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Caring From the Middle: On Digital and Intergenerational Links Among the Middle-Aged

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Abstract

The article offers a novel perspective on digitally linked lives through the health-related practices of middle-aged people. Widely accessible devices, such as mobile phones and wearables, generate a wealth of data. They enable users to monitor physical activity and bodily measurements, undertake family-based challenges, and participate in gamified activities. The article draws on ten semi-structured interviews conducted in Latvia in 2025. The analysis shows that everyday engagements with these technologies range from common mobile phone applications to specialized smartwatches and measurement devices, depending on the practices users wish to pursue. Crucially, these devices are employed not only for individual physical activities and bodily monitoring but also for sharing data, keeping track of others, and learning about the well-being of family members. In this way, such technologies reshape the dynamics of close social ties and everyday family interaction. Middle-aged individuals emerge as a binding link, shaping the health-related practices of both younger and older kin. At a time when family life unfolds simultaneously across multiple places, and distance frequently separates family members, digital links enable forms of collective agency in which middle-aged people often play a pivotal role in caring for themselves and others. I conclude that digital technologies function as a medium that strengthens social ties, extends relations of care, and reshapes family dynamics around health-related practices.

Keywords

agency; digitally linked lives; intergenerational care; middle age; mHealth; wearables

1. Introduction

Midlife is a vital phase in the life course, but has long remained neglected in theoretical inquiry (Hopkins & Pain, 2007). Although an emerging body of scholarship has begun to address this gap (Lulle, 2024a, 2024b), I take my cue from Barron's (2025) argument that thinking theoretically about "the middle" of the life course is a relationally rich exercise. To be in the middle is to occupy a position of both perspective and obligation: It may offer a broader view and greater capacity to act, but also entails intensified responsibility for others. Care binds families, friends, and communities through exchange and solidarity, but also through love, altruism, and spirituality (Phillips, 2007)—a vital element of strong social ties linking individual practices of agency to interdependent lives (Baldassar & Wilding, 2020; Elder, 1994). From the perspective of being "caught in the middle" (Brody, 1985), the middle generation frequently shoulders responsibilities well beyond its own immediate interests. Although cultural differences shape expectations surrounding family relations and childcare (King et al., 2017; Lulle & King, 2023; Xia et al., 2024), no system of social policy can fully substitute for human assistance, and care across generations continues to fall in profoundly gendered ways, especially upon middle-aged women (Brody, 1981).

Midlife is defined differently across European countries and linguistic contexts (European Social Survey, 2021): It may be understood as the prime of life, a threshold to aging, or the middle of an anticipated lifespan. On average, Europeans no longer consider people young after the age of 41, and old from around 64 (European Commission, 2012). In the Latvian context, this study defines midlife as the period between 40 and 65 years old, considering the striking fact that healthy life expectancy in Latvia stands at only 54.3 years for women and 51.2 years for men—the lowest in the EU (Eurostat, 2023a)—around a decade shorter than the official retirement age of 65. Similar patterns persist across parts of Eastern Europe, including the Baltic states, Romania, Bulgaria, Slovakia, and Hungary, where healthy life expectancy remains considerably below the EU average. Closing this gap has been identified as a major policy priority (European Parliamentary Research Service, 2025). Caring more effectively for one's health and well-being is, therefore, not merely desirable but an urgent social and political task.

This article asks: How do middle-aged individuals use digital devices for health-related activities, and what do these practices reveal about personal, interpersonal, and intergenerational care? To address this question, the article first situates the discussion within Latvia's structural context of care, highlighting the demographic and socio-cultural conditions that shape family responsibilities. It then reviews the role of technology in everyday life, with particular attention to self-tracking and wearable devices. Building on this, the following section considers the significance of the middle generation—often described as the "sandwich generation"—through a life-course lens attentive to linked lives, transitions, and active agency. Midlife emerges as a distinctive phase marked by care relations, intergenerational obligations, and possibilities for personal development, within which digital technologies increasingly mediate everyday routines and social ties—serving not only as tools for monitoring health and productivity but as instruments through which family bonds are sustained and care coordinated across generations. The methodology and analysis demonstrate that health-related practices and uses of technology are deeply embedded in existing relationships and entangled with obligations towards both younger and older kin. The empirical findings show that practices of care frequently intersect with the domain of individual agency, as data sharing and monitoring reshape the dynamics of trust, responsibility, and attentiveness between people. The article concludes by outlining its contributions to scholarship on midlife and digital technologies of care, illuminating the central role of the middle generation in familial well-being and connectedness.

