Midlife parenthood and mental wellbeing: How does parent-child coresidence and children's life course stage matter?

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Abstract:

Current research examines the effects of parenting minor children and elder parent-adult child relationship on mental health in two separate literature, yet little research focuses on midlife parents – most of whom care for both minor and adult children in the household. Using NLSY79 data, this study examines the relationship between midlife parenthood to coresidential children and psychological wellbeing among the late baby boomers, whose parenting experiences have become increasingly heterogeneous due to demographic trends including the delayed transition to parenthood and adult children's postponed departure from the parental home. OLS regression analysis shows that compared to parents who had both coresidential minor and adult children, parents coresiding with minor children only and parents coresiding with adult children only had more psychological distress at age 40. The relationship between coresidential parenthood and mental health did not vary by parental gender. The difference in mental health between those living with minor and adult children and those living with adult children was only prominent among mothers. This study contributes to the literature by depicting the landscape as well as the mental health effects of midlife parenthood among a contemporary cohort, paying particular attention to the structural positions of parent-child coresidence, children's life course stages, presence of multiple children, and parental gender.

Parenthood at midlife (ages 40-60) is an important social context at a crucial life course stage for individual wellbeing, including mental health. Yet, extant research tends to focus on either the health consequences of parenting minor children during young adulthood (e.g., Musick, Meier, & Flood, 2016) or elderly care and the parent-child relationship at parents' later life (e.g., Sechrist, Suitor, Howard, & Pillemer, 2014). Midlife parenthood may be especially influential for mental wellbeing considering the unique heterogeneity of today's midlife parents (i.e., the late baby boomers, born between mid 1950s and mid 1960s). Two recent demographic trends drive this midlife parenthood heterogeneity. First, childbearing postponement was prevalent among late baby boomers, with a substantial proportion of late baby boomers transitioning to parenthood in their thirties – and only young children in the household at early midlife (40-50) (Eickmeyer et al., 2018). Second, for the late baby boomers who had earlier birth(s) in their early twenties, children's delayed first departure from the parental household means that many of these individuals continue to house young adult children at midlife (Fry, 2013, 2016). As such, parenting coresidential children at midlife should include three arrangements: caring for minor children only, caring for adult children only, and caring for both minor and adult children. The heterogeneity of midlife parenthood is important for health and well-being, as research has shown that parenting minor children and adult children have different ramifications for parental wellbeing including mental health (Umberson, Pudrovska, & Reczek, 2010). Notably, the life course stage between age 40 and age 50 – the period from early midlife to mid midlife, is a time when both the family structure and health profiles undergo significant changes (Fingerman, 2017; Lachman, 2004). However, prior research has seldom considered how midlife parenthood contexts matter for parent's mental health.

Notably, the experiences of mothers and fathers are starkly different, with women providing more coresidential care for both young and adult children across the life course (Umberson et al., 2010). For example, an analysis of the 2006-2010 National Survey of Family Growth shows that among parents aged 15-44, 74% of fathers and 93% of mothers live with all of their minor children (Guzzo & Payne, 2016). A gendered life course perspective suggests that parenthood imposes different constraints and demands on men and women; factors in turn shown to be linked with varying health outcomes including mental health (Umberson, Liu, Mirowsky, & Reczek, 2011). In particular, women are more likely to report higher levels of psychological distress than men (Bird, 2009); women's mental health is also more sensitive to relationship with children because motherhood is more central to women's identity (Carr, 2004; Milkie, Bierman, & Schieman, 2008). These gender differences suggest distinctive association between midlife parenthood and mental wellbeing for women and men.

To address these gaps, this study uses nationally representative data of the American cohort of midlife late baby boomers to answer the following questions: (1) How does midlife parenthood to coresidential children matter for individuals' psychological wellbeing and how does this relationship differ between age 40 and age 50? (2) How do these patterns vary both across and within gender? Using data from National Longitudinal Survey of Youth-1979, I employ OLS regression models to examine the research questions. This study is innovative and can contribute to the family and health literature by depicting the landscape as well as the mental health effects of midlife parenthood among a contemporary cohort.

