

Widowhood, Parenthood, and Health Behaviors in Older Adulthood

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Short Abstract: Population aging continues to reshape societies and individuals across the globe.

Widowhood is a critical transition in older adulthood linked to a range of health outcomes such as increased mortality risk and mental health issues, as well as changes in health behaviors.

However, evidence remains mixed regarding who is most affected by widowhood and how these effects evolve over time. Gender and social support are key factors, but the role of parenthood

remains underexplored. This study uses the Health and Retirement Study to investigate the

relationship between widowhood and health behaviors among older adults in the United States.

Employing logistic growth curve models, we analyze health behavior trajectories across marital

transitions, with particular attention to variation among widowed individuals by parenthood

status and gender.

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Background

Population aging continues to reshape societies and individuals across the globe. Shifting age structures influence economic trajectories (Bongaarts, 2004; Lee & Mason, 2010; Lee, Mason, & Network, 2014), caregiving demands (Agree & Glaser, 2009), and family structures (Margolis, 2016; Margolis & Verdery, 2019). Older adulthood encompasses a range of transitions, including retirement and spousal loss. A substantial body of research has examined the impact of marital biographies, an individual's past and current relationships, on health outcomes (Hughes & Waite, 2009; Reczek et al., 2016; Zhang & Hayward, 2006), with widowhood being a particularly consequential transition. Widowhood is associated with adverse effects regarding mortality (Elwert & Christakis, 2008), mental health (Jiang, Song, & Shi, 2023), cognitive functioning (Sundström et al., 2014), health behaviors (Ding et al., 2021; Janke, Nimrod, & Kleiber, 2008; Jin & Christakis, 2009; Umberson, 1992), and overall wellbeing (Li et al., 2011; Yang, Sun, & Duan, 2022).

Despite extensive literature, evidence remains mixed regarding who is most affected by widowhood and how health trajectories evolve. Individuals' health needs may be neglected during the transition to widowhood, but return to baseline levels over time (Jin & Christakis, 2009). Other research has shown similar results regarding smoking rates, with them initially rising but stabilizing later on (Ding et al., 2021). Similarly, physical activity may temporarily increase among men before declining after a spouse's death (Stahl & Schulz, 2014). Gendered differences are evident, with men and women experiencing distinct health outcomes following spousal loss (Janke et al., 2008; Stahl & Schulz, 2014; Umberson, 1992). Social support also

plays a critical role, with availability of community support being associated with widowers' mental health (Jiang et al., 2023).

Parenthood may be a key determinant of variation in health behaviors among widowers (Nomaguchi & Milkie, 2020). Parents generally exhibit healthier behaviors than non-parents, with married parents faring better than widowed ones (Kendig, Dykstra, Van Gaalen, & Melkas, 2007). The age of children also matters in shaping health outcomes (Simon & Caputo, 2019). Gender also moderates these effects: parenthood tends to enhance life satisfaction more for women (Hansen, Slagsvold, & Moum, 2009), while it is associated with physical activity levels for men but not women (Becker et al., 2022). Among widowers, having children is associated with greater life satisfaction (Yang et al., 2022) and improved self-rated health (Li et al., 2011).

This study investigates the relationship between widowhood and health behaviors in older adulthood within the context of the United States, with a particular focus on parenthood and gender. We examine smoking, alcohol consumption, and healthcare use, which are three key determinants of health in older adulthood. Using data from the Health and Retirement Study (HRS), a nationally representative longitudinal survey of older U.S. adults (aged 50 and older), we estimate logistic growth curve models to assess health behavior trajectories by marital status, parenthood, and gender. Our findings aim to deepen understanding of disparities in health among widowed older adults.

Methods

Our study uses data from the Health and Retirement Study (HRS). The study comprises a representative sample of about 20,000 non-institutionalized older adults. Data collection began in 1992, with annual waves until 1995 and biennial waves thereafter. New birth cohorts have been added throughout data collection. The HRS provides detailed longitudinal data on relationship

histories and health outcomes, enabling within-person analyses across older adulthood. We draw from the HRS RAND Longitudinal File, covering the period from 1992 to 2022.

Our analysis focuses on three binary dependent variables: smoking status, alcohol consumption, and healthcare use. These indicators serve as proxies for broader health behavior patterns in later life.

We plan to estimate logistic growth curve models to examine health behavior trajectories across marital transitions. First, we compare widowed individuals to those with other marital biographies. Next, we explore within-group variation among widowers, assessing how parenthood and gender intersect to shape health behaviors. Additional models incorporate nuanced measures of parental status, including co-residence with children and number of living children.

Expected Findings

We anticipate that widowed individuals will exhibit poorer health behaviors than those who are married, but more favorable outcomes than those who are divorced or unpartnered. Among widowers, we expect parenthood to be a significant protective factor. Specifically, we hypothesize that widowers with children will demonstrate healthier behaviors, with the strongest effects observed in healthcare use. We also expect gender differences, with men deriving greater health benefits from parenthood than women.

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