2. Country Context: Household Structure and Health Challenges

Over the past three decades, Latvia's population has steadily declined, falling to fewer than two million inhabitants due to several waves of migration, beginning in the 1990s (Central Statistical Bureau [CSB], 2025a). As in many European countries, the aging population in Latvia is placing increasing social and financial pressure on those of working age (United Nations, 2024). In contemporary Latvia, middle-aged people account for roughly one-third of the population. Latvia also follows the broader EU trend of young adults remaining in their parents' households (Eurostat, 2024), alongside a still high number of households in which several generations live together (CSB, 2025c). Simultaneously, household structures remain highly diverse: One-third of households with children are single-parent families, predominantly headed by single mothers (CSB, 2025c, 2025d); 40 percent of families with children are single-parent households sharing a home with other relatives (CSB, 2025b); and a similarly substantial proportion of the population lives in single-person households (CSB, 2021). In such a context, strong social ties assume particular significance.

Their importance is heightened further by the fact that only 49 percent of the population reports their health as good, one of the lowest shares in the European Union (Eurostat, 2023a). Public expenditure on health in Latvia remains below the EU average across all areas of care (OECD & European Observatory on Health Systems and Policies, 2025), a pattern also evident in several other Eastern European and post-Soviet countries (OECD, 2025). The Latvian healthcare system is marked by quota-based access and long waiting times, while private health expenditure is approximately twice the EU average (OECD & European Observatory on Health Systems and Policies, 2023). Meanwhile, unhealthy diets, insufficient physical activity, and high levels of alcohol and tobacco consumption—particularly among men—continue to contribute to the burden of non-communicable disease (OECD, 2020; World Health Organization [WHO], 2024). Premature mortality from cardiovascular disease remains especially high not only in Latvia but across Eastern Europe (WHO, 2024), underlining the continuing relevance of a European "health divide." Since primary prevention is crucial in reducing one of the highest rates of preventable mortality in Europe (Behmane et al., 2024, p. 17), the middle generation becomes a particularly important social resource: often parents of dependent children, socially and professionally active, and embedded in strong kin and social networks, middle-aged people may possess the material and relational means to care for those closest to them, even as many are themselves negotiating age—or lifestyle-related health challenges.

3. Digital Lives

Technologies increasingly reshape everyday life by providing support, entertainment, and social connectedness, helping people overcome distance even when divergent schedules, routines, and obligations separate them (Baym, 2015; OECD, 2024b). Devices now function as digital assistants that measure productivity, guide movement through space, and facilitate a wide range of mundane tasks, thereby deepening the automation and infrastructural embedding of daily life (Epstein et al., 2020; Pink et al., 2022). For those tracking bodily parameters, emotional states, and everyday activities, such technologies also offer an alternative way of knowing the body: They enable people to think through, as well as with, information about themselves (Lupton, 2014c). In this sense, digital devices generate an extended sense of embodiment and personhood. They operate as digital twins (Turkle, 2011) or data doubles (Ruckenstein, 2014), transforming bodies into streams of data that may be observed at a distance, both by oneself and by others (Ruckenstein & Dow Schüll, 2017).

Smartphones, smartwatches, fitness bracelets, and smart rings fall within the broad field of mobile health, or mHealth, which the WHO identifies as an important means of supporting health systems and broadening accessibility. The WHO (2011) defines mHealth as "medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices" (p. 6). These technologies are also increasingly used alongside formal medical examinations and health management practices (Neff & Nafus, 2016), although uncertainty persists regarding the accuracy, consistency, and comparability of wearable data, including within the research community itself (Huhn et al., 2022). Nevertheless, the growing uptake of such devices contributes to an active and self-conscious lifestyle, offering users gamified features, opportunities for comparison, and other motivational mechanisms (Yfantidou et al., 2023). As "technologies individuals carry on their bodies daily" (Ask & Søraa, 2023, p. 137), mHealth devices provide real-time information about bodily functions, such as heart rate and oxygen saturation, as well as activity metrics including speed, distance, and movement intensity.

