Results and marital status are also examined. The role of health selection in this relationship. Interactions between childlessness and late life wellbeing and/or influence wellbeing directly. Methods This study utilises data from wave two of the Survey of Health, Ageing and Retirement in Europe (SHARE) and SHARELIFE (retrospective life history data) from 11 countries, spanning Northern, Western, Southern and Eastern Europe. The sample is restricted to those aged 55–75 years (N=21,295). Two measures of wellbeing are employed: the EURO-D depressive mood scale and the CASP–12 quality of life scale. Standard demographic and socio-economic variables (age, gender education, employment, financial circumstance, marital status, and ethnicity) are utilised in addition to self-reported current and childhood health. Region-specific Ordinary Least Squares (OLS) regression analysis is performed to determine the independent effect of childlessness on each wellbeing measure, controlling for demographic, socio-economic and health variables. Interactions between childlessness and childhood health indicate the role of health selection in this relationship. Interactions between childlessness and marital status are also examined. Results Childlessness significantly increases depressive mood in Northern Europe only. However, this effect is contingent on marital status; widowhood and never being married in particular. Relative to being currently married, never being married and widowhood also have a consistent main effect, reducing quality of life and increasing depressive mood. Across all regions there is no evidence to support the hypothesis that health selection mediates the relationship between childlessness and later life wellbeing. Conclusion Marital status consistently mediates the relationship between childlessness and wellbeing and therefore should be the context through which the relationship between lifetime childlessness and wellbeing is considered.
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