

Coping strategies for happy childless aging. An explorative study in Poland.

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Introduction

Previous research on a quality of life of childless elderly people has not yielded unanimous results. Some studies suggest that childlessness is associated with low life satisfaction and happiness in older ages (Hansen, Slagsvold, & Moum, 2009; Margolis & Myrskylä, 2011), while other do not confirm this relation (Kohler, Behrman, & Skytthe, 2005; Z. Zhang & Hayward, 2001). The role of childlessness seems to differ for various life domains (Dykstra & Wagner, 2007; Hansen et al., 2009; Kendig, Dykstra, van Gaalen, & Melkas, 2007) and its potentially negative impact can be buffered by numerous factors such as a support received from a social network, an income or an availability of health services (Banks, Haynes, & Hill, 2009; Read & Grundy, 2011; Wu & Hart, 2002; W. Zhang & Liu, 2007). This study contributes to our knowledge on such buffering factors by investigating whether older childless people adopt any conscious coping strategies to respond to challenges that might be posed by a lack of children.

We investigate a case of Poland, where parenthood is highly valued (Fokkema & Esveltdt, 2008) and children are main care-providers for their elderly parents (Abramowska-Kmon & Kotowska, 2009; Bojanowska, 2009). Previous research in this country has found that older childless people are perceived as unhappy and lonely (Mynarska, 2009). In such context, deliberate actions taken by childless adults might be of particular importance for their well-being. Our study has an explorative character. We analyse a set of 42 qualitative interviews with childless men and women aged 65 or older. We reveal main concerns and worries related to childless aging—as expressed by the interviewees—and identify various coping strategies adopted in reaction to these concerns.

Data and method

The analysed material was obtained in the course of semi-structured in-depth interviews, conducted in Spring 2015. We interviewed 22 women and 20 men aged 65-92 (mean age = 70.5), who have never had any (biological, adopted or foster) children. The interviews were carried out in several locations in Poland (three regions), in big cities as well as in small municipalities / villages. Our sample includes individuals of different marital statuses and in different living arrangements – importantly six persons lived in a nursing home. Some key characteristics of our interviewees are presented in the table below.

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Table 1. Characteristics of the childless respondents

Sex	Men	20
	Women	22
Age	65-69	25
	70-79	14
	80+	3
Marital status	Married	9
	Widowed	10
	Divorced	6
	Single	17

Source: Own elaborations

Interviews were conducted by two skilled interviewers: a psychologist and a sociologist. Each participant was interviewed individually, at their place of residence. Each interview covered several thematic areas: (1) general life situation; (2) relationship(s) – history and current situation; (3) family, friends, social contacts; (4) quality of life and well-being; (5) comparing respondent's life and current situation to the situation of people with children; (6) main achievements in life and hopes for future. The interviews were recorded and transcribed verbatim. We used a bottom-up (open) coding (Strauss & Corbin, 1998) to identify all key concerns and adaptive strategies of the respondents.

Preliminary results

Not surprisingly, the respondents were mostly concerned that a lack of children is or can be resulting in a lack of support, especially in case of limitations in activities of daily living (ADL). Other worries related to childlessness were also expressed, such as a risk of loneliness or even isolation. We could identify two categories of coping strategies in face of these fears.

First, our respondents aim at creating a satisfactory net of social contacts and sources of support. Numerous strategies were revealed here e.g., taking up a part-time employment, getting involved in voluntary work, participating in various social activities / events or investing time and energy in sustaining good relations with relatives, friends or neighbours. In some cases, very creative or elaborative strategies were described. A 66-years-old woman engages as a background actor (an extra) in movies / commercials or as a member of an audience in TV shows. Another example comes from an interview with a 65-years-old man, who—together with his wife—bought a small house in the village. The couple has made friends with their neighbours there and spends a lot of time with their sons. He considers a possibility of leaving the house to them, if they let him live there until his death and look after him. In the interview, he said:

„This is another possible option. You know, everything might change. I might stay in V. [the name of the village]. (...) I would make an arrangement with the neighbours, with the parents of these boys: I will leave the house to you, but I want to die there. Maybe they would agree? I would have a nursery home there.”

The second type of coping strategies, discussed by our respondents, aim at creating conditions, in which an elderly person would not need to rely on his or her social network. Importantly, the respondents found these strategies more difficult: they were usually described as something that the interviewees would like to do or should do. To give a few examples, they described various health related actions that might allow them to stay active for a longer time (e.g., losing weight or having an eye surgery). They discussed living conditions that would make it easier for them to stay on their own. The issue of saving

money was mentioned too, as savings would allow them to pay for some private assistance or for a better nursery home.

In the paper, we will portray key coping strategies of our interviewees and discuss their role for older childless people's well-being. We hope to suggest additional variables that may moderate an effect of childlessness on happiness in old age. We also hope to draw some policy recommendations on how senior citizens can be supported in their coping strategies.

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