The quantified self has emerged as a significant mode of contemporary self-relation, in which tracking bodily data is used to understand one's capacities, habits, and present well-being. Yet it also creates new possibilities for sharing that self-tracking information with others (Kitchin, 2025). Such data can foster a sense of control over the body, offer a vision of self-improvement, and help individuals select appropriate activities or set particular goals (Fors et al., 2019; Lupton, 2014a). At the same time, shared visualizations may enable users and those closest to them to make healthier choices and participate in forms of collective encouragement and accountability (Haapio-Kirk et al., 2024), as part of an increasingly digitalized wellness culture (Smith et al., 2024). Through sustained engagement, mobile devices become part of more-than-human relations that shape self-perception and everyday practice (Clark & Lupton, 2023). They also create additional ways of relating to others, including through non-human elements such as platforms, interfaces, metrics, and alerts, thereby unsettling any simple distinction between the private body and a more collectively perceived or mediated image of the person (Haraway & Wolfe, 2016).

Deborah Lupton identifies five modes of self-tracking: private, communal, pushed, imposed, and exploited (Lupton, 2014b). This study focuses primarily on private self-tracking for personal care, but it also examines how such tracking may become communal within families and close social ties through digitally mediated everyday practices. Thus, the article moves beyond an individualized reading of self-tracking to show how digital health practices are embedded in relational lives, particularly intergenerational relations of care.

4. The Middle-Aged and Digital Devices

In an era of self-tracking and health datafication, the welfare state increasingly transforms healthcare into self-care (Ruckenstein & Dow Schüll, 2017), shifting responsibility to the private sphere (Hawkins & Miller, 2024). As public funding competes with growing security expenditures (Mang, 2025) and welfare scenarios raise concerns about family responsibilities (Garattini & Prendergast, 2015), the role of strong social ties gains importance. Middle-aged persons often live as a generation "in between"—embedded in connected lives with children, parents, or other relatives—sometimes called the "sandwich generation" (King et al., 2017; Lulle, 2024b; Miller, 1981), maintaining careers and households while providing resources to those less settled or less independent. With the increasing childbearing age and rising fertility rates among mothers aged 30 to 49 (Eurostat, 2023b; OECD, 2024a), midlife is a dynamic period of family relations: Care for often still minor children sits alongside support for aging parents and elderly relatives (Verity et al., 2024)—in some cases across

borders (Wilding & Baldassar, 2018). Increasing global mobility heightens the risk of relational distancing, with growing research examining how digital technology sustains transnational relations and social support networks (Nguyen et al., 2022). Digital communication and "virtual forms of care" are becoming increasingly significant, particularly in aging populations (Wilding & Baldassar, 2018), with "aging in networks" (Ho et al., 2024) and "digital kinning" practices identified as important for older generations in maintaining relations and well-being (Baldassar & Wilding, 2020). Wider kin networks— siblings, aunts, uncles—similarly sustain intergenerational and cross-border family support (Budginaitė-Mačkinė & Juozeliūnienė, 2023).

To capture its distinctiveness, the middle generation should be viewed through its own lens—as a time when past experiences are examined (Baglia, 2019) and future possibilities reimagined (Hagerty, 2017). A life-course-sensitive approach provides this view "from the middle," giving long-overdue attention to midlife as "differentially lived" (Barron, 2025), and deepening the understanding of the "meaning of middle-age" (Hopkins & Pain, 2007)—not only as support to others, transition, or crisis (Lulle, 2024b), but as a unique and rich passage in a person's life. This article builds on the life-course perspective (Elder, 1994), arguing that two of its principles—linked lives and individual agency (Bengtson et al., 2005)—offer fruitful ground for exploring digital health practices across social, institutional, and temporal contexts. Individual agency, built on "planfulness, self-efficacy, and optimism," shapes one's life trajectory through actions and decisions (Bengtson et al., 2005; Elder, 1994; Elder & Johnson, 2002), while its socially interconnected nature unfolds through linked lives as individuals navigate their choices (Elder & Johnson, 2002; Lulle, 2024a, 2024b). Digital technologies, meanwhile, facilitate tracking the body, communicating with others, and expressing care—though as individualism in aging varies across cultures, greater attention to the "social relational and intergenerational dimensions" of "successful aging" is needed (Nguyen et al., 2025). Digital interaction may, however, also undermine close social ties: Device-mediated contact risks being perceived as a substitute for care (Di Tullio & Gómez-Cruz, 2025), and shared self-tracking data may function as a control mechanism, rendering previously unknown aspects of a person's body and life visible to others (Ruckenstein, 2014).

