

Emotional and Behavioural Outcomes of Children Born to Older Parents: A Review

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ABSTRACT

Advanced childbearing age has become increasingly common and widely accepted around the world, and it has important implications for how children develop. This review peruses how being born to older parents affects children's emotional and behavioural outcomes, considering the roles of both mothers' and fathers' ages. The research shows a nuanced picture in which parental age is linked to both benefits and risks for children through biological, genetic, and psychosocial pathways. Advanced parental age is associated with a higher likelihood of some neurodevelopmental conditions in children, such as autism spectrum disorder, schizophrenia, and attention-deficit/hyperactivity disorder. Conversely, younger parental age, particularly teenage motherhood, is consistently associated with increased risk for hyperkinetic disorders, substance use disorders, and conduct problems. Older parents often demonstrate more patience, use less harsh discipline and are socioeconomically better-off, which compensates for the biological disadvantages that come with advanced age. However, tendencies toward overprotective parenting among older mothers makes the child more vulnerable towards anxiety. Overall, the review proffers that any recommendations about the "best" age to become a parent need to account for the complex mix of biological, psychological, and social factors that shape outcomes for children of both younger and older parents.

Keywords: *Advanced parental age, Child development, Emotional outcomes, Behavioural problems, Maternal age, Paternal age, Parenting styles*

Parenthood demographic has undergone a multitude of changes over the recent decades, with increasing numbers of individuals detaining childbearing into their late thirties and forties (van der Klis et al., 2024; Neeser et al., 2023). This shift toward advanced parental age is a reflection of socioeconomic changes like extended education periods, career prioritization, relationship instability and alternative and assisted reproductive technology accessibility (Sutcliffe et al., 2023). While the biological risks of advanced maternal age on pregnancy outcomes and congenital anomalies are well-documented, the psychosocial and developmental implications for offsprings represent an emerging research priority.

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Understanding the emotional and behavioural outcomes of children born to older parents requires consideration of multiple interconnected factors. Advanced parental age operates through both biological mechanisms—including epigenetic alterations and cellular aging—and psychosocial pathways involving parenting competencies, financial stability, and parental mental health (Veldkamp et al., 2021; Fukuda et al., 2024). The literature today presents a paradoxical pattern: while biological perspectives suggest disadvantages associated with aging gametes and physiological decline, psychosocial perspectives highlight potential advantages pertinent to emotional maturity, financial security, and intentional parenting (Bold Science, 2024).

This review examines current evidence regarding emotional and behavioural outcomes in children born to older parents, addressing:

1. The association between parental age and offspring mental health disorders
2. Emotional and behavioural problems across childhood and adolescence
3. Mediating mechanisms including parenting styles and family environment
4. Differential effects of maternal versus paternal age
5. Protective and risk factors operating at different parental ages

Defining Advanced Parental Age

Operational definitions of "advanced" or "older" parental age vary across research literature, reflecting both biological and social considerations. For maternal age, most clinical and research contexts define advanced maternal age as 35 years or older at delivery, corresponding to increased obstetric risks (Oldereid et al., 2018). However, some research examining psychosocial outcomes employs higher thresholds of 40 or 45 years, particularly when examining contemporary cohorts where childbearing in the mid-thirties has become normative.

For paternal age, definitions are less standardized. Studies examining genetic mutation risks often use thresholds of 40 years or older, while research on psychosocial outcomes may examine continuous age effects or compare categories such as under 25, 25-34, 35-44, and 45 years or older (McGrath et al., 2014; Zondervan-Zwijnenburg et al., 2020). The lack of standardized definitions complicates cross-study comparisons but reflects the reality that age effects may operate on a continuum rather than at discrete thresholds.

