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Parenting and social demographic status of parents on the quality of life of children aged 2-4 years

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Abstract---Quality of life is a multidimensional concept that is developed and covers aspects of economic welfare, characteristics, society, and health status. Many factors can affect the quality of life of children. Parents are the basis for the formation of quality in children and as a means of adapting to the environment. However, the parent has a unique attitude, behavior, beliefs, values, family background, and these characteristics vary from parent to another parent. Those variations can affect the children's personality. Aimed to determine the effect of parenting and social demographics on the quality of life of children. This article is focused on the review of parenting and its influence on the quality of well-being of the children. This research was a quantitative observational retrospective cohort design. The population was children aged 2-4 years who lived in child-friendly villages (villages exposed) and ordinary villages (villages not exposed).

The sample size was 350 subjects with a multistage random sampling technique. Analysis techniques by Path analysis. The results of this study were the quality of life of children had a direct influence on parenting ($b = 0.082$; $SE = 0.055$; $p < 0.001$), mother's education ($b = 0.034$; $SE = 0.32$; $p < 0.001$), income ($b = 0.010$; $SE = 0.054$), and number of siblings ($b = 0.058$; $SE = 0.062$). While marital status has an indirect effect on the quality of life of children through parenting variables ($b = 0.287$; $SE = 0.279$). The conclusion that the quality of life of the children was directly affected by parenting, mother's education, income, and family size. The quality of life is indirectly affected by marital status.

Keywords---quality of life, influencing factors, children, path analysis.

Introduction

The influence of family context on the quality of life of children has received increasing attention in recent years, but understanding and explaining how this effect is exerted is a complex task¹. Parenting knowledge, attitudes, and practices are shaped not only by each other but also by a number of contextual factors, including children's characteristics. Parent's own experiences (eg, those from their own childhood) and circumstances, expectations learned from others, such as family, friends, and other social networks and cultural systems. Quality of life related to health or Health Related Quality of Life (HRQOL) is a multidimensional concept which is an individual's perception of the impact of one's health status in terms of physical, psychological and social well-being. Quality of life is a broader concept than simply measuring morbidity and mortality². Assessment of quality of life is increasingly recognized for decision making both in the clinical and community spheres^{3,4}.

US News and World Report data in 2019 Best Countries shows, the quality of life of Indonesia is ranked 40th out of 80 countries surveyed. Indonesia's score is relatively low compared to other countries, which is 1.8 from a scale of 10. The low score is due to the nine indicators that make up the quality of life only has an average of 1.7. Quality of life of children is one of the main problems in developing countries, including Indonesia. Children constitute the largest proportion of the population in Indonesia at 33.9 percent or 82.6 million people, with the largest distribution at the age of 0-6 years which is 32.6 million people (Ministry of Giving and Statistics, no date). The age of the child is a time that is very sensitive to the environment and lasts so short that this period is called the golden age (golden age period)⁵.

WHO data shows that 5% of children in the world experience developmental problems, such as motor development, language, behavior, autism etc.⁶. Based on UNICEF's records, in Indonesia more than 37% of children under 5 years of age experience stunting, 12% experience wasting, and around 27% experience child quality problems⁷. Parents are generally considered to be able to provide good information about the functions and feelings of their children, so parents are the

most appropriate proxy to provide information compared to teachers, doctors or nurses and midwives⁸.

Parenting style is the most important factor in instilling the basic personality that determines a person's personality description. The quality of children's lives is important for multiple reasons. About 2.5 billion or about 32% of the world population is under age 20⁸. The UNCRC declares that children at a minimum have the rights and freedoms of all human beings, including adequate nutrition, health care, and education, as well as freedom from abuse, violence, and exploitation. It also extends positively children's right to "the development of [their] personality, talents and mental and physical abilities to their fullest potential".

There has been much energy expended in defining quality of life and in developing measures. There is a consensus that quality of life is a multidimensional measure; it is not restricted to either physical or psychological effects of treatment. Quality of life reflects the child's or family's view about the impact of treatment; it is not directly related to the disease state or traditional clinical measures of severity. Definitions have been based on functions or disabilities or in terms of a match between aspirations and experience. However translating this nebulous concept into empirical terms has proved difficult in adult work, even more so for children. Social demography based on this background, the researcher wants to know the influence of social demography and parenting on children's quality of life.