5. Methodology

The article draws on data collected during the initial phase of doctoral studies at Rīga Stradiņš University, Latvia, from July to December 2025. Ten semi-structured interviews were conducted with middle-aged Latvian residents, lasting 1–2.5 hours, both in person and online via Microsoft Teams. In-person sessions were transcribed using MAXQDA transcription; online interviews used MS Teams' real-time transcription, and all transcripts were subsequently reviewed and edited. Interviews were conducted in Latvian; participants were identified by pseudonyms, with sensitive information omitted to protect anonymity. All participants were in their 40s or 50s, except one male aged 61. The semi-structured format allowed participants to reflect on their experiences, life paths, and current realities. Most work in office-based settings across a range of sectors—arts and design, manufacturing, retail, business administration, civil service, and education—with two self-employed and two homemakers. Most have children ranging from kindergarten to university age; family status varies between single, partnered, married, and divorced. Participants were recruited through recommendations and social media using snowball sampling, with the key criterion being the use of at least one mHealth technology—a mobile health app, smartwatch, or smart ring. The sample spans lifelong physical activity practitioners and those who became more health-conscious in their 30s or 40s, encompassing daily step counters, yoga and meditation practitioners, gym-goers, cyclists,

joggers, and marathon runners. Some noted early signs of aging and a growing need for self-care; others had faced non-communicable diseases and serious health challenges. Interviews covered daily self-tracking activities—sleep, meditation, walking, gym sessions, and running—while eating habits were only addressed where participants themselves linked them to physical activity and well-being.

All interviews were coded using open coding, with transcripts organized into three topics—health, technology, and community—each subdivided to capture informants' accounts of aging, body perception, health matters, and information sharing. The technological dimension foregrounded digital communication, motivational elements, usability, and competitiveness; the interpersonal dimension addressed the role of family and community. Given the article's scope, two topics were selected, highlighting the self-care and intergenerational dimensions of care within individual health-related practices in midlife. Interviews were transferred to MS Word for coding, with a coding scheme developed in MS Excel.

6. Results

6.1. Time is Coming: It's Time To Care

Viewed through a life course lens, the interviews reveal a moment of transition in midlife when more intentional care for health and well-being begins to form, and when following bodily and activity data is increasingly seen as necessary for better outcomes. For participants, changes in appearance or bodily sensation—excess weight that makes everyday tasks more difficult, disrupted sleep, medical diagnoses, persistent low mood, or mental overload—prompted turning toward more deliberate forms of self-care:

> It's taking greater responsibility for my own body and well-being, for my quality of life, and thinking about the next 30 to 40 years. (female, 40–44 age group, divorced, with children)

Men in the study more often emphasized declining physical capacity or illness as the threshold where health began demanding greater attention. Gatis, in his mid-forties, described the daily step count as a prompt that pushes him outdoors, among other people, and away from a depressive mood associated with solitude. Oliver, in his early sixties, walks and cycles regardless of the weather, combining physical activity with a strict diet to prevent the progression of a genetically inherited illness—a trajectory that also resonates with broader patterns in Latvian men's health, which often worsens after the age of fifty. For Edgars, self-care is an ongoing struggle shaped by repeated oncological procedures; in the intervals between flare-ups, he carefully tracks bodily data and works to regain strength while still in his fifties.

Among the women interviewed, visible and felt bodily changes more often served as the immediate trigger for more intentional self-care. Kate noticed the first signs of aging during yoga practice. Inga, struggling to walk upstairs after shopping, challenged a friend to lose weight together. Aiga took up morning jogging as weight management became more difficult in her mid-forties. Several women explicitly referred to the age of forty as a turning point after which both physical and mental self-care had to be taken more seriously. Zane began tracking her sleep patterns, documenting a strict diet, and recording and analyzing the results of physical activity; she even challenged herself to run for several months, sharing her progress digitally as a way of sustaining motivation. Laima resumed running in order to "organize my head," while Ivonna did so to "reorganize my body":

> Then I realized I was already forty. Something probably needed to change; something was beginning to shift in my body, and I understood that physical activity is necessary if you want to feel better. (female, 40–44 age group, married, with children)

> I started running again because I wanted, primarily, to regain some kind of mental balance, and also perhaps a sense of physical well-being. (female, 40–44 age group, married, with children)

Alise also spoke enthusiastically about having recently adopted a more physically active way of life through running. For her, this brought a sense of optimism toward the years ahead—particularly as she reflected, in her early forties, on the health difficulties her parents had faced and the care she herself had provided. Her account closely echoes Brody's (1981) portrayal of the midlife woman as a key source of support for older generations.