Background

Parenting coresidential children and psychological wellbeing at midlife

Unraveling the relationships between parenthood context and health at midlife is crucial because midlife is when chronic health problems begin to surface and population health disparities further diverge (Read & Gorman, 2011; Palloni et al. 2009). A life course perspective suggests the heterogeneous parenthood context—particularly in terms of children's life course stage and parent-child coresidence— is very intricately linked with individuals' midlife mental health (Umberson et al., 2010). Furthermore, women's mental health is shown to be more responsive to the relationship with children than men (Milkie et al., 2008; Reczek & Zhang, 2016), and thus the effects of children's life course stage and parent-child coresidence on midlife adults' mental health likely differ for men and women (Umberson et al., 2010). In the following sections, I will review and analyze current literature on how three coresidential parenthood contexts, including (1) coresident minor children, (2) coresident adult children, and (3) both minor and adult children in the household matter for midlife parents' mental health, and how these relationships differ by gender.

(1) Coresidence with minor children and midlife parental mental health. As the average age at first birth increased significantly over the past four decades, many late baby boomers tend to have younger children or sometimes even young children only in the household at midlife. Within this cohort, men are more likely to have younger children than women at age 40, as men tend to have children at old ages than women (Eickmeyer, 2016). Parenting young children is strongly associated with individual's mental health. Parents with minor children generally report lower levels of psychological wellbeing than both the childless and those with adult children

(Evenson & Simon, 2005). Higher demands of parenting responsibilities for minor children accompanied by greater levels of strain, stress, and physical fatigue are among the main contributing factors of this finding (Kluwer & Johnson, 2007; Pollmann-Schult, 2014). However, recent evidence complicates the association between parenting minor children and mental health. For instance, some studies show that parenting minor children is associated with more positive subjective wellbeing including higher levels of parental satisfaction and happiness, lower levels of stress, and higher likelihood to perceive life as meaningful and joyful, compared to the childless, or compared to times when parents are not engaging with young children (Blair-Loy, 2003; Musick et al., 2016; Nomaguchi, 2012), especially when demographic covariates such as marital status are accounted for (Umberson, Thomeer, & Williams, 2012). Regardless of the association between parenting minor children and mental wellbeing, research consistently shows that mothers shoulder more childrearing responsibilities and experience more stress and greater fatigue while caring for young children than fathers (Umberson et al., 2010; Musick et al., 2016).

Notably, the majority of research on minor children and parental mental wellbeing, including those cited above, situates in the context of parent-minor child coresidence. In fact, American parents, especially mothers, care for young children in the household until they leave the nest for higher education, job, and family formation (Furstenburg, 2010). Parental coresidence with minor children is not only the dominant childrearing living arrangement in the U.S., it is directly linked with everyday hassles, stress, and rewards that are connected with individuals' mental health (Umberson et al., 2010; Musick et al., 2016). Taken together, coresidence with minor children can be linked with lower levels of mental wellbeing among

parents, especially mothers. This association may be attenuated once the sociodemographic covariates are considered.

(2) Coresidence with young adult children and midlife parental mental health. Midlife parents maintain frequent contact with and offer continued emotional, financial, and instrumental support to adult children (Fingerman et al., 2012), and parents' mental health is positively associated with a supportive relationship with adult children, and negatively associated with a strained relationship with adult children (Fingerman, 2017; Umberson et al., 2010). Additionally, an integration of the life course perspective and stress process theory (Milkie et al., 2008; Umberson & Reczek, 2007) suggests that midlife parents' mental wellbeing is linked with young adult children through a process of intergenerational stress proliferation, wherein young adults' stressors spread through the family network and increase parental distress. For instance, parents' psychological distress increases when parents perceive young adults need too much help during the transition to adulthood (Fingerman et al., 2012). Notably, because mothers have a closer relationship with adult children, maintain more frequent contact, offer more emotional and instrumental support, and report greater closeness as well as conflict with/to adult children than fathers, midlife mothers' mental wellbeing are also more sensitive to the relationship with adult children and adult children's stressors (e.g., Arnett & Schwab, 2012; Fingerman et al., 2016).

