

# Being a grandparent and depression: how does it differ across England, Europe and China?

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POLICY BRIEFING

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Approximately one billion people in the world's population are grandparents, which makes it crucial to examine the impact of grandparenting on grandparents' health. Grandparenting is characterised by both cultural and individual variations. Understanding the complex impact of grandparenting on individuals' health contributes to the global strategy of active ageing.

In this study we examine the cross-national differences in the effect of grandparenting on older persons' depression in England, Europe and China. We look to understand the role of providing childcare, grandparents' gender and the national economy. Our findings show that becoming a grandparent can lessen the effect of depressive symptoms on grandparents in lower income countries. Conversely, in higher income countries, it can worsen depressive symptoms for grandparents. The effect of providing care for grandchildren on grandparents' depression varied by country and according to the intensity of care provided.

Policy decision makers should pay attention to the support grandparents need, and systematically integrate childcare provided by grandparents into family policies. Policies supporting older people should take into account the way in which country-level and individual-level factors combine to affect grandparents' well-being.

## Key Points:

- *Older people aged 50+ in Denmark, Netherlands, Sweden, Switzerland, Austria and England were significantly less likely to report depressive symptoms than those in China, Italy, Spain, Estonia and France.*
- *Becoming a grandparent reduced the depression score among both men and women in lower income countries, but increased it in higher income countries.*
- *The gender gap in the effect of becoming a grandparent on one's depression was wider in lower income countries than higher income countries.*
- *Grandparents providing non-intensive grandchild care were less likely to report depressive symptoms compared to those who did not provide any care in China, Sweden and Denmark.*
- *Grandfathers and grandmothers who provided intensive care in Italy were less likely to have depressive symptoms, compared to grandparents who did not provide any grandchild care.*

## Introduction

As people live longer, healthier lives, the role of grandparents has become increasingly important worldwide. Grandparenthood and grandchild care provision significantly affect grandparents' health and wellbeing.

On the positive side, becoming a grandparent brings opportunities to interact with the younger generation and can provide a new sense of purpose and pride. Becoming a grandparent can be beneficial for grandparents' subjective well-being and depressive symptoms, and research shows it can prevent Alzheimer's disease. However, grandparenting can cause intergenerational conflicts and stress, and increase how old the grandparent feels.

Our study examines the relationship between grandparenting and grandparents' depression across countries, and investigates how country-level and individual-level factors can moderate the relationship.

## The study

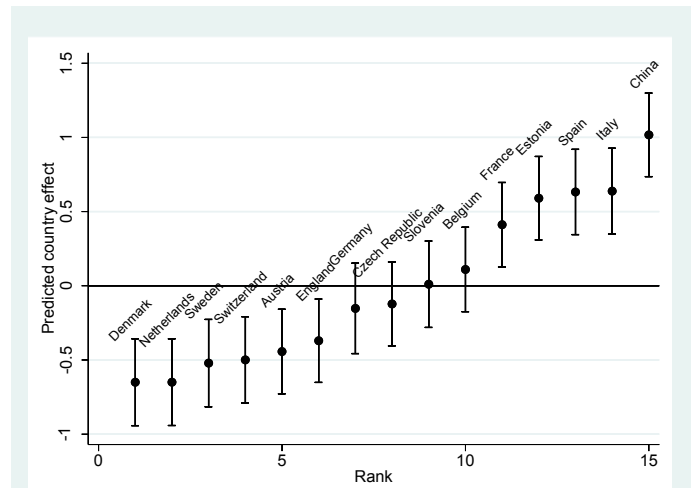
Our study aimed to shed light on the following research questions:

- How does becoming a grandparent change people's depressive symptoms and how does this vary across England, Europe and China?
- Does the national economy (measured by country level income) modify the relationship between grandparenthood and depressive symptoms in England, Europe and China?
- Are there gender differences in the effect of transitioning to grandparenthood on people's depressive symptoms in England, Europe and China?
- How does providing grandchild care impact on depression among older people across Europe and China?

Our analysis is based on data collected in the Harmonised English Longitudinal Study of Ageing (ELSA) Waves 5-7, the Harmonised Survey of Health, Ageing, and Retirement in Europe (SHARE) Waves 4-6 and the Harmonised China Health and Retirement Longitudinal Study (CHARLS) Waves 1, 2 and 4 collected in 2010/1, 2012/3 and 2014/5. Country fixed effects models and multi-level linear regression analyses with REML estimation were performed covering 15 countries in order to understand cross-country differences.

## Main findings

Compared to other countries, people aged 50 or above in Denmark, the Netherlands, Sweden, Switzerland, Austria and England reported significantly lower depression scores (Figure 1). By contrast, people in China, Italy, Spain, Estonia and France reported significantly higher depression scores compared to those in other countries.