Originality of this study is Parenting style impacts on quality of life in children with cerebral palsy with QOL Questionnaires. The result of study is parenting style is a significant factor in QOL in CP and the only known factor to impact on the psychosocial domains of CHQ. Parental influence on children's answers to an oral health related quality of life questionnaire. This study is a cross sectional study was conducted with a non probabilistic sample with result is parent did not influence the children's model, according to the parents version of the SOHO-5. And study of relations of parenting styles and friendship quality to self esteem, life satisfaction and happiness in adolescent, the result showed that the perceived parenting style of both parents as well as the quality of friendship had significant effects on adolescent's well being.

The novelty in this research is that the researcher wants to know the direct or indirect effect of social demography and parenting on children's quality of life. This study used a retrospective cohort design and analyzed using path analysis. Quality of life of children is also influenced by several factors including parenting, social capital, education, parents' work, socioeconomic, birth history, health status, provision of a comfortable physical, social and psychological environment for children. Surrounding environments such as family, school and cultured communities provide opportunities for character education to develop positive cultural values in the world of education. A good environment for children is the environment around children who have a positive aura, so the child's future will also have a positive impact⁹. The purpose of this study was to determine the effect of parental social demographic factors and parenting on the quality of life of children aged 2-4 years.

Materials and Methods

This type of research is a quantitative observational study with a research design of retrospective cohort study. This study was conducted to determine the effectiveness of the implementation of the health promotion model of the PRECEDE-PROCEED on the quality of life of children under the age of 2-4 years in the District of Eligible Children.

Data Collection

The target population of this research is all toddlers aged 2-4 years. The population of this research study is all toddlers aged 2-4 years old who reside in the village worthy of children (exposed group) and ordinary villages (groups not exposed) in the regency of Sleman. The large sample of this research was 175 in the group exposed and 175 in the group not exposed to the sampling technique ie multistage random sampling. The multistage random sampling technique is to select the exposed group and the group is not exposed with the fixed exposure sampling method.

Informed consent was obtained for all participants. Those mothers who were engaged to participate were recruited to the study. Mothers or caregivers answered the question on their own. Trained investigators assisted the caregivers by reading the questions out to them when needed to alleviate pressure for illiterate caregivers. The time required to fill out questionnaires ranged from 20-30 minutes.

Instruments

Social demographic of parents using a questionnaire instrument. Parenting was measured using parenting questionnaire. Parenting assessment is based on the answer score of each question item provided in the instrument. Variable quality of life was measured using a Pediatric Quality of Life Inventory TM questionnaire (PedsQL TM) containing four aspects including aspects: physical, emotional, social and cognitive functions. The PedsQL questionnaire for children 2-4 years is the parent report filled out by the child's primary caregiver. Consisting of 4 dimensions (21 items) for children who have gone to school and 3 dimensions (18 items) for children who have not yet attended school include: 8 items of physical function, 5 items of social function, 5 items of emotional function and 3 items of school function. Assessment of children's quality of life is based on the answer score of each question item available on the instrument. All question items have the same value and consist of five answer categories. The answer category is 0 = never gets in trouble; 1 = there is almost never a problem; 2 = sometimes there are problems; 3 = there are often problems; 4 = there is almost always a problem. The score is then converted to a scale from 0-100, ie 0 = 100, 1 = 75, 2 = 50, 3 = 25, 4 = 0 (Varni et al., 2015). The total questions of quality of life in children are numbered to 18 and for children who have gone to school numbered 21. Each child has a total score that will be averaged based on the number of questions, so that each child has an average value between 0 -100. The average value is then used to determine the cutoff of good and bad quality of life. The total questions of quality of life in children are numbered to 18 and for children who have gone to

school numbered 21. Each child has a total score that will be averaged based on the number of questions, so that each child has an average value between 0 -100. The average value is then used to determine the cutoff of good and bad quality of life. The total questions of quality of life in children are numbered to 18 and for children who have gone to school numbered 21. Each child has a total score that will be averaged based on the number of questions, so that each child has an average value between 0 -100. The average value is then used to determine the cutoff of good and bad quality of life.

Statistical Analysis

The analysis used is univariate, bivariate, multivariate analysis, and path analysis. Before conducting univariate tests, normality tests and homogeneity tests are performed. Univariate analysis was performed to display the characteristics of the research subjects and the descriptive variables of the study. Bivariate analysis to analyze the effects of endogenous variables using chi-square on categorical scale data and using independent t tests on continuum scale data. Multivariate analysis was carried out to see the variables that most influenced the quality of life of children. Analysis using multiple logistic regression on categorical scale data and using multiple linear regression on continuum scale data,

Ethical Consideration

The study was carried out after approval of the research proposal by the Faculty of Medical Gadjah Mada University research ethical committee. Witten permission from the Faculty of Medicine Gadjah Mada University of centers was taken. Interviewees were received full explanations about the study including the purpose, process and benefits of the study. Informed signed consent was taken from interviews.