Young adult children increasingly postpone their first departure from home, wherein the proportion of young adults living in parental household has increased for the past four decades (Pew Research Center, 2015a). In 2014, 32% of young adults aged 18-34 lived in parental home. Coresidence with parents has become the most common living arrangement among these young adults, surpassing all the other living arrangements including living with a spouse or romantic

partner (Fry, 2016). Considering the factors including women's younger age at first birth than men, the sustained high rates of nonmarital childbearing and divorce, more young adult children live with mothers than fathers. Prior work finds that coresidence with emerging young adult children (e.g., post-college-age adult children) is associated with higher psychological distress among parents (Pudrovska, 2009). However, midlife parents report increased acceptance of young adult children's extended stay after the mid-2010s. For example, a vignette study conducted prior to the great recession (late 2000s to early 2010s) finds that adults of all ages do not appear to prefer grown children's extensive coresidence with parents unless the younger generation encounters severe economy deficiency or was single or childless (Seltzer, Lau, & Bianchi, 2012). Similarly, recent research shows that young adults' coresidence with parents is only associated with worse marital quality for parents only if the coresidence happened before the Great Recession (Davis et al., 2016). Because the great recession happened when the late baby boomers were in their early 40s, coresidence with adult children is likely to be associated with decreased mental wellbeing among parents, especially mothers.

(*3*) *Both minor children and adult children and parental mental health.* Virtually no research has examined how parenting both coresidential minors and adult children, an emerging parenthood context at age 40 for the late boomers, is associated with mental health. Psychological theories of adult development describe midlife as a life course stage of self-assessment and evaluation (DeVries et al., 2007). This perspective posits that midlife wellbeing largely hinges on individuals' ability to handle multiple roles (Ann & Cooney, 2006). In the case of parenthood, midlife individuals who have both coresidential adult children and minor children are dealing with different parenting roles on a daily basis (e.g., more physical care, transportation

care for minor children, more emotional care for adult children maybe). While balancing the parenting roles of both adult and young children, midlife parents, especially mothers, are thus more prone to experience more psychological distress than parents in parenthood contexts.

On the other hand, coresidence with both minor and adult children may be no more stressful than coresidence with minor children only. As an aphorism suggests – "A mother is only as happy as her least happy child," the strain of parenting both minor and adult children may be more similar to that of the strain of parenting coresident minor children only, which generally involves more work and causes more psychological distress than parenting adult children (Evenson & Simon, 2005). Additionally, a parent that could have been bothered by adult children's delayed departure may direct their primary attention to the minor children and thus not become overly stressed by the stalled progress in adult children's transition. Prior work finds that children of higher birth order and children whose parents have more work-family stress spend more time on housework (Gager, Sanchez, & Demaris, 2009). In line with this research, adult children in the household may contribute more to the household at the presence of younger siblings, relieving some parental stress. In this case, parents to both coresident minor and adult children may have similar mental health as those with coresidential minor children only.

Taken together, the existing literature overlooks the complexity of midlife parenthood among the late baby boomers and can mask important distinctions in mental health by specific parenthood contexts including parenting coresidential minor children only, caring for both minor and adult coresidential children, and parenting only adult children in the household. This study aims to amend this research gap by addressing two questions: (1) How does children's life course stage and parent-child coresidence at midlife matter for individuals' psychological

wellbeing? (2) How does parental gender matter in these relationships? This study further considers how these relationships differ between age 40 and age 50. In addition, the role of gender is examined in analysis using between-gender comparisons as well as within-gender comparisons.

Methods

Data

Data are from the National Longitudinal Survey of Youth-1979, which includes a nationally representative sample of 12,686 men and women aged between 14 and 22 in 1979. Respondents have been interviewed annually since 1979 and biennially since 1994. The data collection is ongoing and the most recent wave available is 2014. Beginning in 1998, NLSY79 launched a 40-and over health module to collect a wealth of information on health, including psychological wellbeing. The health module was administered to individuals once, after they turned age 40. The survey years of the 40's health module comprise 1998 through 2006 with a two-year interval. Beginning in 2008, another health module was administered to individuals after they turned age 50. Each respondent would also participate in the 50's health module once, the survey years of which spanned between 2008 and 2014. This study employed data through 2008, using information from both the 40's and 50's health modules to address the research questions.

I first limited the analytical sample to 6,882 men and women who had valid information on both the age and residential status of their children. 1,273 mothers and fathers were dropped from the analysis because they did not have coresidential children at the time of the survey. Men are more likely than women to report missing fertility information than women. The final analytical sample is thus composed of 5,573 fathers and mothers who had complete information

on the life course stage of their coresidential children, all of these individuals also had valid mental health responses. More specifically, this study contains two analytical samples, corresponding to the two analysis described further in the section of analytical strategy. The first sample includes men and women at age 40 (n=5,218). The second sample comprises men and women at age 50 (n=3,466).