The richness of midlife self-care is thus revealed in the variety of its motivations and the different scales at which these practices unfold: for some, it's a life-altering decision; for others, a moderate but meaningful adjustment in lifestyle; for others still, a desired goal gradually worked towards. These accounts correspond closely to Barron's (2025) understanding of midlife as a space of considerable heterogeneity—not a linear path, but a rich and meaningful passage shaped by lived experience and imagined futures (Baglia, 2019; Hagerty, 2017). At the same time, they underscore the active and intentional character of midlife agency.

6.1.1. Monitor the Progress

Across the interviews, devices emerge as always-present companions—playing a supporting role through "sensory nudges" (Ruckenstein & Dow Schüll, 2017) and self-tracking data. Those who've tracked for longer, mostly in their 50s or older, describe how evolving device functionality has reshaped their practices and information sharing within communities. For newcomers to physical activities, a low entry threshold matters: "you only need shoes" and "it's okay to start slowly, little by little." Meanwhile, devices provide supportive information about progress toward goals:

> I have a smartwatch, and I basically only take it off when I'm charging it. I really do check it all the time….I bought it because of the steps. My goal was to reach 10,000 steps a day, and I needed a way to measure it. (female, 40–44 age group, divorced, single mother)

> It all started when I read somewhere that the Apple Watch counts steps, and I think that was a few months before I decided I needed to lose weight. (female, 45–49 age group, married, with children)

Interviews described self-tracking practices as indicating concern for one's own well-being and a desire for a brighter future. They're seen as trackable proof of the time and effort invested and a representation of care for one's health. More steps, longer distances, or improved heart rates become visual markers of successful self-care; described with pride, they distinguish the better self today from the one before, and even from a wider Latvian population whose health rapidly worsens with age. This pride and comparison highlight individual agency, underscoring the insufficiency of state healthcare provision and the limited reach of public health initiatives, reflecting a broader shift from public responsibility for healthcare to self-care (Hawkins & Miller, 2024; Ruckenstein & Dow Schüll, 2017). Individual ability for trackable improvement is seen as a promise of a better future, bringing a person closer to settled goals—losing weight, improving sleep,

or becoming stronger. Better results foster optimism about one's abilities and confirm effectiveness, consistent with Elder's (1994) description of active agency, while offering a sense of control over one's body (see Lupton, 2014a) and, with it, a claim on one's own future:

> It's the feeling that something has been achieved, that something has improved….It's like a grown-up's toy; you can just see when something has been accomplished. And that's how I feel—proud that you are who you are, that you can do it, when you really see that you're making progress….It's basically a record, proof. (female, 45–49 age group, married, with children)

> When I started running, I realized I needed a smartwatch. It was helpful to have something that wasn't just for myself, internally, but that actually showed me how much I'd run. Whether I'd done 3 kilometers, or maybe even 3.2 km, the next day! (female, 40–44 age group, married, with children)

Those living with chronic illness draw on mHealth technologies for additional reasons. Edgars recalled how his smartwatch flagged anomalous readings despite stable prior data and no symptoms he could feel—and how, shortly after, he was diagnosed with a non-communicable disease, convinced his device had detected it before either he or his doctors had:

> These indicators [smartwatch measurements] tell me a lot….I'd caught a slight cold, and afterwards I couldn't recover properly, even though the cold symptoms had already disappeared….I went to the doctor, and…was admitted to the hospital with a diagnosis. (male, 55–59 age group, married, with children)

Now in recovery and in his fifties, Edgars tracks physical activity against pre-illness results via his Garmin app, analyzes the data alongside clinical check-ups, and even presents findings to his doctor—convinced that close monitoring may prevent further illness and prompt earlier intervention, despite acknowledging that wearable devices are less precise than hospital examinations. Oliver, similarly, follows his doctors' prescribed lifestyle, using self-tracking data to confirm adherence, with the alternative being lifelong medication. Both practices reflect Neff and Nafus' (2016) concept of "bridging home and clinic"—private self-care supporting clinical care, and everyday activity rendered into measurable, "objective" information.