Result and Discussion

Data were collected from 175 children in the exposed area and 175 children in the unexposed area.

Normality Test

Normality test aims to test whether the model has a normal distribution or not normal. This study uses a data normality test with graphs and see the magnitude of Shapiro Wilk's significance.

Table 1. Normality Test

Variable	sig
Mother's education	0.669
Marital status	0.905
Parental income	0.446
Parenting	0.222

Based on the results of the normality test, the variables of mother's education, marital status, parental income, and parenting have a normal distribution because of the sig value on the results of Shapiro Wilk $P > 0.05$.

Homogeneity Test

Based on the normality test, the data are normally distributed so the analysis continues by testing the homogeneity of the two variances between the exposed and unexposed data using the Levene test using the SPSS 24.0 program for windows with a significance level of 0.05. After processing the data, the output display can be seen in Table 2.

Table 2. Test of Homogeneity of Variance

Variable	Sig.
Mother's education	0.279
Marital status	0.247
Income	0.121
Parenting	0.914

Based on the results of the homogeneity variance test using the Levene test in table 2. the significance value in mother's education is 0.279, marital status 0.247, parental income 0.121, and parenting 0.914. Because the significance value is more than 0.05, it can be concluded that respondents in the exposed and unexposed groups come from populations that have the same variance, or both classes are homogeneous.

Univariate Analysis

The result of the univariate analysis is to provide an overview of the frequency distribution of child characteristics and family characteristics.

Table 3. Distribution Frequency of variable research

No	Characteristics		
		n = 350	%
1	Mother's Education		
	Low	76	21.71
	High	274	78.29
2	Marital Status		
	Marry	339	96.86
	Not married	11	3.14
3	Parent Income		
	<1.7 million	134	38.29
	≥1.7 million	216	61.71
4	Parenting		
	Not good	125	35.71
	Well	225	64.29
5	Quality of Life of Children		
		171	48.86

Not good	179	51.14
Well		

According to table 3, it is known that the majority of mothers have tertiary education as many as 274 subjects (78.29%), the majority have legal marital status as many as 339 subjects (96.86%), majority parent income ≥ 1.7 million as many as 216 subjects (61.71%), the majority children get good parenting as many as 225 subjects (64.29%), and the majority have a good quality of life for 179 subjects (51.14%).

Bivariate Analysis

The results of bivariate analysis are used to determine the relationship between dependent and independent variables studied. The stunting event factor is determined by bivariate analysis using the Chi Square test. The determinant factors in the analysis include the following:

Table 4. The result of bivariate analysis

Variable	Good Quality of Life		Impaired Quality of Life		Total		p
	n = 175	%	n = 175	%	n = 350	%	
Mother's Education							
Low							
High	27	35.53	49	64.47	76	100	0.009
	144	52.55	130	47.45	274	100	
Marital status							
Marry	170	50.15	169	49.85	339	100	0.007
Not married	1	9.09	10	90.91	11	100	
Parental income							
<1.7 Million	56	41.79	78	58.21	134	100	0.037
≥ 1.7 million	115	53.24	101	46.76	216	100	
Parenting							
Not good	48	38.40	77	61.60	125	100	0.004
Well	123	54.67	102	45.33	225	100	

Table 4 shows that the majority of subjects who have a good quality of life are children with low-educated mothers, which is as much as 52.55% more proportion than children who have low-educated mothers. Based on marital status variables, the proportion of subjects who have a child's quality of life is more disrupted in children with unmarried parents (90.91%) compared to children whose parents are married. The proportion of subjects with good quality of life is more in children with parental income more than MSE, which is as much as 53.24% compared to children whose parents have an income <MSE. Based on the variable parenting, the proportion of subjects who have the quality disturbed more in children who get parenting that is less good than their parents, as many as 61.60%.

