Commentary

Invited commentary on Death of a child and parental wellbeing in old age: Evidence from Taiwan

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The paper by Lee, Glei, Weinstein, and Goldman (2013) of the journal is well written and provides some new reflections on the fairly broad research concerning collateral health. The aim of the study is to investigate family spill-over effects on health in terms of bereavement in Taiwan. This is accomplished by observing whether there is an association between an adult child’s death and parental wellbeing, as measured by self-rated health and respondents’ depressive symptoms.

The article is outlined in a clear-cut manner and is easily accessible to the reader. In an elegant and not unnecessarily extensive way, it documents the previous literature and the main theoretical arguments upon which the two main research hypotheses are built. The primary conclusions of the empirical analyses are that the negative effect of a child’s death on parental wellbeing is greater for women than for men and that a son’s death has a more detrimental effect on women than men.

Perhaps the most important contribution of the article is its attempt to integrate and understand the particular empirical findings in terms of sex differences and gender preferences. Naturally, any parental preferences for sons over daughters or vice versa must be viewed in the right context. The country under study is Taiwan, which the paper argues is a society characterized by strong patrilineality. The argumentation of a social and cultural context that promotes a preference for sons over daughters seems reasonable, at least for the generation of parents studied here, all of whom were born before, during, or recently after World War II. Sons are argued to play a central role in the family structure and hold primary responsibility for providing financial help to their elderly parents. Fathers (men) also generally have a more stable financial situation than mothers (women). Like in many other countries, industrialization and modernization might change the situation for later-born cohorts. In addition, men (fathers) may behave differently in response to the loss of a child than do women (mothers); this agrees with much of the literature on sex differences in coping and psychological reactions to stress.

Thus, the explanations of the findings seem reasonable in light of the context studied. The statistical analyses also seem to have been adequately undertaken. As I see it, the major impediment lies with the data, which I think are far from optimal for studying bereavement effects. Whether the association is purely causal or not, there are still some fundamental problems induced by death of the parents who have entered the panel and panel attrition, irrespective of whether the latter is caused by parental death or not. Each problem is addressed by the authors and is argued to not affect their inferences, or at least not to lead to the wrong conclusions. However, I am not fully convinced that the data issues are as harmless as the authors claim.

The parental mortality risk might be elevated due to the death of a child. This seems plausible according to some previous research (Rostila, Saarela, & Kawachi, 2012) based on the societal context in Sweden, for which one reasonably could expect rather small bereavement effects compared to those found in this study. As mentioned in the paper, parental mortality and parental illness may systematically underestimate the effect of a child’s death. However, there is no way of being sure that these factors result in an underestimation. Parental death may also skew data in a manner that makes correct inference impossible.

The same argument might apply to loss due to follow-up. More than half of all parents in the original panel fell out of the panel at the time when wellbeing (depressive symptoms and self-rated health) is measured. Because death rates are higher in men (fathers) than in women (mothers) in the study, the lack of an effect of a child’s death on fathers’ health might be confounded by a higher mortality risk in men than in women no matter which sex suffers more from bereavement.
inversion, particularly the differences between men and women in cohort inversion, cannot therefore be ruled out as a potential confounding factor. An oppositional view might even be that fathers suffer more intensively and die, whereas women have better coping mechanisms and survive but report depressed health because of a child’s death.

It is nevertheless strange that men are overrepresented in the sample, particularly when the study group is rather elderly. It is stated that this is because of selective migration of men from mainland China in 1949. Because the focus is on the event of a child’s death, this seems to mean that either it is common for men to have (had) children with more than one woman or that people without any children have been included in the data analyzed.

Hence, the results apply only to older parents who survived the follow-up, and as the authors rightly note, the results are not fully generalizable to older people in Taiwan. It is therefore somewhat difficult to understand what type of population we draw conclusions upon and how we should understand the results. It is far from evident that the Taiwanese Longitudinal Study of Aging really is nationally representative.