Measures

Psychological Distress captures symptoms of anxiety and depression (Mirowsky & Ross, 1989). In this study, psychological distress was measured using a 7-item version of Center for Epidemiological Studies Depression (CES-D) scale. The CES-D scale was based on answers from the following questions: "how often do you felt that way during the past week": (1) *I did not feel like eating; my appetite was poor; (2) I had trouble keeping my mind on what I was doing; (3) I felt depressed; (4) I felt that everything I did was an effort; (5) My sleep was restless;(6) I felt sad; (7) I could not get "going".* For each question, respondents selected answers from *rarely or none of the time, some or little of the time, occasional or a moderate amount of the time, and most of all of the time.* NLSY researchers combined answers from the seven questions into a single scale, which I log transformed to address the positive skew. The transformed scores were then multiplied by 100 for the convenience of interpretation (see Clarke et al., 2011 for a similar approach). A higher CESD score denotes higher levels of psychological distress. Alpha reliabilities were 0.83 at both age 40 and age 50.

Composition of coresidential children at midlife, which captures the family structure in terms of the composisition of coresidential children by life course stage, is the main independent variable. It comprises three categories: presence of coresidential minor children only, presence of

both coresidential minor and adult children, and presence of adult children only. Children's age and coresidential status were identified from respondents' answers on the birth year and usual residence of each of their children. *Other parenthood-related variables* that are shown to be associated with midlife mental health are also included. *Number of children in the household* was derived from respondents' self-reported number of children in the household; it was top-coded at four due to much fewer responses beyond four children. Two dummy variables, *presence of non-residential minor child* and *presence of non-residential adult child* were also based on answers on the birth year and usual residence of each of the children.

Covariates that are shown to be associated with both midlife parenthood context and mental wellbeing are included in multivariate analysis. The covariates include race/ethnicity (Non-Hispanic White, Non-Hispanic Black, Hispanic), highest grade completed, marital status (Never married, married, other), employment status (employed, other), family income (adjusted for inflation and reported in 2014 dollars, and log transformed to account for positive skew of the original distribution), family size (top coded at six), and health insurance coverage (private, public, self-pay). Because early transition to parenthood is linked with both parenthood contexts at midlife and mental wellbeing (Aitken et al., 2016), I also generated a dummy variable to account for the experience of early childbearing (i.e., whether one had a first birth prior to age 20). All the covariates except race/ethnicity, highest grade completed, and early childbearing (time-invariant) were measured at the same time when the dependent variables were measured. For instance, the covariates in the analysis for the 40-year-old were measured when the respondent participated in the 40's health module

Analytic Strategy

I ran two sets of models to test the association between midlife parenthood context and individuals' psychological distress. The first set of tests employed OLS models and examined how children's life course stage and parent-child coresidence matters for individuals' mental health at age 40. The second set of tests used OLS models among those who reached age 50. These two sets of models aim to shed light on the between-individual differences in the association between midlife parenthood and mental wellbeing at age 40 and age 50 separately. Both of these models were run on the age-specific subsamples (i.e., all 40-year-old parents or all 50-year-old parents) first and then on fathers and mothers separately.

To maximize the data usage, I employed multiple imputation methods with chained equations to deal with missing values on covariates. Most of the covariates had missing values at a suggested cut point of 5% (Schafer, 1999), except family income, for which about 15% of responses were invalid. Sensitivity analysis that excluded family income but contained other highly-correlated SES variables such as health insurance type and highest achieved education showed qualitatively similar results as those presented. Conditional distribution for missing values on all variables was generated by Gibbs sampling techniques (Royston 2005, Van Buuren 2012). Five distinct data sets were produced because 3 to 4 datasets are deemed appropriate for models with up to 20% missing (Royston 2005, Van Buuren 2012). Dependent variables with missing values were included in the imputation model and later deleted for the analysis (Van Hippel, 2007). All the descriptive and multivariate analyses are conducted using the mi command in Stata/MP 15.0 (College Station, TX: StataCorp LP).

