they repartner and whether repartnering occurs through remarriage or cohabitation (De Jong Gierveld and Merz 2013). Thus, using the
data available in the HRS, I am not able to account for these factors in my analyses. As additional waves of data are collected and become available, researchers will be better able to take these issues into consideration.

Second, the questions regarding frequency of contact and relationship quality between parents and their children in the Psychosocial Questionnaire are only global measures of all of the respondent’s children. In responding to the questions posed on frequency of contact and relationship quality, parents were asked to consider all of their children at the same time. The HRS does not include questions on these measures for each individual child. Thus, parents who have an average level of quality with all of their children will look similar to parents who have very high quality relationships with half of their children and very low quality with the other half. Relationship quality with each child may influence the extent to which an individual child is willing to provide care and support to their aging parents (Bengtson et al. 2002). Therefore, future research should utilize data on parent-child relationships that allows for children to be considered separately, as this would provide greater insight into the relationships and could be used to develop greater depth of knowledge on the implications of different levels of contact and relationship quality between parents and their children.

Moreover, the HRS is limited in that it does not collect data from respondents’ children. My analyses on frequency of contact and relationship quality between parents and their children in Chapter III and parents’ perceptions of future care receipt in Chapter IV are based only on parent reports. Although they are experiencing the same relationship, it is likely that the reports of parents and their children may differ (Silverstein and Giarrusso 2010). Indeed, previous studies on parent-child relationships and support have shown discrepancies between parent and child reports. For example, Lin (2008b) found that adult daughters more often reported giving
support to their mothers than the mothers indicated having received such support. Similarly, based on child reports, Giarrusso et al. (2004) found evidence of declining emotional cohesion in parent-child relationships over time, but parent reports suggested stability in emotional cohesion. Exclusively using parent reports may provide only a partial picture of relationships between parents and their children. Thus, it is important for future research to also consider reports from children to provide a more complete assessment of the association between parents’ marital status and relationships between parents and their adult children.

Finally, dating and living apart together (LAT) relationships cannot be identified in the HRS data. While the proportion cohabiting has been increasing among older adults, daters comprise a greater share of the unmarried population than cohabiters. Approximately 14% of the unmarried older population is in a dating relationship, compared to only 8% who are in a cohabiting relationship (Brown and Shinohara 2013). LAT relationships have become increasingly common among older adults, and are distinctive from dating relationships, which may have implications for well-being and parent-child relationships (Duncan and Phillips 2011). Unfortunately, using current data sets in the United States focused on older adults, LAT relationships cannot be identified. Future research would benefit from considering how these non-residential unions are linked to well-being and parent-child relationships.

**Future Research**

Although this study extends our knowledge of cohabitation in later life, relatively little is known about cohabiting unions among older adults. Studies that have examined the topic are relatively narrow in the outcome variables considered. My dissertation suggests several avenues for future research on older adult cohabitation. There is mounting evidence that cohabitation in later life may operate as a substitute for marriage (King and Scott 2005). I found no differences
between cohabiters and marrieds on psychological well-being and physical health after accounting for economics, suggesting that cohabitation may be similar to marriage. Researchers should also consider additional indicators to help us better understand the role of cohabitation in later life. One possibility is to examine differences in relationship quality between marrieds and cohabiters. Brown and Kawamura (2010) showed few differences between cohabiters and remarrieds on relationship quality, but their study was limited by a small number of cohabiters in the sample. Future research would benefit from providing additional insight into the relationships of cohabiters and of the role of cohabiting unions in the lives of older adults.

My study has provided a first look at the health of older cohabiters in comparison to the married and unpartnered. Building on my findings, it will be important for future studies to analyze how relationship quality shapes the health and well-being of older cohabiters, relative to the married and unpartnered. Prior research has shown that marital quality is associated with health, and that the association increases with age (Umberson, Williams, Powers, Liu, and Needham 2006). Moreover, those in a low quality marriage may have lower well-being than individuals who are unpartnered (Williams 2003). It would be beneficial to extend these studies to examine how relationship quality within a cohabiting union is linked to well-being. I found similar well-being between marrieds and cohabiters, but there could be variation depending on relationship quality. Extending the research to consider quality would provide additional insight into later life cohabitation.