This research identifies invisible wear as another facet of mHealth use. Gatis dislikes wearing a smartwatch and has intentionally switched to his phone alone—kept in a pocket, even at the cost of less precise step or distance counts—deliberately avoiding sharing his data with others. Where Ruckenstein and Dow Schüll (2017) described bodies transformed into data flows, Gatis quietly resists and draws borders: keeping his body as "digital-free" as possible, limiting what is tracked and on what terms, yet choosing to use mHealth data to measure his desired progress and motivate himself daily.

6.2. Communal Nature of Self-Care

Almost all participants named a close friend, relative, or colleague who encouraged them to start—someone who led by example and made it believable that the activity, whether thirty minutes of jogging, 10,000 daily steps, or mountain biking, could be "survived." Through these support stories, the nature of linked lives becomes more potent (for a description of midlife Latvians navigating work challenges in migration, see Lulle,

2024a, 2024b). Encouraged by their own progress, participants often became "teachers" in turn—underlining the significance of social ties in bottom-up health-related practices—which is particularly important in the context of persistently low population health, where state institutions have long fallen short, as in Latvia and much of Eastern Europe.

Partners play a particular role: A physically active husband or health-conscious wife, through example and everyday care, draws the other toward a more active lifestyle. Several women recalled their first running experiences at midlife as initiated or shared with a husband, valued both as motivation and time spent together. Through such practices, caring for one's own health quietly extends to those most closely linked:

> The first times were really lovely, because in those moments, to understand what running actually is, we ran slowly. We talked a lot during that time together. (female, 40–44 age group, married, with children)

> And as for running—it was because my husband ran. So I thought, maybe I should try it. Even though I've always said I hate running. (female, 40–44 age group, married, with children)

> Since my husband had a heart attack last summer, he also needs to move—he needs to walk as much as possible. Because I'm quite active myself, it also motivates him a little. (female, 45–49 age group, married, with children)

Other accounts point to the quiet role of friends and colleagues. Oliver recalls a friend who encouraged him to be braver and try new activities; a man in his mid-forties describes how a friend, without pressure, sparked his interest in running together; a woman in her mid-fifties warmly remembers colleagues—running men and women—whose encouragement set her on a path to sport some ten years earlier:

> The main motivator for me—whether to start cycling or running—was definitely having someone else to do it with. Someone who would encourage me: "No, no, it's not that hard, you're not clumsy. You can do it, too!" (male, 60–65 age group, married, with children)

> At first, I had such a positive experience (with my colleagues) that it was more inspiring and provided guidance. And after that, you're already slightly more seasoned. (female, 55–59 age group, single, without children)

6.2.1. Digitally Mediated Community

Participants share stories of how they find and provide support through digital connections; often, in WhatsApp and smartwatch applications, they exchange self-tracking results in a more "playful manner," and, at times, compete:

> My girlfriend and I have agreed to set a weekly challenge [via a smartwatch application] for ourselves. (female, 40–44 age group, divorced, single mother)

A woman in her early 40s relies on her circle of semi-professional running friends and a WhatsApp group through which shared experiences, mutual support, and regular check-ins on each other's results and

well-being flowed naturally. This supplements their private Strava community, where data snapshots from competitions—body measurements, distance, speed, and altitude—are shared and discussed. She credits this network with helping her achieve surprising results and giving her greater confidence in her own ability to reach her goals:

> My friends who ran were incredibly helpful. Talking with them helped me validate how I felt about everything and how I could get back into shape….And soon after I started running again, I ran my first half-marathon! (female, 40–44 age group, married, with children)

For Alise, digital communities offer more than activity tracking: belonging, shared information, and a collective investment in one's future. She chose her smartwatch specifically to join her colleagues' running community, noting that brands tend to form closed communities around shared data. A WhatsApp group runs alongside her Garmin community, where they decide on challenges, tally points, and exchange encouragement. Zane similarly layers Samsung community functions with WhatsApp chat for sharing self-tracking data, joining in challenges, and exchanging frustrations and support with close friends and family. Across these accounts, digitally mediated ties reinforce rather than replace other forms of closeness—creating a multilevel support network that displays affection and support as a mutual form of care, while simultaneously helping each other reach their goals.