Results

Descriptive Results

Table 1 and Table 2 present descriptive information of all the analyzed variables for samples of the age 40, age 50. Significance tests conducted to examine gender differences are also shown in Table 1 and Table 2. At both age 40 and 50, men had higher levels of psychological distress than women (Age 40: 153.11 VS 190.60, $p < 0.001$; Age 50: 161.93 VS 204.73, $p < 0.001$). Among the 40-year-old fathers who had coresidential children, a majority of them – about 70% had only minor children in the household, whereas 20% of fathers had both minor and adult children in the household and 10% lived with coresidential adult children only. Mothers had different coresidential parenthood contexts in terms of age 40. Compared to fathers at the same age, the 40-year-old mothers were more likely to live with adult children. The proportion of mothers living with minor and adult children, and mothers living with adult children only, were significantly greater than that of their male counterparts (24% VS 13%, $p < 0.001$; 13% VS 5%, $p < 0.001$).

Compared to age 40, parenthood contexts at age 50 changed for both fathers and mothers: the percentage of coresidence with minor children only decreased, whereas the proportion of coresidence with adult children increased. Substantial gender differences persisted, as women at age 50 continued to have higher likelihood of living with adult children only than men at the same age (39% VS 56%, $p < 0.001$).

Multivariate Results

Table 3 presents results from the OLS regression models examining the association between midlife parenthood contexts and mental health at age 40. Parents with coresidential minor children were used as the reference group originally because this group was the dominant

coresidential parenthood (70% of 40-year-old parents with coresidential children had only minor children in the household). However, for ease of presentation (of the significant results), parents with coresidential minor and adult children were chosen as the reference group in the presented results because this group had the lowest level of psychological distress. Results from Model 1 with both coresidential fathers and mothers show that compared to parents with both residential minor and adult children, parents with residential minor children only ($b = 10.03$, $p < 0.05$), and parents with adult children only ($b = 18.58$, $p < 0.01$) all had more psychological distress at age 40, adjusting for the covariates. No difference was found between parents with coresidential minor children only and children with coresidential adult children only. At age 40, mothers had substantially more psychological distress than fathers ($b = 22.97$, $p < 0.001$). Yet, analysis including the interaction term between gender and parenthood context finds that the general association between coresdiential parenthood and mental health did not vary by gender. Predicted values generated by Model 1 were plotted in Figure 1. According to Figure 1, individuals with both minor and adult children in the household had the lowest level of psychological distress, which was significantly lower than all the other parenthood contexts; mothers' levels of psychological distress were higher than fathers' in every parenthood context and in similar magnitude.

Model 2 and 3 in Table 3 shows OLS regression results estimating the relationship between midlife parenthood contexts and mental health at age 40 for fathers and mothers respectively. Model 2 shows that fathers living with minor children only had more psychological distress than fathers with both coresidential minor and adult children but the result is only marginally significant ($b = 14.75$, $p < 0.1$), accounting for other sociodemographic covariates.

Additional differences among other comparison groups were not found. Among women, those coresiding with adult children only reported more psychological distress than those living with both minor and adult children ($b = 20.02$, $p < 0.01$), adjusting for other covariates. Additionally, mothers living with adult children only also had higher levels of psychological distress than those with coresidential minor children and the result is marginally significant ($b = 12.89$, $p < 0.1$).

Table 4 displays OLS regression results that examined the association between parenthood contexts and mental health at age 50. Midlife parenthood contexts do not appear to explain the variation in CESD scores at age 50 among the full sample, coresdiential fathers, and coresidential mothers, respectively.

Discussion

Parenthood is an important social context that is intricately linked with mental health across the life course. Yet, previous research fails to consider the heterogeneity of midlife parenthood contexts in relation to mental wellbeing among the late baby boomers. Guided by a gender life course perspective and using nationally representative data of NLSY79, this study fills this research gap by examining the association between parenthood context in terms of parent-child coresidence and children's life course stage and midlife parents' mental health at midlife. I further study how this association differs for men and women. The main contributions of this study are described in detail below.