Multivariate Analysis

Multivariate analysis was conducted to find out the variables most closely related to the quality of life of children. Analysis using multiple logistic regression. After a bivariate analysis is performed a multivariate analysis with the final results is as follows:

Table 5. Multivariate Analysis

Variable	p	Odds Ratio	95% Conf. Interval	
Mother's education	0.047	1,739	1,007	3,002
Marital status	0.045	0.116	0.014	0.951
Parental income	0.082	1,489	0.950	2,335
Parenting	0.009	1,833	1,161	2,892

Table 5 shows that mother's education, marital status, parental education, and parenting have a close and significant influence on children's quality of life. The results of the multivariate relationship between the variables are then analyzed further by the Pathway analysis model (the path of the analysis). The line analysis Model in this study is based on the PRECEDE-PROCEED theory.

Analysis Path

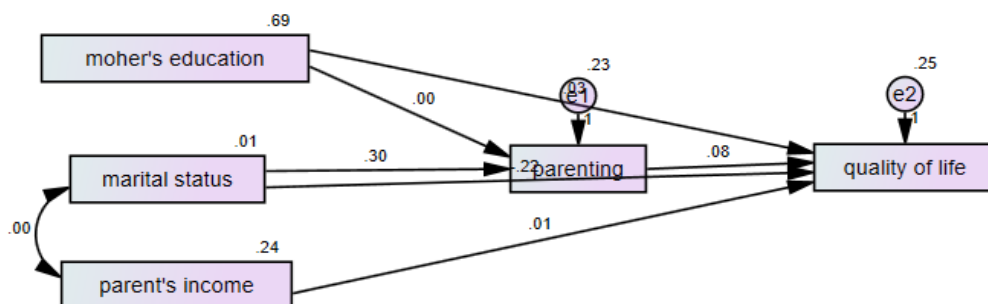


Fig. 1. Path Analysis diagram

Figure 1 Indicates that the structural model that was completed was estimated using IBM SPSS AMOS 20. The result indicator shows the goodness of measure analysis path seen in table 5 as follows:

Table 6. Path analysis result

Dependent Variables		Independent Variables	b *	SE	P.	β **
Direct Effect						
Quality of life	§	Parenting	0.084	0.032	<0.001	0.049
Quality of life	§	Mother's education	0.029	0.288	0.001	0.040
Quality of life	§	Marital status	-	0.054	<0.001	0.012
Quality of life	§	Parent's income	0.217	0.055	<0.001	0.081

			0.012			
Indirect Effect						
Parenting	β	Mother's education	0.003	0.031	<0.001	0.005
Parenting	β	Marital status	0.303	0.280	.001	0.058
N Observation = 350						
Model Fit		p = 0.356 (≥0.05)				
CMIN = 13,939						
NFI = 0.996						
CFI = 1.00						
RMSEA = 0.050 <0.08						
* path coefficient is not standardized						
** standardized path coefficients						
b * = not standardized coefficient						
SE = Standard Estimation						
β ** = standardized coefficients						

Table 6 shows that the quality of life of children has a direct influence on maternal education, marital status, parental income and parenting. Parental education has a positive and significant effect on the quality of life of children ($b = 0.029$; $SE = 0.032$; $p < 0.001$), which means that every increase of one unit of maternal education will improve the quality of life of children of as many as 0.084 units. Marital status has a negative and significant effect on the quality of life of children ($b = -0.217$; $SE = 0.288$; $p < 0.001$), which means that every increase of one unit of unmarried parents will reduce the quality of life of children as many as 0.217 units. Parental income has a positive and significant effect on children's quality of life ($b = 0.012$; $SE = 0.0054$; $p < 0.001$), which means that every increase of one unit of income of parents will improve the quality of life of children sebanyak 0.012 units. and parenting also has a positive and significant influence on the quality of life of children ($b = 0.084$; $SE = 0.055$; $p < 0.001$), which means that each increase in one unit of care will improve the quality of life of children as many as 0.084 units.

Based on the results of data processing and acceptance criteria testing goodness of fit test models based on the size of the absolute compatibility that determines the degree of prediction of the overall model (structural measurement model) to the correlation matrix and covariance is good. Table 5 shows that there is a model match measurement that obtained a CMIN fit index result of 13,939 with a value of $P = 0.356$; > 0.05 ; NFI (Normed fit index) = 0.996; > 0.90 ; CFI (Comparative fit Index) = 1.00 > 0.90 ; RMSEA (Root Mean Square error of Approximation) = 0.05 < 0.08 , which means empirical models so that this research can be resumed at a later stage.