Parental Age and Offspring Psychiatric Disorders

Neurodevelopmental and Psychiatric Disorders

Research has examined associations between parental age and risk for major psychiatric and neurodevelopmental disorders in offspring. Large-scale population studies reveal complex, disorder-specific arrangements that are different based on the mothers' or fathers' age. There is a strong positive correlation between aged fathers and an increased risk of autism spectrum disorder (ASD), schizophrenia, and bipolar disorder in the offspring (McGrath et al., 2014; Malaspina et al., 2015). Similarly, a study on Swedish population found that offsprings of fathers aged 45 years or older showed significantly elevated risks for autism, schizophrenia, bipolar disorder, attention-deficit/hyperactivity disorder (ADHD). There was also evidence of higher risk of suicide attempts, and substance use issues, compared to children of fathers aged 25-29 years (McGrath et al., 2014). These associations lingered on even when other extraneous variables like maternal age, parental psychiatric history, and socioeconomic factors were controlled, suggesting independent paternal age effects.

The mechanisms underlying paternal age effects are hypothesized to involve accumulating de novo mutations in spermatogonial stem cells (Kong et al., 2012). Unlike oogenesis, which completes before female birth, spermatogenesis involves approximately 23 cell divisions per year after puberty, creating opportunities for replication errors and mutations to accumulate (Goriely & Wilkie, 2012). These de novo mutations may contribute to neurodevelopmental disorders, particularly those with strong genetic components such as autism and schizophrenia.

The effects of maternal age, however, have different effects on the child's mental health. A high risk for developmental disorders such as Down syndrome was observed in some studies. Weak associations with autism have been found, in contrast to what has been observed for advanced paternal age. Some research suggests protective effects of moderately advanced maternal age (early-to-mid 30s) against certain behavioural problems in offsprings, with potential disadvantages emerging primarily at very advanced ages (40 years and older) (Zondervan-Zwijnenburg et al., 2020).

Anxiety and Internalizing Disorders

The relationship between parental age and offspring anxiety disorders presents a complex picture. A significant number of studies present a higher correlation between maternal age and internalizing behaviours. Children of older mothers may experience higher levels of anxiety symptoms and internalizing problems (Sutcliffe et al., 2023). A proposed explanation is that there exists a difference in parenting styles between older and younger new mothers. Older mothers often describe themselves as more anxious and overprotective in their parenting approach (Sutcliffe et al., 2023).

This hypothesis is supported by literature that illustrates correlations between perceived parental overprotectiveness and offsprings anxiety symptoms (Gere et al., 2012). Older mothers often say they're more anxious and overprotective with their kids (Sutcliffe et al., 2023). Research backs this up—there's a clear link between parents who seem overprotective and kids who show more anxiety (Gere et al., 2012).

So why do older moms tend to worry more or act extra protective? A few reasons stand out:

- They know more about pregnancy risks, so they see their child as more vulnerable.
- Many struggled with fertility or needed help getting pregnant, which can make their child feel especially precious.
- If it is their first child and they are older, they don't have past experiences to lean on.
- The bigger age gap between parent and child might change how they relate to each other.

But it's not all one-sided. Not every study finds that kids of older moms are more anxious. In fact, some research shows no real difference—or even some benefits—once you consider things like family income and how much education the parents have (Sutcliffe et al., 2023). These mixed results probably come down to a bunch of other factors, like culture, birth order, and the parents' own mental health.

ADHD and Externalizing Disorders

ADHD and other behavior issues tell a different story. The way parental age connects to ADHD or externalizing problems is not the same as what we see with autism or schizophrenia. The patterns are more complicated. Some studies show increased

vulnerability of ADHD in progenies of aged fathers, but the correlations are insignificant and weaker than those found for autism spectrum disorder (McGrath et al., 2014).

Notably, young maternal age—particularly teenage motherhood—seems to be strongly correlated with ADHD, conduct disorder, and substance use disorders than advanced maternal age, all which are externalizing disorders of childhood and youth (Shaw et al., 2006). Children born to mothers under 20 years of age demonstrate significantly elevated vulnerability of hyperkinetic disorders, behavioural issues, and substance abuse, with effect sizes comparable to or exceeding those observed for children of older fathers (McGrath et al., 2014).

With this we can infer that the psychosocial circumstances connected to very young motherhood like educational and career disruption, economic disadvantage, social isolation, and potential underlying behavioural propensities—may exert particularly powerful influences on offspring externalizing behaviours (Pogarsky et al., 2006).