First, among all the parenthood contexts in terms of children's life course stage and parent-child coreidence, results from the OLS regression models suggest that coresidence with adult children only is linked with elevated psychological distress compared to coresidence with minor and adult children, but not coresidence with minor children only. This finding is consistent

with prior work that reveals the overall negative association between young adults' delayed departure from the nest and parents' mental wellbeing, and is innovative by shedding light on the complexity of coresidential parenthood at midlife. Young adults' extensive coresidence is shown to violate the normative expectation of children leaving the nest after they become adults (Settersten, 1998). Coresidence with adult children, a behavior that likely violates age norm is subsequently linked with increased stress, which can proliferate through family network and influence parental wellbeing (Millkie et al., 2008). Furthermore, the connection between specific age norm and other family members' wellbeing are situated within a particular historical context. This particular group of parents experienced their early midlife (early 40s) prior to the great recession, a time when young adults' delayed departure from home was frowned upon (Davis et al., 2016). As a result, findings of this study aligned with results gleaned from older cohorts (e.g., Pudrovska, 2009) and show that coresidence with adult children can increase parents' psychological distress.

However, prior study tends to compare parents with coresidential adult children to all the other mid- to later-life parents, which likely masks the complexity of midlife parenthood. Results from the OLS models for the 40-year-old mothers show that the scenario of living with adult children is associated with lower levels of psychological distress only when compared to coresidence with both minor and adult children. This result corresponds to recent research, which finds that parents seek meaning and happiness from caring for young children and reap benefits for their mental wellbeing as a result (Blair-Loy, 2003; Musick et al., 2016). Yet, what needs further explanation is why coresidence with both minor and adult children yields positive mental health outcome compared to coresidence with adult children only. It is possible that residential

minor children capture parents' primary attention; the mental health of those with both minor and adult children in the household was thus more similar to those with coresidential minor children only. Additionally, adult children in the household might be able to help with some household chores or care for their younger siblings (Gager et al., 2009); in this case, parents may not be negatively affected by adult children's late departure as is found when only adult children remain in the home. This finding suggests that scholars need to study a broader range family dynamics in order to develop a better understanding of the determinants of parental wellbeing, or wellbeing of other family members. This is because the relationship between two family members and the subsequent health effects may be modified by the presence of another family member.

Second, although women had higher levels of psychological distress than men across all parenthood contexts, the relationship between coresdiential parenthood contexts and mental health did not vary by gender. Nevertheless, many significant differences found in the main model with both men and women included were largely driven by results in the gender-specific models. This is highly related to the fact that parenthood is gendered – women are more likely to experience some parenthood contexts, whereas other types of parenthood are largely experienced by men. For instance, descriptive results show that women were much more likely than men to live with adult children. Women also do provide more residential support to adult children (Evenson & Simon, 2005). Consequently, the negative effects of parenting coresidential adult children on mental health found in the full sample, manifested in both the OLS results at age 40 are largely driven by significant results produced by the sample of women. Overall, this study advances current research, showing that it is primarily women who care for adult children who need more support in the changing economics and take the accompanied emotional toll.

Future steps

Next, I plan to examine midlife parenthood to coresidential children and parents' mental wellbeing further in three main ways. First, because parent-child coresidence changes drastically between parents' age 40 and 50, I plan to conduct a comprehensive comparison among parents who transition to a different parent-child coresidence between age 40 and 50. In other words, I want to test: compared to those who remained in the same coresidential parenthood status, how does the transition into another parenthood status (including an empty nest) matter for parents' mental wellbeing, and how does it differ for fathers and mothers? For instance, to understand the effects of parenting coresidential adult children, I will compare the changes in mental health (from age 40 to 50) between parents who continued to have adult children only in the household and parents who transitioned from parenting adult children only at age 40 to an empty nest at 50. Second, I plan to further examine the family dynamics in parent-child coresidence using data from children that were born to the female respondents in NLSY79 (i.e., NLSY79-Children and NLSY79-Young adults). This step will shed light on the mechanisms (e.g., whether adult children behave differently at the presence of a minor sibling) that link different types of mother-child coresidence to maternal wellbeing at midlife. Third, I plan to assess how coresidential parenthood (especially motherhood) varies by race/ethnicity because parent-child coresidence as well as the relationship between parenthood and mental wellbeing are conditioned on race/ethnicity (Lei & South, 2016; Milkie et al., 2008).

Taken together, this study addresses the heterogeneity of midlife parenthood among the late baby boomers and identifies specific groups of middle-aged individuals – mothers to the coresidential adult children, might be at risk of elevated psychological distress, compared to

mothers that were coresiding with both minor and adult children. This study advances current literature in understanding the relationship between parenthood and wellbeing, paying particular attention to the structural positions of gender, parent-child coresidence, children's life course stages, and presence of multiple children. The findings of the study provide potentially important policy recommendations to support parents and families in need.