Others described sharing self-tracking data as a form of accountability. Knowing a friend or relative could see their progress added a sense of responsibility and motivation to continue, consistent with Haapio-Kirk et al.'s (2024) engaging effect of shared information, and with Ruckenstein's (2014) finding that greater data visibility motivates more active participation. Visibility and simple competitiveness appear encouraging tools—what begins as individual self-care transforms into collective practice, sometimes even with a joint goal—losing weight or preparing for a race:

> Just as I was socially active [by sharing my results], I could also be physically active, because it worked for me to be accountable to someone. And I have that feedback and sense of responsibility. (female, 40–44 age group, divorced, with children)

6.3. Intergenerational Nature of Health-Related Practices

Interviews reveal caring activities that extend well beyond midlife. Care reaches both younger and older generations. Female participants often described the physical activities they shared with their children. Stories reveal how active, health-conscious mothers form healthy lifestyle patterns in their children. Male participants, too, spoke of conversations and shared activities, though most were reluctant to impose; notably, two of the three had already grown-up children, while female participants were largely in early midlife with younger offspring. A woman in her 40s, for instance, describes guiding her early teen daughter into trail running—passing on what she herself had learned from her husband:

> I go for a run with my daughter; we run according to her feelings. I don't consider it my workout, but more of a way of teaching my child to be in the forest, to run…with breathing. (female, 40–44, married with children)

Another woman recalled cycling and orienteering with her son to teach him an active, healthy lifestyle—a sentiment echoed by other participants, who described exercising with children as both a form of care and an investment in their health. Inga, even though she never exercised directly with her now-adult daughters, not wishing to impose, takes pride in their healthy choices and attributes them to her own lifestyle change. Even when family members' schedules and interests no longer align, they remain physically active—reflecting Pearlin et al.'s (2005) emphasis on childhood experiences shaping choices across the life course.

Another dimension of intergenerational care concerns midlifers and their elderly parents. Participants described shared self-tracking activities with older family members in several forms: as an exchange of well-being information; as a means to nudge relatives toward more active self-care; or as quiet encouragement to monitor their health—practices that extend what Baldassar and Wilding (2020) call "digital kinning." Following Phillips (2007), such care involves mutual reciprocity and solidarity, expressed differently across each account. Aiga's story illustrates this well: Visible changes in her health and appearance drew her siblings into more active engagement with their own health, in turn reshaping how they cared for their elderly mother—weaving mHealth practices into what had long been a close network of family support. She recalls morning phone calls with her sister—both jogging in different cities at a zone 2 pace, slowly enough to talk freely—exchanging health insights alongside sisterly support on family matters:

> At one point, we went running in the mornings—I ran earlier than usual, and she rang me at six; then we had time to talk. As they say, a good run is when you can talk, as we laugh—for us, it's like maintaining the right heart rate so that you can talk. (female, 55–59 age group, single, without children)

Empowered by their positive experience, the siblings gifted their elderly mother a smartphone, encouraging her to take up daily step counting, which, she believes, drew her more deeply into neighborhood life through her step-counting walks. Nevertheless, the mother declined a smartwatch as she was unwilling to confront the level of health details it might reveal or the unexpected issues it might uncover. Meanwhile, the family stays connected through calls and chats, checking in on her step counts in a light-hearted way. In doing so, individual agency extends its reach and optimism, involving others in a more active role and prompting an unexpected relationship with the local community.

Zane's family offers a similarly illustrative case. When their mother's sedentary lifestyle began affecting her health, the family drew her into a shared digital community centered on step counting and nationwide team challenges. Her story reveals how collective and visible dimensions of such participation generate a sense of responsibility across generations—a layer of commitment extending well beyond individual activity tracking. Her mother has since adopted a more active, digitally visible lifestyle, sustaining close intergenerational connections across both physical and digital worlds:

> In the Samsung family challenge, we connect with each other by linking our watches—we join the app as a group. And we see progress every day. (female, 40–44 age group, divorced, single mother)

Alise, an avid self-tracker, offers a counterpoint: a reminder that care practices must be mutually accepted, or they risk becoming an imposition. Her mother had bought a fitness bracelet for medical reasons, but couldn't get used to it and stopped wearing it. Alise's attempts to lead by example—running to her mother's home, sharing her own experience—sparked no greater involvement. She cares deeply and believes a

lifestyle change could make a difference, yet acknowledges she cannot press her mother toward data she doesn't wish to see, nor toward an activity she hasn't chosen. These stories trace a fragile boundary: between digitally mediated care and the unwanted supervision of another's body. Furthermore, interviews reveal that when self-tracking results are visually displayed, younger generations and those with more active lifestyles have a natural advantage; this can make competition intense and, at times, discourage others. Older, more sedentary relatives find themselves with visual proof of others' strength, dynamic lives, and their own passing abilities—a gap that can feel as much of a deterrent as a motivator.