Emotional and Behavioural Problems in Childhood

Beyond diagnosed psychiatric disorders, research has examined dimensional measures of emotional and behavioural problems across childhood development. Such investigations typically employ validated instruments such as the Strengths and Difficulties Questionnaire (SDQ) or Child Behavior Checklist (CBCL) to assess internalizing problems (anxiety, depression, withdrawal) and externalizing problems (aggression, hyperactivity, conduct problems).

Externalizing Behaviours

Kids with older parents, especially older mothers tend to have fewer instances of kids with behavioural problems as compared to younger parents. That's not just a hunch; several studies back it up (Bold Science, 2024; Myrskylä & Fenelon, 2012). According to this Danish study, for example: with 4,700 mothers, findings revealed that children with older mothers had fewer behavior issues at ages 7, 11, and 15. This trend held up even when they factored in things like family income, education, and household setup. The researchers pointed out something interesting: sure, being an older parent can have some biological downsides, but social and demographic advantages often balance things out—or even tip the scales the other way—when it comes to a child's mental health (Myrskylä & Fenelon, 2012).

Internalizing Behaviours

Findings regarding internalizing problems (anxiety, depression, social withdrawal) in children of older parents are less accordant than for externalizing behaviours. Some studies report increased anxiety and emotional problems in children of older mothers, while others find no significant associations or even protective effects (Sutcliffe et al., 2023; Zondervan-Zwijnenburg et al., 2020). It was found that associations between maternal age and child emotional problems were weaker and less consistent than associations with behavioural problems in a Danish study done by Myrskylä and Fenelon in 2012. When present, the effects were small and attenuated after controlling for socioeconomic factors.

The mixed findings for internalizing problems may reflect competing influences. While emotional maturity and financial stability of older parents can support healthier emotional development in kids, the heightened anxiety or overprotective parenting oftentimes seen in older mothers may also amplify the child's risk for developing neurotic problems. The

balance between these influences may vary across families depending on specific parenting practices, parental mental health, and child temperament.

Cognitive and Academic Outcomes

This review mostly looks at emotional and behavioral outcomes, but you can't really ignore cognitive development when talking about how parental age affects kids. How a child thinks and learns shapes everything else—how they handle emotions, how they do at school, all of it. If you look back at studies from the 1950s through the 1970s, most didn't find much of a downside to having an older mom when it came to kids' cognitive skills (Fergusson & Woodward, 1999). Newer research often finds either no effect or, honestly, even a bit of an advantage for kids with older moms (Zondervan-Zwijnenburg et al., 2020; Sutcliffe et al., 2012). British cohort studies that tracked families over the decades show this shift clearly. Back in the day, kids with older mothers seemed to have lower cognitive scores. These days, it is the opposite. Researchers say this isn't about age itself, but about who those older mothers are. Decades ago, older mothers usually had bigger families, less education, and more financial struggles. Today, older moms are often highly educated, financially secure, and many are first-time parents. They can give their kids a home that really supports learning and curiosity. Now, looking at dads' ages, things get a bit more complicated. Some work points to a small edge for kids of moderately older fathers, probably because of the same social factors (Janecka et al., 2017). But if the dad is much older, there is more risk for lower cognitive outcomes in the child (D'Onofrio et al., 2014).

So, what really drives these differences is not just the parents' ages. The connections of parental age and child cognitive outcomes seem largely mediated by socioeconomic factors, parental education, and home learning environment rather than direct biological effects of parental age per se (Sutcliffe et al., 2012; Barclay & Myrskylä, 2016).

Parenting Styles and Family Environment

The relationship between parental age and child outcomes is substantially mediated by parenting behaviours and family environmental factors. It seems crucial to gauge an understanding of these mediating pathways to interpret the observed associations and developing interventions.