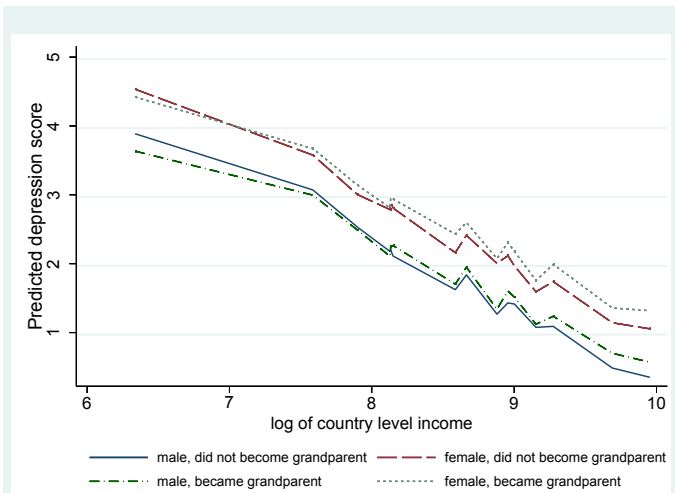


Source: Author's analysis of the Harmonised ELSA, SHARE, CHARLS 2010-5

**Figure 1. Country-level depression scores for older people in 15 countries, 2010-2015**

In all countries, women had higher depression scores than men. In countries with relatively lower income including China, Czech Republic, Estonia, Italy, Spain and Slovenia, transitioning to grandparenthood reduced the depression score among both men and women (Figure 2). By contrast, for countries with relatively higher income such as Denmark, the Netherlands, Sweden, Belgium, France and England, transitioning to grandparenthood increased the depression score among both men and women.

The gender difference in the effect of transitioning to grandparenthood on depression also relates to a country's income. Specifically, there is a larger difference between the predicted depression score for men and women in lower income countries. The gap between male and female depression scores is smaller in higher income countries (Figure 2).



Source: Author's analysis of the Harmonised ELSA, SHARE, CHARLS 2010-5

**Figure 2. Predicted depression score on transitioning to grandparenthood for men and women by country mean income**

Compared to grandfathers who did not provide any grandchild care, grandfathers who provided non-intensive care in China and Sweden were less likely to report depressive symptoms (Figure 3a). A similar relationship was found among grandmothers in China, Denmark and Sweden (Figure 3c).

Figure 3b shows that, compared to grandfathers who did not provide any grandchild care, grandfathers who provided intensive care in Italy were less likely to have depressive symptoms.

Furthermore, compared to grandmothers who did not provide any grandchild care, grandmothers who provided intensive care in Italy, Spain, Sweden and Denmark were less likely to have depressive symptoms.

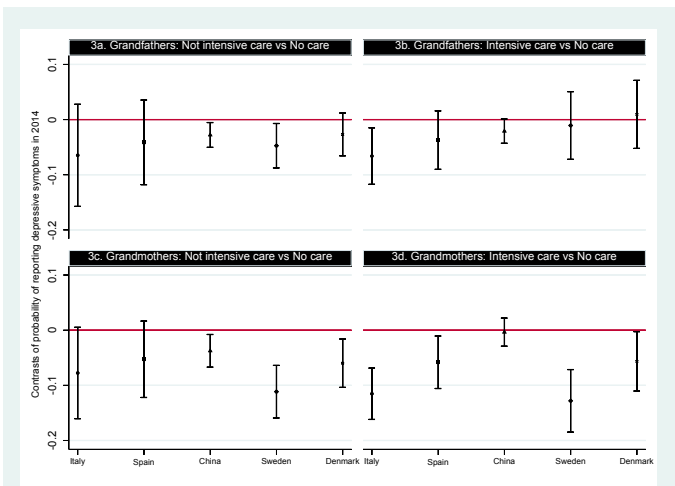
### Policy implications

Healthy grandparenthood is of great importance in the context of rapid population ageing. With policy reforms to increase the pension age being implemented worldwide, the stress resulting from becoming a grandparent and caring for grandchildren whilst working could increase if people retire at an older age.

Policy decision makers need to be aware of the increasing importance of grandparents in providing childcare for their grandchildren. Family and other policies involving older people need to take into account the impact of grandparenting on grandparents' health.

Higher income countries in particular should investigate policy instruments that might buffer the negative impact of transitioning to grandparenthood.

Particular attention should be devoted to grandmothers, who are more likely than grandfathers to experience depression when transitioning to grandparenthood.



Source: Author's analysis of the Harmonised CHARLS and SHARE 2010-5

**Figure 3. Marginal effects of providing grandchild care compared to not providing grandchild care on grandparents' depression, by gender and country**

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