To my knowledge, this is one of the first studies using data from the United States to examine parent-child relationships among older cohabiters. Spouses are typically the primary source of care for older adults (Wolff and Kasper 2006). While cohabiters are partnered, they are less likely to receive care from their partners than are the married from their spouses (Noel-
Miller 2011). Thus, cohabitors, and other unmarried older adults, may need to find alternative sources of caregiving. One possibility is adult children, who are another common source of caregiving for their older parents (Wolff and Kasper 2006). However, few studies have considered the parent-child relationships of older cohabitors, and those that have are limited by using only fathers, combining cohabitors and marrieds, or using international data. It is crucial that scholars develop a better understanding of how cohabitation in later life is associated with relationships between parents and their children. Solidarity theory argues that children are more likely to provide support to their older parents when the relationship between the parent and child is of higher quality, highlighting the importance of better understanding parent-child relationships across parents’ marital statuses.

Another important avenue for future research is to examine care receipt among older cohabitors. I found that cohabiting parents are in less frequent contact and have lower positive relationship quality with their children, suggesting that children may be less likely to provide future care to their cohabiting parents. With cohabitors also being less likely to receive care from their partners than marrieds, they may be at greater risk of needing formal, institutional care than married persons. Thus, it will be crucial to develop more knowledge on sources of care for cohabiting older adults (Noel-Miller 2011). This is particularly the case because of the aging of the population and likely future increases in the cohabiting segment of the older adult population. While the HRS has data on time and financial transfers between parents and their children, the sample size of cohabitors was too small to estimate multivariate models. Future work would benefit from utilizing more waves of data to determine possible sources of care for older cohabitors in the future.
Conclusion

There is mounting evidence that cohabitation and remarriage operate similarly in later life (King and Scott 2005; Brown and Kawamura 2010; Brown et al. 2012). Older cohabiters tend to stay together unmarried until one of the partners dies, as they are unlikely to either marry or separate (Brown et al. 2012). Cohabiting unions are comparable to remarriage in terms of relationship quality (Brown and Kawamura 2010). My study is mixed with regards to the meaning of cohabitation in later life, relative to marriage. Across the outcomes considered, there are few differences between cohabiters and remarrieds. While remarrieds are more likely to report being in excellent or very good health and have better psychological well-being, the differences are no longer significant after the inclusion of economic and demographic factors. These results suggest that cohabitation may be a substitute for remarriage (King and Scott 2005). This is particularly the case on psychological well-being, in which cohabiters appear to benefit from being partnered, as they report fewer depressive symptoms and higher life satisfaction than the unpartnered. Similarly, cohabiters do not differ from the continuously married on physical health, psychological well-being, and perceptions of future care from children after covariates are taken into account. However, cohabiters have less frequent contact and lower quality relationships with their adult children than the continuously married, indicating that cohabitation may not operate as a substitute for marriage. Overall, my findings suggest that our interpretations of the meaning of cohabitation in older adulthood vary by the outcome being considered and whether continuously marrieds or remarrieds are the comparison group.

Despite significant changes over the past few decades in union formation and dissolution in later life, research has been slow to examine these family changes among the older adult population. Given that families play a key role in the care of older adults, I argue that it is
important to consider the implications of family change for the well-being of older adults. My analyses have shown that older cohabiters tend to report poorer self-rated health than the married, due in part, to their disadvantaged profile. At the same time, cohabiting parents have less frequent contact and poorer quality relationships with their adult children than other parents, a potentially important source of future care. My analyses also have identified frequency of contact and relationship quality as critical factors in marital status differences in whether older parents believe their children will provide them with future assistance. Greater focus on family change will be increasingly important in the future with the aging of the older adult population. While these results further our knowledge on cohabitation and family change in later life, future research should expand on these research questions to provide additional insight into the implications of changing family patterns among older adults.
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Relationships with Their Parents.” *Journal of Marriage and Family* 70: 360-376.