Older Parents' Parenting Characteristics

Research examining parenting practices among older parents has identified several distinctive characteristics:

Positive Parenting Behaviours:

1. **Less punitive discipline:** Older parents report using physical punishment less frequently and employing more reasoning-based discipline strategies (Guedes & Canavarro, 2021)
2. **Greater patience:** Longitudinal studies show older mothers demonstrate greater maternal sensitivity and patience in parent-child interactions (Schlomer & Belsky, 2012)
3. **More consistent routines:** Older parents tend to establish more structured daily routines and consistent behavioural expectations (Selman et al., 2024)
4. **Greater investment:** Older parents often exhibit higher levels of engagement in children's activities, education, and developmental needs

Potential Challenges:

1. **Overprotectiveness:** Qualitative studies suggest older mothers may be more anxious and overprotective, particularly following fertility difficulties (Sutcliffe et al., 2023)
2. **Age-gap concerns:** Larger age differences between parents and children may affect shared activities and peer relationships
3. **Energy limitations:** Physical energy demands of parenting young children may be more challenging for older parents
4. **Generational differences:** Greater cultural and technological gaps between older parents and children may affect communication and understanding

In a study by Schlomer and Belsky, 2012, where longitudinal data from a national U.S. cohort was examined, it was found that older maternal age is associated with greater maternal sensitivity when children were aged 10 years, which in turn predicted lower levels of mother-child conflict during adolescence. This suggests that positive parenting practices among older mothers may have lasting benefits for parent-child relationships across developmental periods.

Parent-Child Relationship Quality

Limited research is focused on parent-child relationship quality in families with older parents. Whatever available evidence is there, it points towards positive functioning. Older parents report higher levels of relationship satisfaction and lower levels of parent-child conflict compared to younger parents (Sutcliffe et al., 2023; Garrison et al., 1997).

However, there are various challenges. Children of older mothers may perceive their mothers as more overprotective, as already mentioned earlier in this review. Has both positive outcomes and negative outcomes. For instance, the children feel valued and protected but also struggle with anxiety and reduced autonomy (Sutcliffe et al., 2023). The impact of perceived overprotection is dependent on developmental stage, child temperament, and the degree of protectiveness.

Studies that contrast mother-child and father-child relationships unravel some noteworthy patterns. Fathers' parenting behaviours may have different effects on child outcomes compared to mothers' behaviours, even when the behaviours themselves are similar (Howard et al., 2022). For instance, fathers' support for child exploration and autonomy shows particularly strong associations with reduced child anxiety, suggesting that paternal encouragement of independence may be especially important for emotional development (Howard et al., 2022; Majdandžić et al., 2016).

Mental Health in Older Parents

Research on mental health among older parents presents mixed findings. Some studies suggest that older parents may experience lower levels of parenting stress and better psychological wellbeing compared to younger parents, potentially reflecting greater emotional maturity, financial security, and relationship stability (McMahon et al., 2011).

However, other research indicates that older parents may face unique stressors including:

1. Fertility-related stress and potential trauma from pregnancy loss or treatment
2. Physical fatigue from parenting demands
3. Concerns about longevity and ability to parent through child's development
4. Social isolation due to age differences from peer parents
5. Career-family balance challenges at senior career stages

The impact of parental stress on child outcomes is well-established. A comprehensive meta-analysis found that parental stress predicts both emotional problems (correlation: 0.46) and behavioural problems (correlation: 0.37) in school-age children (van der Klis et al., 2024). These associations were significant across diverse populations and methodologies, stressing on the importance of parental stress management for their children's mental health.

Young Parents' Mental Health Challenges

Young parents, especially teenage mothers, often carry a heavy emotional load. They are more likely to experience depression, anxiety, and high levels of stress, partly because they are still handling their own development while raising a child (McGrath et al., 2014; Pogarsky et al., 2006). Educational disruption, financial strain, social judgment, and limited life experience can make it harder for them to cope, which in turn can affect their children's emotional and behavioural wellbeing (McGrath et al., 2014; Pogarsky et al., 2006).

Studies show that children of teenage mothers are at greater risk for emotional and behavioural difficulties, substance use, and academic problems, reflecting a mix of genetic vulnerability, challenging environments, and constrained parenting resources (McGrath et al., 2014; Shaw et al., 2006; Pogarsky et al., 2006). Some behavioural tendencies may be partly inherited, but they are also shaped by economic hardship, unstable relationships, and reduced access to supportive parenting knowledge and services (Shaw et al., 2006; Pogarsky et al., 2006).