One way to obtain additional insight into what is happening in the population of parents due to mortality and panel attrition would be simply to compare in more detail descriptive characteristics of those who enter a panel wave and those who survive to the end. This will not overcome the limitations in the obtained data, but it might be helpful in understanding what is happening in and with the data. Replications based on other surveys could be another pathway around the problem, although analyses that follow entire cohorts based on data registers that lack the problem of attrition is preferable. I am nevertheless sympathetic with the fact that data-cohorts based on data registers that lack the problem of attrition is preferable. I am nevertheless sympathetic with the fact that data

sets of this type are rare outside of Nordic countries, which keep track of all their residents in electronic population registers.

The authors suggest that future research could investigate whether conclusions would be the same for younger cohorts in Taiwan or in other East Asian societies that traditionally have a strong preference for sons. In my opinion, an additional and perhaps even more fruitful approach could be to study whether different indicators of parental gender preferences point in the same direction. Hence, parental gender preferences might also be reflected by other outcomes. Continued childbearing, or parity progression, dependent on the sex of earlier born children has long been known as such an indicator (Williamson, 1976). A similar argument lies behind variation in the risk of parental-union dissolution according to the sex of children (Morgan, Lye, & Condran, 1988). An attempt to provide a synthesis within the same context and dataset, such as with respect to some specific cohorts of the Taiwanese population, seems to be a fruitful way of gaining additional knowledge. Treating the different outcomes as competing or dependent could lead to new insights. If there is a parental gender preference for children of one sex or the other, it might be reasonably reflected in parental dissolution risks AND in the risk of continued childbearing.

Any associations with child’s sex and these various outcomes are anchored in the institutional frameworks of a society and are necessarily context-specific (see Pollard & Morgan, 2002). The relation is therefore likely to hold only if men (women) have institutionalized roles that promote greater interaction between sons and fathers (daughters and mothers). If the structural conditions change or if they are inherently different—as they might be in another society, country or culture—one can expect the association to be offset or opposite to what the authors suggest. A change in traditional family roles might lead to a more egalitarian distribution of fathers’ attention to sons and daughters.

If Sweden can be used as an example, the country is considered to be one of the most egalitarian societies in the world (Hausmann, Tyson, & Zahidi, 2011). Gender roles are more equal than anywhere else in the world, and men contribute to traditional female housework tasks, and for many years, an increasing number of men would take paternity leave (Sundström & Duvander, 2002). Registry-based research (Andersson & Woldemicael, 2001) suggests that child’s gender has no effect on the divorce risk, and analyses of childbearing indicate that there may even be a preference for girls (Andersson, Hank, Renssen, & Vikat, 2006). As in many other modern societies, mothers of two same-sex children are more likely to continue childbearing. As is the case with Norway and Denmark—which are very similar with respect to social, political and reproductive rights for women and men—parents seem to have an overall preference for girls over boys. Starting in the early 1980s, the childbearing risk for third births is approximately ten percent higher among Swedish and Norwegian women with two boys than among those with two girls. In Denmark, this trend seems to have begun some years earlier. Hence, a society’s gender system and the presence or absence of elements associated with traditional views on the family and its formation and dissolution are most likely closely linked to gender preferences as observed in empirical research. Studies that use different indicators to understand the presence, creation and moderation of gender preferences within similar or different institutional, social and cultural contexts are thus evidently needed.

Finally, it must be stressed that, in spite of being a recently popular research area, we know little about the actual causal mechanisms that link mortality or health of people who come from the same family (see, e.g., Rostila, Saarela, & Kawachi, 2013). Additional research and more detailed individual information is necessary, as these data would presumably minimize the possibility of omitted variable bias. Ideally, biological and genetic data would be accessible as well as detailed information on diseases from medical records, and more information on shared childhood social environment, including family, personal and relational characteristics. Such information could contribute to a greater understanding of the underlying factors associated with bereavement.

References


