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## Intergenerational Exchange and Expected Support Among the Young-Old

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### Abstract

The authors used data from the Wisconsin Longitudinal Study ( $N = 5,023$ ) to determine how 3 attributes of intergenerational exchange (content, direction, and recency) are associated with older adults' expected sick care and comfort from their adult children. They found more like-kind associations (expecting same types of support that had been exchanged before) than spillover associations (expecting different types of support than that had been exchanged before). Same patterns of like-kind associations were found for expected sick care and comfort, regardless of the direction and recency of exchange, but expected sick care and comfort had different patterns of spillover associations. Specifically, recent emotional transfer, upward or downward, was related to expected sick care, but only recent upward instrumental transfer was related to expected comfort. This study advances the gerontological literature by elucidating the complex relations between each of the 3 attributes of intergenerational exchange and expected support among older adults.

### Keywords

comfort; expected support; intergenerational exchange; like-kind; sick care; spillover

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Recent medical advances have postponed, but do not eliminate, late-life infirmity (Fries, 2003). As people get older, they ultimately need to confront the question of who will provide them with care and comfort. Past studies have shown that older adults' well-being is more likely to be influenced by the support that they perceive as being available than by the support that they actually receive (Taylor & Lynch, 2004; Yang, 2006). For older adults who are relatively healthy and do not need actual support, perceived support provides a sense of security and enhances well-being (Bisconti & Bergeman, 1999).

Older adults typically turn to their spouses for support in times of need. When spouses become ill or pass away, older adults may increasingly rely on their adult children for help (Spitze & Ward, 2000; van Tilberg, 1998). Although filial norms prescribe that adult children should support their parents, not all older adults expect support from their children (Hogan & Eggebeen, 1995), suggesting that expected support may not always coincide with filial norms among older adults. Some researchers have suggested that having had the experience of past exchange with children contributes to older adults' expectations of

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support (Pillemer & Suitor, 2006), but the complex relations between intergenerational exchange and expected support have not been fully examined. In this study, we fill the gap by examining whether three attributes of intergenerational exchange—content, direction, and recency—are associated with older adults' expectations of sick care and comfort from their adult children.

## Attributes of Intergenerational Exchange

Exchanges between parents and their children occur throughout the life course (Rossi & Rossi, 1990). Parents' and children's differential resources and needs at different life stages influence the content, direction, and recency of exchanges between them. In general, intergenerational exchange starts with parents' provision of instrumental and emotional support to their children and ends with parents' receipt of sick care and comfort from their adult children. Once an exchange takes place, the experience serves as the foundation on which one party forms an expectation of future support from the other party.

## Content of Intergenerational Exchange

Parents and children may exchange instrumental support, emotional support, or both. The content of exchange could lead to expected support in two ways. First, according to social exchange theory, people often expect to receive support that is similar to what has been exchanged in the past (Foa & Foa, 1980). Sick care can be viewed as instrumental support, because it helps older adults cope with difficulties associated with illness. Comfort can be regarded as emotional support, because it reduces older adults' feelings of anxiety or loneliness. Thus, older adults may expect to receive sick care if they have exchanged instrumental support or expect to receive comfort if they have exchanged emotional support. We use the term *like-kind* to describe these tit-for-tat associations, in which the past exchange of one type of support is positively related to the expectation of receiving the same type of support.

Alternatively, older adults may expect to receive support that differs from what they have exchanged with their adult children in the past (Gouldner, 1960). Specifically, older adults may expect comfort from adult children with whom they have exchanged instrumental support or expect sick care from adult children with whom they have exchanged emotional support. We call these *spillover* associations, indicating that one type of past exchange can spill over to an expectation for a different type of support. Spillover associations occur because, within most families, the goal of interaction is not to maintain a tit-for-tat exchange between individuals but to achieve a greater good for the whole family by meeting each family member's needs (Clark, 1984).

Prior studies have not examined whether older adults' expected support is more contingent on a like-kind exchange or a spillover exchange. A handful of studies, however, have examined this issue using college samples. Brinberg and Castell (1982) found that the college students in their sample were more likely to exchange resources similar to the ones given by others. In addition, Akiyama, Antonucci, and Campbell (2009) found that in a hypothetical situation involving mutual aid between an aging mother and her daughter, college students preferred an exchange of the same kind of resources over an exchange of

different kinds of resources. Given these two studies, we expected that older adults' expectations are more likely based on a like-kind exchange than a spillover exchange.