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Table 1. Sociodemographic and Health Characteristics of the Sample - Age 40 (Unweighted, Imputed)

	Parents		Fathers		Mothers	
	Mean /Percent	SD	Mean /Percent	SD	Mean /Percent	SD
CESD score	175.88	110.35	153.11	105.07	190.60***	111.19
Presence of children/by age AT HOME						
Only minor kids (ref)	70.05		81.45		62.67	
Minor kids + Adult kids	19.72		13.32		23.86***	
Only adult kids	10.23		5.22		13.47***	
Non-residential minor children	7.34		13.13		3.60***	
Non-residential YA child(ren)	22.04		14.79		26.73***	
# children in the household	2.08	0.92	2.13	0.93	2.04**	0.92
Gender-Men	39.27		/		/	
Race/Ethnicity						
NonHispanic White (ref)	52.15		56.52		49.32	
NonHispanic Black	26.98		22.45		29.91***	
Hispanic	20.87		21.03		20.76+	
Marital Status						
Never Married	8.19		4.39		10.64***	
Married or Cohabiting (ref)	73.51		87.12		64.71	
Previously married	18.30		8.49		24.65***	
Highest Grade Completed	13.50	2.61	13.51	2.73	13.49	2.53
Employment Status						
Employed (ref-not employed)	86.18		93.56		81.41***	
Logged family income-(inflation adjusted)	11.32		11.47		11.22***	
Health Insurance						
Private (ref)	78.65		83.06		75.80	
Public	6.63		3.45		8.68***	
Self-pay	14.73		13.50		15.52**	
First birth at or before age 20	52.62		40.76		60.30***	
N (Person)	5,218		2,049		3,169	

Source: NLSY79 (1998-2006). Covariates are measured in the year when 40's health module was administered.
Note: The bivariate differences between men and women are included in the table. + p<.10 * p<.05 ** p<.01 *** p<.001
Difference between only minor kids and only adult kids: Model 1: b=-8.55, p=0.131; Model 2: b=8.58, p=0.446; Model 3: b=-12.89, p=0.055.

Table 2. Sociodemographic and Health Characteristics of the Sample - Age 50 (Unweighted, Imputed)

	Parents		Fathers		Mothers	
	Mean /Percent	SD	Mean /Percent	SD	Mean /Percent	SD
CESD score	187.04	110.98	161.93	108.03	204.73***	109.64
Presence of children/by age AT HOME						
Only minor kids (ref)	32.47		41.64		26.01	
Minor kids + Adult kids	18.54		19.45		17.90***	
Only adult kids	48.98		38.90		56.08***	
Non-residential minor children	2.14		3.65		1.09***	
Non-residential YA child(ren)	53.33		47.54		57.42***	
# children in the household	1.69	0.84	1.79	0.86	1.62***	0.82
Gender-Men	41.32		/			
Race/Ethnicity						
NonHispanic White (ref)	51.77		56.67		48.32	
NonHispanic Black	26.73		22.05		30.02***	
Hispanic	21.50		21.28		21.66*	
Marital Status						
Never Married	7.78		4.49		10.09***	
Married or Cohabiting (ref)	70.49		85.60		59.84	
Previously married	21.74		9.90		30.07***	
Highest Grade Completed	13.66	2.71	13.78	2.82	13.57*	2.63
Employment Status						
Employed (ref-not employed)	83.31		90.52		78.24***	
Logged family income-(inflation adjusted)	11.35		11.55		11.21***	
Health Insurance						
Private (ref)	75.32		80.07		71.98	
Public	13.49		11.22		15.08***	
Self-pay	11.19		8.71		12.94***	
First birth at or before age 20	44.14		32.46		52.37***	
N (Person)	3,466		1,424		2,022	

Source: NLSY79 (2008-2014). Covariates are measured in the year when 50's health module was administered.