Discussion

Child health or pediatrics focuses on the well-being of children from conception to adolescence. This is closely related to all aspects of a child's growth and development and with the unique opportunity that every child must reach his full

potential as a healthy adult. There are many aspects related to children's health¹⁰. Quality of life is a concept of several dimensions that includes physical, mental, psychological and well-being, sometimes also as life satisfaction¹¹. The quality of children is a reflection of the quality of the nation and a mirror of world civilization. One of the indicators of the welfare of a society or a nation can be seen from the quality of life of children. A healthy person will have a good quality of life as well as a good quality of life and a healthy life will support health. Quality of life is very broad and is considered to be more subjective than specific and objective. Therefore, quality of life is often referred to as subjective health status because quality of life is the welfare of a person which includes aspects of happiness and overall life satisfaction that can be felt by each individual¹².

The quality of life of children will also be related to various factors. Quality of life of children can be formed due to behavioral variables in the form of mother's education, marital status, and family income, which will be a supporting factor (predisposing factor) quality of life of children. Based on the research, the results show that there is a positive and significant influence on the quality of life of children. This shows that the higher the mother's education will improve the quality of life of children. Basically according to the theory, someone who has a high level of education significantly will have good knowledge. Individuals will provide information rationally and will think about how far the benefits will be obtained, especially those relating to children's health and care for children. increasing health knowledge can be a simple educational avenue. Even at the elementary level, it affects children's health. Control of human capital becomes an impact in reducing all coefficients of education but slightly higher. According to Martin and Oxman (Kusrini) Parental knowledge based on good education will pay attention to the behavior of fulfilling good parenting behavior in children in their daily lives¹³. The high level of parental education will have a positive effect on childcare behavior. Knowledge in giving parents encouragement to provide adequate parenting for children in the process of growth and development to be optimal¹⁴.

The analysis shows that there is a positive and significant direct effect between marital status and children's quality of life. This means that mothers with legal marital status will improve the quality of life of children. The analysis shows that there is a positive and significant direct effect between parents' income and children's quality of life. That is, high parental income has the possibility to improve the quality of life in children. Parents who have more income will provide whatever is needed by children. This study is in line with the research of Indarwati and Dpass (2010) which shows that there is a significant relationship between family income and parenting in children under five¹⁵.

This study is not in line with research conducted by Syarwani Canon (2013) showing that families with sufficient or high incomes in general will more easily meet all school needs and other needs. Unlike families that have relatively low incomes, in general experience difficulties in school financing, as well as for other purposes. Research states that the highest level of participation is parents with an income > UMR, because parents whose economy is sufficient to cause the material environment faced by children in the wider family, so that they have

wider opportunities to obtain various types of skills that exist in the problem needed. This can improve the quality of life of children¹⁶.

Based on the analysis it was found that there was a positive and significant direct effect between parenting and the quality of life of children. This shows good behavior will improve health conditions in children and the quality of life of children. This is in accordance with research which states that children who get good parenting then the child will have better health compared to children from parents whose behavior is not good (negative) so that the quality of life of children also improves.

Parenting is multidimensional. To respond to the varied needs of their children, parents must develop both depth and breadth of knowledge, ranging from being aware of developmental milestones and norms that help in keeping children safe and healthy to understanding the role of professionals (eg, educators, child care workers, health care providers, social workers) and social systems (eg, institutions, laws, policies) that interact with families and support parenting. This section describes these areas of knowledge, as well as others, identified by the available empirical evidence as supporting core parenting practices and child outcomes. It is worth noting that the research base regarding the association between parental knowledge and child outcomes is much smaller than that on parenting practices and child outcomes¹⁷.

Parents' knowledge of how to meet their children's basic physical (eg, hunger) and emotional (eg, wanting to be held or soothed) needs, as well as how to read infants' cues and signals, can improve the synchronicity between parents and child, ensuring proper child growth and development. Specifically, parenting knowledge about proper nutrition, safe sleep environments, how to feel a crying baby, and how to show love and affection is critical for young children's optimal development¹⁸.

Conclusion

Based on the analysis that has been done, it is included that maternal education, marital status, parental income and parenting have a positive and significant direct effect on the quality of life of children. The purpose of this research was achieved.

Suggestion

Based on the findings and research implications, there are several suggestions as follows:

1. For Policy Makers (Government, Health Service)
The health office as government agencies involved in the development of health need to involve families in program planning and implementation so that activity objectives can be achieved.
2. For midwives, health workers, or health promotion personnel
Improved child health management that is more programmed, such as extension programs related to parenting.

3. For Further Researchers

Further researchers are expected to develop research by observing and conducting more in-depth interviews in order to have a more detailed understanding of problems related to children.

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Competing Interest Statement

The authors declare that there are no competing or potential conflicts of interest.

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