### Direction of Intergenerational Exchange

Transfers can be made from parents to children (*downward transfer*) or from children to parents (*upward transfer*). Different principles may shape older adults' expectations of support from adult children, depending on whether the transfer is downward or upward. Specifically, older adults may base their expectations for downward transfer on the *reciprocity principle* (Gouldner, 1960): They may feel that their children are obligated to reciprocate the support that they have received. Subsequently, older adults are likely to expect help from adult children if they have provided support to the children. By contrast, older adults may apply the *pragmatic principle* (Shapiro, 1984) to upward transfers when forming their expectations. Providing sick care and comfort is time consuming, and not everyone is willing to take on this responsibility. Adult children who have provided support to older adults in the past indeed have demonstrated that they were willing and had the resources to do so. Therefore, older adults may be more likely to expect support from adult children who have helped them than from adult children who have not.

Prior studies have shown that adult children who have helped their parents are more likely to provide support at a later time than adult children who have not. Adult children who have received support from their parents, however, are *not* more likely to provide support later than adult children who have not (Davey, Eggebeen, & Savla, 2007; Eggebeen & Hogan, 1990). To date, only one study has examined how the direction of intergenerational exchange is associated with older parents' expectations of support from their adult children. Pillemer and Suitor (2006) found that upward transfer is positively related to mothers' expectation of sick care, whereas downward transfer is not. In this study, we extended the literature by not only examining whether the direction of intergenerational exchange is associated with both expected sick care and comfort but also separating instrumental support from emotional support to determine whether the patterns of the association differ depending on the content of the exchange.

### Recency of Intergenerational Exchange

The recency of intergenerational exchange denotes how close a past exchange is to the present. Individuals may perceive proximal exchange (one that occurred recently) as a better indicator than a distal one (an exchange that occurred longer ago) of whether another party can still provide help in the future. It is unclear whether older adults' expected support is associated with exchanges that occurred in the distant past, recently, or both. Previous gerontological research has focused on how parents' distal investments in children are related to adult children's support of their parents in old age (Henretta, Hill, Li, Soldo, & Wolf, 1997; Silverstein, Conroy, Wang, Giarrusso, & Bengtson, 2002). Recently, scholars have turned their attention to proximal exchanges during old age (Albertini, Kohli, & Vogel, 2007; Grundy, 2005; Leopold & Raab, 2011). Because these studies did not consider distal and proximal exchanges simultaneously, the extent to which the recency of exchange relates to expected support remains elusive. In this study, we explored the association between the

recency of exchange and expected support as well as whether the association varied by the content and direction of exchange.

### Control Variables

In addition to intergenerational exchange, other factors may be associated with older adults' expectations of support from their children: Women are more likely than men to name their adult children as the potential source of sick care (Hogan & Eggebeen, 1995; Roth, Haley, Wadley, Clay, & Howard, 2007; Spitze & Ward, 2000) and companionship (Connidis & Davies, 1992). Compared with married older adults, widowed older adults are more likely to count on their adult children for support (Ha, Carr, Utz, & Nesse, 2006). Older adults who remarry have a lower expectation of emotional support from their adult children than those whose marriage remains intact (Curran, McLanahan, & Knab, 2003). Divorced older adults are less likely to consider their adult children as a potential source of support in old age relative to married older adults (Cooney & Uhlenberg, 1990; Curran et al., 2003), and divorce may lower expectations of support from adult children more for men than for women (Lin, 2008). Thus, both the main and interaction effects of older adults' marital status and gender were considered in the analysis. Previous research has indicated that educational attainment is negatively related to older adults' perceptions of dependence on their children, whereas poor health and depressive symptoms are positively correlated with such perceptions (Ha et al., 2006). The number of children is positively linked to older adults' receipt of support (Eggebeen, 1992). In particular, daughters are more likely than sons to be the caregivers and confidants of aging parents (Dwyer & Coward, 1991), suggesting that the number of daughters plays a more important role than the number of sons. The availability of a child living close by has been shown to be positively related to older adults' expectation of support in times of need (Peek, Coward, Peek, & Lee, 1998). Previous research has shown that all of the characteristics mentioned above are also related to intergenerational exchange (Davey et al., 2007; Pezzin, Pollak, & Schone, 2008). Thus, we included these characteristics in the analyses to take into account possible spurious associations between intergenerational exchange and expected support