When looking at age, it is important to distinguish between mothers and fathers. Much of the early work focused on maternal age because pregnancy and birth risks are easier to study in mothers, but only recently we have begun to examine how fathers age also shape child outcomes (McGrath et al., 2014). Biologically, maternal and paternal ages have different yet similar mechanisms. Older mothers and fathers are more likely to have higher education, stable careers, and more secure relationships, and they generally bring more mature parenting approaches. Because partners tend to be close in age, these shared socioeconomic and psychological advantages can explain why both maternal and paternal age often show similar links to children's behaviour (Mills et al., 2011).

Even so, there are meaningful differences. Older maternal age appears more strongly tied to lower levels of externalizing problems such as aggression and rule-breaking in children, likely because of calmer, more structured parenting (McGrath et al., 2014). In contrast, very advanced paternal age shows stronger connections with certain neurodevelopmental conditions, such as autism, which aligns with evidence about age-related genetic mutations in fathers' germ cells (McGrath et al., 2014; Malaspina et al., 2015). Recent research also highlights that mothers and fathers shape children's emotional development in different but complementary ways. Fathers' encouragement of exploration, manageable risk-taking, and independence tends to reduce children's anxiety and build confidence (Howard et al., 2022; Majdandžić et al., 2016). Mothers' warm, sensitive responses to distress are more closely linked with secure attachment and effective emotion regulation (Howard et al., 2022). These roles can interact with age in subtle ways. For example, older fathers may be more cautious or less physically active, which could reduce opportunities for rough-and-tumble play and exploration that help children develop bravery and low anxiety (Majdandžić et al., 2016). On the other hand, older mothers' patience and emotional availability can deepen secure bonds and help children feel safe and understood across development (Howard et al., 2022).

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Parental age does not operate in a vacuum; child outcomes depend heavily on individual and contextual differences. Children bring their own temperaments—some are more reactive, less adaptable, or prone to strong negative emotions—and these traits can make them especially sensitive to the quality of parenting and family stress (Rothbart & Bates, 2006). For such children, the calm, consistent, and emotionally regulated parenting more often seen in older parents may be particularly protective (Rothbart & Bates, 2006).

Gender and biology may also matter. Some studies suggest that advanced paternal age might be more strongly associated with neurodevelopmental difficulties in boys, possibly due to sex-linked vulnerabilities in brain development, although other research finds similar patterns for sons and daughters (Hassold & Hunt, 2001; McGrath et al., 2014).

Family structure also has a role to play. Older parents are more likely to be in planned, stable partnerships and to have children within more secure and organized family settings, which can support better developmental outcomes (Mills et al., 2011). If older parents do encounter separation or single parenthood, they often have greater financial and social resources to buffer the impact on their children (Mills et al., 2011).

Social support is another key moderator. Older parents sometimes feel isolated from younger parent networks, which can reduce day-to-day emotional and practical support (Schmidt et al., 2012). At the same time, they may benefit from long-standing friendships and stronger extended family ties, which can provide a powerful safety net when challenges arise (Schmidt et al., 2012).

Implications and Recommendations

Research Directions

Several important research gaps require attention:

- **Longitudinal Research:** Most existing research examines childhood outcomes, with limited follow-up into adolescence and adulthood. Long-term studies examining life-course trajectories of children born to older parents would clarify whether early advantages or disadvantages persist, amplify, or diminish over time.
- **Mechanism Studies:** Research directly examining proposed mediating mechanisms—including specific parenting practices, parent-child interactions, and biological pathways—would strengthen causal inference and identify intervention targets.
- **Father-Focused Research:** While paternal age effects on neurodevelopmental disorders have received attention, research on fathers' parenting behaviours and their relationships with child emotional and behavioural outcomes remains underdeveloped.
- **Intervention Research:** Experimental studies testing whether interventions addressing identified mechanisms (e.g., reducing overprotective parenting in older mothers, providing parenting education for young mothers) improve child outcomes would have substantial clinical value.
- **Diverse Populations:** Research examining parental age effects across diverse racial/ethnic groups, socioeconomic strata, and cultural contexts would clarify the generalizability of current findings and identify population-specific considerations.