Note: The bivariate differences between men and women are included in the table. + p<.10 * p<.05 ** p<.01 *** p<.001

Table 3. Results from OLS Regression Models Predicting CESD at Age 40

	Model 1 - Full Sample		Model 2 - Fathers		Model 3 - Mothers	
	b	SE	b	SE	b	SE
Presence of children/by age AT HOME						
Only minor kids	10.033*	4.887	14.749+	8.406	7.129	6.094
Minor kids + Adult kids	ref		ref		ref	
Only adult kids	18.584**	6.079	6.167	12.141	20.016**	7.198
Non-residential minor children	5.094	5.848	-2.004	7.140	25.274*	10.413
Non-residential YA child(ren)	0.251	4.395	-4.335	7.974	1.032	5.330
# children in the household	-0.781	1.761	0.294	2.669	-1.912	2.354
Gender (ref: men)	25.597***	3.275				
Race/Ethnicity (ref: NonHispanic White)						
NonHispanic Black	-6.119	3.811	-7.840	6.038	-5.465	4.946
Hispanic	-20.554***	3.887	-18.741**	6.000	-22.00***	5.098
Marital Status (ref: Married)						
Never Married	-1.569	6.337	-4.660	12.132	-0.853	7.525
Previously married	8.722+	4.534	-4.110	8.897	11.530*	5.327
Highest Grade Completed	-2.417***	0.672	-3.891***	1.004	-1.507+	0.895
Employment Status (ref-not employed)						
Employed	-9.940*	4.665	-25.579*	10.666	-8.686	5.305
Logged family income	-18.333***	3.460	-12.496*	5.163	-20.289***	4.291
Health Insurance (ref: Private)						
Public	57.543***	7.146	61.062***	15.109	53.152***	8.359
Self-pay	11.278*	4.643	24.551***	7.432	3.443	5.995
First birth at or before age 20	13.089**	4.577	12.072+	6.986	15.197*	6.111
Intercept	393.351***	38.50	356.816***	57.21	430.251***	47.76
N (NLSY79)	5,218		2,049		3,169	

+ p<.10 * p<.05 ** p<.01 *** p<.001

Source: NLSY79 (1998-2006). Covariates are measured in the year when 40's health module was administered.

Difference between only minor kids and only adult kids: Model 1: b=-8.55, p=0.131; Model 2: b=8.58, p=0.446; Model 3: b=-12.89, p=0.055.

Table 4. Results from OLS Regression Models Predicting CESD at Age 50

	Model 1 - Full Sample		Model 2 - Fathers		Model 3 - Mothers	
	b	SE	b	SE	b	SE
Presence of children/by age AT HOME						
Only minor kids	-1.043	5.663	-0.406	8.062	-0.991	8.000
Minor kids + Adult kids	ref		ref		ref	
Only adult kids	1.435	5.538	-0.751	8.496	3.102	7.376
Non-residential minor children	6.678	12.499	7.234	15.080	-7.917	22.786
Non-residential YA child(ren)	-1.753	4.211	-7.859	6.564	0.004	5.517
# children in the household	-3.703	2.446	-7.569*	3.623	-0.336	3.351
Gender (ref: men)	27.490***	3.933				
Race/Ethnicity (ref: NonHispanic White)						
NonHispanic Black	-12.184**	4.702	-1.281	7.280	-20.71***	6.212
Hispanic	-25.34***	4.783	-16.638*	7.263	-32.14***	6.365
Marital Status (ref: Married)						
Never Married	0.897	7.756	1.078	14.623	1.508	9.416
Previously married	10.047+	5.232	17.613+	9.991	7.269	6.402
Highest Grade Completed	-0.767	0.812	-0.802	1.215	-0.696	1.094
Employment Status (ref-not employed)	-38.41***	5.478	-67.16***	10.604	-27.93***	6.485
Employed						
Logged family income	-17.868***	3.807	-16.160**	5.421	-18.86***	5.265
Health Insurance (ref: Private)						
Public	32.202***	6.294	30.243**	9.794	34.21***	8.308
Self-pay	6.330	6.353	-12.168	10.694	15.326+	7.962
First birth at or before age 20	5.940	4.772	3.992	7.532	9.007	6.217
Intercept	421.72***	42.61	436.34***	59.889	445.48***	59.18
N (NLSY79)	3,446		1,424		2,022	

+ p<.10 * p<.05 ** p<.01 *** p<.001

Source: NLSY79 (2008-2014). Covariates are measured in the year when 50's health module was administered.

Difference between only minor kids and only adult kids: Model 1: b=-2.48, p=0.565; Model 2: b=0.35, p=0.958; Model 3: b=-4.09, p=0.481.

Figure 1. Predicted Psychological Distress by the Composition of Coresident Children