### Method

The analysis is based on a cohort of older adults in the Wisconsin Longitudinal Study (WLS; <http://www.ssc.wisc.edu/wlsresearch/>), an approximately 50-year longitudinal study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957. Interviews with these graduates were conducted in 1957, 1964, 1975, 1993, and 2004. Questions concerning intergenerational exchanges between respondents and their children were asked in 1993 and 2004 only. Thus, we limited our analysis to respondents who were interviewed in both of these rounds of the survey. Both surveys were administered in two parts: (a) telephone and (b) mail interviews. Excluding those who had died and those who were lost to follow up, the response rates for telephone and mail surveys were 87% and 80% in 1993 and 88% and 83% in 2004, respectively (Pearce & Parks, 2011).

Of the 5,465 respondents who completed both the telephone and mail interviews in 1993 and 2004, 435 reported no living biological children, adopted children, or stepchildren. These

respondents were excluded because they could not possibly have expected to receive support from their adult children at the time of interview. An additional seven respondents were never married but had children. The small number of these never-married parents with children made it unrealistic to conduct reliable analyses, and thus they too were excluded from the analysis. The final analytic sample consisted of 5,023 respondents. Overall, the analytic sample resembled the original 1957 sample in terms of sibship size and parental socioeconomic status.

The WLS was well suited for studying older adults' expected support from their adult children. Very few large-scale surveys have asked older adults about their expected support (Wong, 2008), and those that have asked have not identified the source (Taylor & Lynch, 2004) and content (Spitz & Ward, 2000) of support, making it difficult to determine what support older adults expected from their adult children. The WLS contained information on the source and type of exchange in both 1993 and 2004. In addition, by 2004, most respondents were entering the young-old stage of life, at which time most of them had not developed debilitating illness and did not need actual support. Thus, the WLS provides a unique opportunity for researchers to examine how the content, direction, and recency of intergenerational exchange relate to the young-old's expected support from their adult children.

### Dependent Variables

In 2004, WLS respondents were asked whom (other than a spouse) they felt they could ask for help if (a) they were sick and unable to take care of themselves for a week or more (hereafter, *sick care*) and (b) they had a personal problem and wanted to talk to someone about it (hereafter, *comfort*). The response categories of both questions included: "no one"; "friends, neighbors, or coworkers"; "sons or daughters (age 19 or older)"; "parents"; "brothers or sisters"; "grandchildren"; and "other relatives." Respondents could report more than one source of potential support. In the current study we focused on respondents' perceptions of support from their adult children only; thus a dichotomous variable that equaled 1 if sons or daughters (age 19 or older) would be sought for help, and 0 otherwise, was created for sick care and comfort, respectively. Notice that the response "sons or daughters (age 19 or older)" refers to adult children in general, not a specific child.

### Explanatory Variables

In both 1993 and 2004, WLS respondents were asked whether they had exchanged instrumental support and emotional support with their adult children during the month prior to the interview (1 = yes, and all other responses were assigned a value of 0). These questions were asked in two directions: (a) from respondents to their adult children and (b) from adult children to respondents. *Instrumental support* included help with transportation, errands, or shopping; work around the house; and child care (downward transfer only) or computer or Internet assistance (upward transfer only). *Emotional support* comprised advice, encouragement, and moral or emotional support. Similar to the expectation questions, these questions referred to adult children in general and did not distinguish which child respondents provided or received support.