Public Health Perspectives

From a public health standpoint, the evidence suggests several important considerations:

No Single Optimal Age: The data do not support identifying a single "optimal" parental age. Very young parenthood (teenage years) shows consistent associations with disadvantageous outcomes, likely reflecting psychosocial immaturity and economic disadvantage. Advanced parental age shows mixed associations, with biological risks for some outcomes offset by psychosocial advantages for others.

Supporting All Parents: Rather than promoting specific age norms, public health approaches should focus on supporting parents across the age spectrum:

1. Young parents need intensive economic support, educational continuity, parenting education, and mental health services
2. Older parents may benefit from fertility preservation education, parenting resources addressing anxiety and overprotection, and social connection opportunities
3. All parents benefit from accessible childcare, family-friendly workplace policies, and community support systems

Socioeconomic Focus: Given that many apparent advantages of older parenthood reflect accumulated socioeconomic resources, policies reducing economic inequality and supporting young families would likely improve child outcomes more than age-based recommendations.

Limitations of Current Evidence

Several methodological limitations affect interpretation of existing research:

- **Selection Effects:** Individuals who delay parenthood may differ in underlying characteristics (personality, life priorities, risk aversion) that independently affect parenting and child outcomes.
- **Confounding by Socioeconomic Factors:** Despite statistical adjustments, residual confounding by socioeconomic variables remains a concern. Older parents differ from younger parents in multiple unmeasured ways that may influence child outcomes independently of age per se.
- **Measurement Challenges:** Most research relies on parental reports of child behaviour, which may be biased by parental age, mental health, or expectations. Studies incorporating observational data, teacher reports, or clinical assessments provide stronger evidence but remain relatively rare.
- **Cohort Effects:** Rapidly changing sociodemographic profiles of older parents mean that findings from earlier cohorts may not generalize to contemporary families.
- **Limited Follow-up:** Few studies follow children into late adolescence or adulthood, limiting understanding of whether early advantages or disadvantages have lasting significance.
- **Publication Bias:** Studies finding significant associations may be more likely to be published than null findings, potentially creating an exaggerated impression of parental age effects.

CONCLUSION

A multifaceted, complex relationship exists between parental age and the offspring's psychological outcomes. This relationship is shaped by biological and psychosocial forces. Advanced parental age, specifically advanced paternal age, has strong associations with increased risk for certain neurodevelopmental disorders including autism spectrum disorder and schizophrenia. However, advanced maternal age also demonstrates protective effects against externalizing behavioural problems such as aggression and conduct problems, likely reflecting psychosocial advantages including emotional maturity, financial resources, and

patient parenting styles. Conversely, young parental age, especially teenage motherhood, consistently predicts elevated risks for multiple adverse outcomes including ADHD, conduct disorder, substance use problems, and general behavioural difficulties. These associations appear largely driven by psychosocial disadvantages associated with young parenthood including economic hardship, educational disruption, and parenting immaturity.

The evidence does not support identifying a single optimal parental age but rather highlights that different ages are associated with different profiles of advantages and challenges. From a biological perspective, earlier reproductive ages (mid-20s to early-30s) minimize genetic mutation risks and obstetric complications. From a psychosocial perspective, later ages (mid-30s to early-40s) are associated with greater emotional maturity, financial security, and stable relationships. Importantly, many apparent advantages of older parenthood are a reflection of the accumulated socioeconomic resources rather than age. Additionally, supporting young parents through economic assistance, educational continuity, parenting programs, and mental health services could substantially improve outcomes for their children.

Future research should include longitudinal studies with extended follow-up periods, investigation of specific mediating mechanisms, father-focused research, diverse population sampling, and intervention studies testing whether addressing identified mechanisms improves child outcomes. Clinical practice should provide balanced counseling about parental age considerations while avoiding alarmism and supporting families across the age spectrum with evidence-based interventions targeting identified risk factors.

Ultimately, the decision about when to have children depends on various personal, medical, and social considerations and while scientific literature suggests these decisions by clarifying associations between parental age and child outcomes, it cannot prescribe a single optimal path. Supporting parents of all ages in providing nurturing, stable, and stimulating environments represents the most evidence-based approach to promoting positive child emotional and behavioural development.

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Conflict of Interest

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