APPENDIX A: SUPPLEMENTAL TABLES FOR CHAPTER II

Table A2.1. Weighted Means and Proportions for Cardiovascular Problems Sample

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<thead>
<tr>
<th></th>
<th>Continuously Married</th>
<th>Remarried</th>
<th>Cohabiting</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never Married</th>
</tr>
</thead>
<tbody>
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<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
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</tr>
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<td>70.5</td>
<td>70.4</td>
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Table A2.2. Weighted Means and Proportions for Depressive Symptoms Sample

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Economic Characteristics

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<td>22.0</td>
<td>23.0</td>
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Wealth

| In debt                    | 3.6                         | 7.5              | 9.5               | 13.2           | 4.9          | 12.7             |
| Assets $0-$50,000          | 17.6                        | 23.2             | 37.9              | 40.8           | 31.8         | 38.5             |
| Assets $50,001-$100,000    | 11.5                        | 12.9             | 9.8               | 11.3           | 12.3         | 10.5             |
| Assets $100,001- $250,000  | 24.3                        | 22.7             | 18.9              | 14.6           | 21.0         | 14.5             |
| Assets $250,000 or more    | 43.1                        | 33.7             | 24.0              | 20.2           | 30.0         | 23.8             |

Employment

| Employed full time         | 34.1                        | 36.7             | 40.7              | 35.4           | 8.3          | 34.2             |
| Employed part time         | 7.0                         | 6.4              | 8.6               | 5.5            | 2.5          | 5.9              |
| Not in the labor force     | 58.9                        | 56.9             | 50.7              | 59.2           | 89.2         | 59.8             |

Social Support

| Religious attendance       | 2.9                         | 2.6              | 2.0               | 2.4            | 2.8          | 2.5              |
| Resident children          | 32.9                        | 29.5             | 18.0              | 25.9           | 24.5         | 10.6             |

Health Insurance

<p>| Has health insurance       | 92.8                        | 91.1             | 81.7              | 83.6           | 96.2         | 85.5             |</p>
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Table A2.3. Weighted Means and Proportions for Life Satisfaction Sample

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<th>Cohabiting</th>
<th>Divorced</th>
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<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
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### Table A3.1. Weighted Means and Proportions for Positive Relationship Quality Sample

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<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
<td>%/Mean</td>
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<td>18.9</td>
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<td>At least one child within 10 miles</td>
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Table A3.2. Ordinary Least Squares Regression Models Predicting Relationship Quality

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<td>Model 3</td>
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<td>Model 5</td>
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<td>0.96**</td>
<td>1.67**</td>
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<td>0.16</td>
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</tr>
<tr>
<td>High school (ref)</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Some college</td>
<td>-0.21</td>
<td>0.40**</td>
<td>0.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College or more</td>
<td>-0.05</td>
<td>0.27</td>
<td>0.27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wealth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In debt</td>
<td>-0.13</td>
<td>-0.04</td>
<td>-0.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $50,001-$100,000</td>
<td>0.04</td>
<td>0.06</td>
<td>0.03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>0.22</td>
<td>0.07</td>
<td>0.40</td>
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</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>0.19</td>
<td>0.08</td>
<td>0.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frailty</td>
<td>-7.13***</td>
<td>-7.48***</td>
<td>-6.72***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variable</td>
<td>Coef. 1</td>
<td>Coef. 2</td>
<td>Coef. 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td>0.13***</td>
<td>0.12**</td>
<td>0.12**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one child within 10 miles</td>
<td>-0.08</td>
<td>-0.07</td>
<td>-0.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one daughter</td>
<td>0.45***</td>
<td>0.45***</td>
<td>0.45*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.01</td>
<td>-0.01</td>
<td>0.01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one unmarried child</td>
<td>-0.76***</td>
<td>-0.73***</td>
<td>-0.81***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At least one child not full time</td>
<td>-0.50***</td>
<td>-0.55***</td>
<td>-0.45*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological children only (ref)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepchildren only</td>
<td>-0.58</td>
<td>-0.53</td>
<td>-0.64</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both biological and step children</td>
<td>-0.19</td>
<td>-0.08</td>
<td>-0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td>14.67***</td>
<td>10.08***</td>
<td>14.59***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unweighted N</td>
<td>12,128</td>
<td>12,128</td>
<td>7,147</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.
## Table A4.1. Logistic Regression Models Predicting Expectations of Future Help from Adult Children