Using these two sets of questions from two rounds of interviews, we created a total of 16 mutually exclusive dichotomous variables to better capture the content (instrumental or emotional), direction (downward or upward), and recency (distal: 1993, proximal: 2004, or stable: 1993 and 2004) of intergenerational exchange. For downward instrumental transfer, these variables were (a) respondents gave instrumental support to their adult children in 1993 only, (b) respondents gave instrumental support to their adult children in 2004 only, (c) respondents gave instrumental support to their adult children in both years, and (d) respondents gave instrumental support in either year (reference group). Three other parallel sets of four dichotomous variables were also created for downward emotional transfer, upward instrumental transfer, and upward emotional transfer.

*Gender* was coded 1 if respondents were men and 0 if they were women. *Marital status* was measured as being continuously married, remarried, separated or divorced (hereafter, *divorced*), or widowed. *Educational attainment* was measured in years. *Self-rated health* scores could range from 1 (*very poor*) to 5 (*excellent*). *Depressive symptoms* were gauged by a sum of the 20 items from the Center for Epidemiologic Studies Depression (CES-D) Scale, with a score ranging from 0 to 60 (Radloff, 1977). *Number of children* was measured separately by gender. *Live with a child* was coded 1 if respondents were living with a child and 0 otherwise. Respondents' age and race were not considered in the analysis because the sample was based on a cohort of Wisconsin high school graduates in 1957, and thus there was little age and race variation in the sample (99% of respondents were between the ages of 63 and 66 in 2004, and 98% were White). All of the above measures were drawn from the 2004 interview.

### Analytic Strategy

Two analyses were conducted. First, we examined basic statistics (mean and percentage) for expected support, three attributes of intergenerational exchange, and control variables. Next, we used logistic regression analyses to disentangle the association between intergenerational exchange and expected sick care or comfort while simultaneously considering potential confounding covariates. We estimated two models each for expected sick care and comfort, respectively: one with the main effects only and the other including the interaction effects of marital status and gender, for a total of four models. We used a multiple-imputation procedure to handle missing cases, in which the missing value for a single variable was imputed as a function of other covariates in the analysis (Acock, 2005). To preserve the randomness of the imputed variables, the results we describe in this article were based on 10 random, multiple-imputed replicates.

### Results

Respondents' characteristics are shown in Table 1. The sample consisted of more women than men (46%). Two thirds of respondents were continuously married, 16% were remarried, 9% were divorced, and 7% were widowed. Respondents typically had received 14 years of education. Eight in 10 respondents rated their health as "good" or "excellent," but scores on the CES-D averaged 16.42, slightly above the cutoff score of 16 for clinical



depression. This cohort of older adults had three children, on average. Approximately 10% of respondents resided with a child.

A majority of respondents anticipated receiving help from their adult children in times of need, though more so for sick care than for comfort. Specifically, 8 in 10 respondents felt they could ask their adult children for sick care, and two thirds of respondents would talk to their adult children for comfort. Older adults were more likely to expect sick care than comfort from their adult children; providing sick care is more time consuming than providing emotional support, and so older adults might not feel comfortable asking people other than their adult children for sick care.

Most respondents gave instrumental or emotional support to their adult children. More than one quarter of respondents provided their children with instrumental support in 1993 only, 1 in 6 respondents provided it in 2004 only, and about one third of respondents did so in both years. Whereas 75% of respondents gave instrumental support to their children in 1993, 2004, or both years, a higher share (i.e., 80%) of respondents gave emotional support to their children: 20%, 17%, and 43% in 1993 only, in 2004 only, and in both years, respectively. Therefore, downward emotional transfer was more prevalent than downward instrumental transfer.

In contrast, most respondents did not receive instrumental or emotional support from their adult children: Only about one half of respondents received instrumental support and 45% received emotional support from their children. To be precise, 15% of respondents received instrumental support in 1993 only, 19% received it in 2004 only, and 15% received it in both years. The corresponding numbers for the receipt of emotional support were 13%, 17%, and 15%, respectively. Thus, upward instrumental transfer was more prevalent than upward emotional support.

As parents got older, the prevalence of downward transfer decreased from 58% (26.81% + 31.61%) in 1993 to 47% (15.79% + 31.61%) in 2004 for instrumental support and from 63% (19.85% + 42.75%) in 1993 to 59% (16.55% + 42.75%) in 2004 for emotional support. In contrast, the prevalence of upward transfer increased from 30% (15.46% + 14.63%) in 1993 to 34% (19.38% + 14.63%) in 2004 for instrumental support and from 29% (13.29% + 15.30%) in 1993 to 32% (16.82% + 15.30%) in 2004 for emotional support. Nevertheless, the proportion of respondents who engaged in downward transfer was still larger than that engaged in upward transfer in 2004 (47% vs. 34% for instrumental support and 59% vs. 32% for emotional support), indicating that the majority of respondents remained healthy and socially active, and thus they continued to give rather than receive support.

### Expected Sick Care

Next we examined the associations between three attributes of intergenerational exchange (content, direction, and recency) and expected sick care, as shown in Model 1 of Table 2. In regard to the like-kind association, we found that respondents who gave instrumental support to their children in 1993 only (1.36), in 2004 only (1.84), or in both years (2.34) were more likely to expect sick care from the children than respondents who did not give such support in either year. The same pattern was also found between upward instrumental

transfer and expected sick care (1.42, 2.06, and 3.20, respectively). These findings indicate that a like-kind association between instrumental support and expected sick care was pervasive, regardless whether the transfer was downward or upward and whether the exchange was distal (1993 only), proximal (2004 only), or stable (both 1993 and 2004).

We further examined the spillover association between emotional exchange and expected sick care, as presented in Model 1. Respondents who provided emotional support to their children in 2004 only (1.59) or in both years (1.45) were more likely to expect sick care from the children than respondents who did not provide such support in either year, but downward emotional transfer in 1993 only was unrelated to respondents' expected sick care. The same pattern was also found between upward emotional transfer and expected sick care (1.24 for 1993 only, 1.59 for 2004 only, and 1.52 for both years). These findings indicate that emotional transfer, as long as transfer in 2004 was involved, was associated with expected sick care, regardless of whether the transfer was downward or upward.

Results from Model 1 indicate that remarriage, divorce, educational attainment, and depressive symptoms were negatively associated with expected support, but the number of children, regardless of gender, was positively related to expected sick care. The results shown in Model 2 (see Table 2), which includes the interactions between marital status and gender, are generally similar to those in Model 1. As anticipated, divorce lowered expectations of sick care from adult children more for men than for women (0.44).

### Expected Comfort

Compared with expected sick care, expected comfort had the same patterns of like-kind association but different patterns of spillover association with intergenerational exchange, as shown in Model 3 of Table 2. For the like-kind association, respondents who gave emotional support to their children in 1993 only (1.31), in 2004 only (1.68), or in both years (1.74) were more likely to expect comfort from the children than respondents who did not give such support in either year. The same pattern was also found between upward emotional transfer and expected comfort (1.54, 2.49, and 4.76, respectively). As with expected sick care, expected comfort had a like-kind association with emotional support, regardless of whether the transfer was downward or upward and whether the exchange was distal, proximal, or stable.

As for the spillover association, respondents who provided their children with instrumental support were not more likely to expect comfort from the children than respondents who did not provide such support in either year (Model 3). Respondents who received instrumental support from their children in 2004 only (1.27) or in both years (1.31) were more likely to expect comfort from the children than respondents who did not receive such support in either year, but upward instrumental transfer in 1993 only was unrelated to respondents' expected comfort. These findings indicate that the spillover association between instrumental transfer and expected comfort occurred only for recent, upward transfer.

Similar to the patterns found for expected sick care, results in Model 3 indicate that remarriage, educational attainment, and depressive symptoms were negatively associated with expected comfort. Unlike expected sick care, expected comfort was positively related



to self-rated health and the number of daughters only but negatively related to having a child living in the household. Surprisingly, divorce lowered expectations of comfort from adult children more for women than for men (1.62; see Model 4 in Table 2).

## DISCUSSION

Expectation of support plays an important role in maintaining the well-being of older adults, in particular for the young-old (Ross & Mirowsky, 2002; Shaw & Janevic, 2004). Past transfer between older adults and their children has been shown to influence whether older adults expect sick care from their children (Pillemer & Suitor, 2006). The complex relation between intergenerational exchange and expected support, however, has not been well documented or examined. This study has filled the gap by examining how the content, direction, and recency of intergenerational exchange are associated with whether older adults expect sick care and comfort from their children.