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1 OR</td>
<td>Model 2 OR</td>
<td>Model 3 OR</td>
</tr>
<tr>
<td>Continuously married</td>
<td>1.36*</td>
<td>1.04</td>
<td>1.26</td>
</tr>
<tr>
<td>Remarried</td>
<td>1.27</td>
<td>1.04</td>
<td>1.33</td>
</tr>
<tr>
<td>Cohabiting (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>1.23</td>
<td>1.13</td>
<td>1.43</td>
</tr>
<tr>
<td>Widowed</td>
<td>1.43*</td>
<td>1.33</td>
<td>1.26</td>
</tr>
</tbody>
</table>

### Demographic Characteristics

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1 OR</td>
<td>Model 2 OR</td>
<td>Model 3 OR</td>
</tr>
<tr>
<td>White (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.00</td>
<td>1.05</td>
<td>0.92</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.76**</td>
<td>0.70***</td>
<td>0.86</td>
</tr>
<tr>
<td>Other race</td>
<td>0.73</td>
<td>0.96</td>
<td>0.48*</td>
</tr>
<tr>
<td>Woman</td>
<td>1.28***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.99</td>
<td>0.99*</td>
<td>1.00</td>
</tr>
</tbody>
</table>

### Economic Characteristics

<table>
<thead>
<tr>
<th>Education</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1 OR</td>
<td>Model 2 OR</td>
<td>Model 3 OR</td>
</tr>
<tr>
<td>Less than high school</td>
<td>0.90</td>
<td>0.95</td>
<td>0.85</td>
</tr>
<tr>
<td>High school (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>0.93</td>
<td>0.78***</td>
<td>1.20</td>
</tr>
<tr>
<td>College or more</td>
<td>0.74***</td>
<td>0.60***</td>
<td>0.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wealth</th>
<th>Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Model 1 OR</td>
<td>Model 2 OR</td>
<td>Model 3 OR</td>
</tr>
<tr>
<td>In debt</td>
<td>0.90</td>
<td>0.84</td>
<td>0.96</td>
</tr>
<tr>
<td>Assets $0-$50,000 (ref)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assets $50,001-$100,000</td>
<td>1.02</td>
<td>0.89</td>
<td>1.21</td>
</tr>
<tr>
<td>Assets $100,001-$250,000</td>
<td>1.07</td>
<td>1.05</td>
<td>1.10</td>
</tr>
<tr>
<td>Assets $250,000 or more</td>
<td>0.91</td>
<td>0.90</td>
<td>0.92</td>
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</table>

### Employment
<table>
<thead>
<tr>
<th></th>
<th>Full time employment (ref)</th>
<th>Part time employment</th>
<th>Not in the labor force</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1.01</td>
<td>0.90</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0.89</td>
<td>0.79*</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of ADL limitations</td>
<td></td>
<td>0.54***</td>
<td>0.49***</td>
</tr>
<tr>
<td>Number of IADL limitations</td>
<td></td>
<td>0.51***</td>
<td>0.55***</td>
</tr>
<tr>
<td><strong>Child Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children</td>
<td></td>
<td>1.14***</td>
<td>1.15***</td>
</tr>
<tr>
<td>At least one child within 10 miles</td>
<td></td>
<td>2.29***</td>
<td>2.26***</td>
</tr>
<tr>
<td>At least one daughter</td>
<td></td>
<td>2.13***</td>
<td>2.67***</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>1.02**</td>
<td>1.01</td>
</tr>
<tr>
<td>At least one unmarried child</td>
<td></td>
<td>0.71***</td>
<td>0.69***</td>
</tr>
<tr>
<td>At least one child not full time</td>
<td></td>
<td>0.94</td>
<td>0.89</td>
</tr>
<tr>
<td>Biological children only (ref)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stepchildren only</td>
<td></td>
<td>0.20***</td>
<td>0.19***</td>
</tr>
<tr>
<td>Both biological and step children</td>
<td></td>
<td>0.78***</td>
<td>0.74**</td>
</tr>
<tr>
<td><strong>Constant</strong></td>
<td></td>
<td>0.55***</td>
<td>0.29***</td>
</tr>
<tr>
<td>Unweighted N</td>
<td>15,094</td>
<td>15,094</td>
<td>8,848</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.

Analyses are weighted to correct for the complex sampling design of the HRS.