Consistent with prior studies (Eggebeen & Hogan, 1990; Rossi & Rossi, 1990; Silverstein et al., 2002), we found that the prevalence of downward transfer decreased, but the prevalence of upward transfer increased, over time. A majority of older adults anticipated receiving help from their adult children in times of need, though more so for sick care than for comfort. Intergenerational transfer was found to have like-kind associations with expected sick care and comfort, regardless of whether the transfer was downward or upward and whether the exchange was distal or proximal. The pattern for a spillover association, however, differed from that for a like-kind association and varied depending on whether it was expected sick care or comfort. For a spillover association between expected sick care and emotional transfer to occur recent, emotional transfer, upward or downward, must have been involved, but for a spillover association between expected comfort and instrumental support to occur recent upward, but not downward, instrumental support must have been involved. Therefore, intergenerational transfers may or may not contribute to older adults' expectations of support from adult children, depending on whether researchers are examining expected sick care or comfort, instrumental or emotional support, upward or downward transfer, and proximal or distal exchange.

As anticipated, divorce lowered expectations of sick care from adult children more for men than for women. Divorce not only entails the dissolution of a spousal relationship but also interrupts parent-child relationships. For the cohort of older adults examined in this study, most children lived with mothers, not fathers, after parental divorce. Men's ties to their nonresident children are likely to weaken after divorce (Furstenberg & Cherlin, 1991). Therefore, divorced men may be less likely than divorced women to feel that they can turn to their children for sick care in old age. The finding that divorce lowered expectations of comfort from adult children more for women than for men, however, is counterintuitive. A closer look at the data indicates that 68% of divorced women expected comfort from their adult children (vs. 72% of continuously married women), whereas 65% of divorced men expected comfort from their adult children (vs. 64% of continuously married men). Previous research has indicated that men are less likely than women to view their children as confidants in the first place (Connidis & Davies, 1992), suggesting that divorce would exert less impact on men's than women's expectations of comfort from their adult children.

The positive association of expected support with health, and the negative associations of expected support with depressive symptoms and coresidence with a child, were contrary to what we anticipated. Parents with poorer health need more help from adult children, but they may not want to become a burden and thus may be less likely to expect support from them (Fingerman, Chen, Hay, Cichy, & Lefkowitz, 2006). Although they need more support, depressed parents may hold a more pessimistic view of receiving future support. Finally, coresidence often causes conflict between parents and their adult children (Kiecolt, Blieszner, & Savla, 2011), subsequently reducing the likelihood that parents will expect emotional support from their children.

Readers need to keep several limitations in mind when interpreting the results. First, this study was limited to a cohort of mostly White high-school graduates in Wisconsin. Therefore, it would be interesting to see whether the findings would be replicated among non-White older adults and whether the patterns would differ across cohorts and educational strata. Second, although we established the temporal order between exchange in 1993 and 2004 and expected support in 2004, we cannot rule out the possibility that parents may already have lowered their expectations of support from their children prior to 1993, leading them to exchange less support with the children in 1993 and 2004. Last, the WLS questions referred to children in general, not a specific child. Thus, we could not distinguish between daughters and sons or between biological children and stepchildren with whom older adults exchanged support and from whom older adults expected support. Child's gender and genetic ties may affect parent-child exchanges and whether parents expect sick care or comfort from them (Ganong & Coleman, 2006; Lin, 2008; Pezzin et al., 2008). We need better data to be able to conduct a more nuanced analysis.

Although prior studies have demonstrated the protective effect of perceived support in maintaining older adults' well-being, our understanding of how older adults form their expectations of support remains limited. As far as we know, this is the first study to document and explore the complex relation between intergenerational exchange and expected support among older adults. Findings derived from this study point to several avenues for future research. It is important to further examine whether the associations found in this study are applicable to types of support other than sick care and comfort, such as financial assistance and living arrangements. In addition, different relationships prescribe different rules guiding the exchange for the parties involved. Thus, more research is needed to examine which associations found in this study hold true for the relationships between older adults and different people in their social networks, including spouses, other relatives, friends, or neighbors. An understanding of how exchange is linked to expected support could help older adults better comprehend why they do not feel that they can count on these relationships for support, recognize the need to modify their exchanges with these people, and subsequently increase their expectations of support from these relationships.

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**Table 1**Characteristics of Wisconsin Longitudinal Study Respondents ( $N = 5,023$ )

Characteristic	<i>M</i> or %	<i>SD</i>
Expected support from adult children		
Sick care	81.68	
Comfort	66.92	
Downward instrumental transfer		
Gave support in 1993 only	26.81	
Gave support in 2004 only	15.79	
Gave support in both years	31.61	
Gave support in neither year	25.79	
Downward emotional transfer		
Gave support in 1993 only	19.85	
Gave support in 2004 only	16.55	
Gave support in both years	42.75	
Gave support in neither year	20.84	
Upward instrumental transfer		
Received support in 1993 only	15.46	
Received support in 2004 only	19.38	
Received support in both years	14.63	
Received support in neither year	50.53	
Upward emotional transfer		
Received support in 1993 only	13.29	
Received support in 2004 only	16.82	
Received support in both years	15.30	
Received support in neither year	54.60	
Men	45.61	
Marital status		
Continuously married	67.71	
Remarried	15.59	
Divorced	9.26	
Widowed	7.45	
Education (range: 12–21 years)	13.71	2.32
Self-rated health		
Very poor (1)	0.36	
Poor (2)	2.14	
Fair (3)	12.56	
Good (4)	63.95	
Excellent (5)	20.99	
Depressive symptoms (range: 0–60)	16.42	5.39



Characteristic	<i>M</i> or %	<i>SD</i>
Number of daughters	1.56	1.18
Number of sons	1.60	1.14
Lived with a child	9.66	

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**Table 2**

Odds Ratios From Logistic Regressions of Older Adults' Expected Support on Intergenerational Exchange and Other Covariates ( $N = 5, 023$ )

Variable	Sick care		Comfort	
	Model 1	Model 2	Model 3	Model 4
	Like-kind		Spillover	
Downward instrumental transfer (ref.: gave support in neither year)				
Gave support in 1993 only	1.36**	1.34**	1.05	1.06
Gave support in 2004 only	1.84***	1.82***	1.07	1.08
Gave support in both years	2.34***	2.31***	1.07	1.07
Upward instrumental transfer (ref.: received support in neither year)				
Received support in 1993 only	1.42**	1.41**	1.13	1.13
Received support in 2004 only	2.06***	2.05***	1.27*	1.28*
Received support in both years	3.20***	3.10***	1.31*	1.33*
	Spillover		Like-kind	
Downward emotional transfer (ref.: gave support in neither year)				
Gave support in 1993 only	1.18	1.18	1.31**	1.31**
Gave support in 2004 only	1.59**	1.59**	1.68***	1.68***
Gave support in both years	1.45**	1.44**	1.74***	1.74***
Upward emotional transfer (ref.: received support in neither year)				
Received support in 1993 only	1.24	1.24	1.54***	1.55***
Received support in 2004 only	1.59**	1.60**	2.49***	2.49***
Received support in both years	1.52**	1.53**	4.76***	4.76***
Men	1.09	1.27*	0.88	0.84*
Marital status (ref.: continuously married)				
Remarried	0.46***	0.49***	0.65***	0.69**
Divorced	0.59***	0.84	0.86	0.71*
Widowed	0.73	0.86	0.97	0.88
Men × remarried		0.89		0.91
Men × divorced		0.44**		1.62*
Men × widowed		0.54		1.57
Education	0.94***	0.94***	0.97*	0.97*
Self-rated health	1.12	1.13*	1.13*	1.13*
Depressive symptoms	0.97***	0.97***	0.97***	0.97***
Number of daughters	1.42***	1.42***	1.08**	1.08**
Number of sons	1.12**	1.13**	0.95	0.95

Variable	Sick care		Comfort	
	Model 1	Model 2	Model 3	Model 4
Lived with a child	1.25	1.23	0.72**	0.73**
Intercept	2.41*	2.31*	1.57	1.58
Pseudo $R^2$	.24	.24	.16	.16

Note: ref. = reference category.

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$  (two-tailed).