7. Discussion

In a rapidly changing and digitally saturated world, marked by population aging and wider global insecurities, the support people seek from and extend to one another assumes profound importance. The interviews suggest that technologies don't substitute human care—whether within households, workplaces, or friendship circles—but rather add a further layer to it: providing motivation to begin, encouragement to persist, and new ways of attending to one's health while engaging with others. In this sense, the digital dimension of linked lives extends well beyond communication alone. Self-tracking offers middle-aged individuals a new way of seeing and motivating themselves through bodily and activity data. It becomes a digital representation of individual agency, and often its confirmation: a source of efficacy, potency, and an expanded sense of possible action.

At the same time, digital information doesn't carry a singular meaning. For some, it serves as a warning; for others, as an incentive, a spur to discipline, or a source of competitive energy. Activity data, such as daily step counts, can become a visible sign of a person committed to self-care and a healthy way of life, and even a basis for distinction. Remote monitoring and data sharing also introduce a new dimension of commitment to what might otherwise appear as an individual domain. Participants described feeling responsible for others involved in shared challenges: not wanting to come last or disappoint the group, and not wanting to let their community down. These practices are therefore not merely playful exercises or demonstrations of individual achievement. They are also ways of expressing community contribution, commitment, and care.

As the middle generation engages in health-related practices to prepare for future decline or respond to present difficulties—to feel better, become stronger, or in some cases reduce bodily strain—these efforts extend well beyond the self. They shape children's habits, inspire friends, and at times disrupt the more settled routines of older generations. What may begin as self-care thus frequently develops a relational reach. This is especially significant in midlife, where agency is often exercised not in isolation but through intertwined obligations, affections, and responsibilities across generations. Seen from this perspective, digital devices don't simply support healthier behavior; they mediate and intensify relational forms of care within linked lives.

I acknowledge that, as part of ongoing doctoral research, these findings primarily reflect a predominantly white-collar and urban perspective. The snowball sampling method necessarily limits the scope of the results, and the findings cannot be extrapolated across different social, class-based, or socio-cultural settings. No claim to universality is therefore made. Future research should examine more differentiated experiences of midlife, including gendered variations, and include voices from a wider range of midlife stages as well as rural and smaller urban contexts. Such work would deepen the understanding of how health-related practices in midlife

vary across social groups and what these everyday practices reveal about self-care, responsibility, and the agentic character of this life-course stage.

8. Conclusion

Latvia, as an Eastern European context marked by persistently weak public health indicators and chronic underfunding, offers a particularly vivid example of a setting in which responsibility for health is, to a considerable degree, devolved onto individuals. Yet a closer examination of midlife reveals this stage of the life course, not simply as a period of burden or decline, but as one that is resourceful, adaptive, and potentially generative. Heightened awareness of time, intergenerational obligations of care, and the resources available to people all actively shape human agency and everyday practice in this phase of life.

Through mHealth technologies, participants transform body data and activity measurements into comparable indicators of progress, trusting that these support preventive health practices while also fostering a sense of capability, steadiness, and optimism about the future. Yet because these practices unfold within the interdependence of closely linked lives, self-care acquires a distinctly relational character, reinforcing proximate social relations and strengthening intergenerational ties. Wearable technologies bridge virtual support, competition, and a shared sense of endurance or survival. Viewed, then, "from the middle" (cf. Barron, 2025), such technologies emerge not only as motivational tools but also as binding non-human elements within everyday relations of care.

At the same time, the sharing of self-tracking results may also unsettle family dynamics by foregrounding digital achievements, bodily discipline, and enthusiasm for health-related practices in ways that occasionally generate tension or unexpected competitiveness. Health-related practices can thus shift the traditionally private domain of body-tracking into a more public and relational sphere, and not everyone welcomes the blurring of boundaries between individual decisions about self-care, familial involvement, broader communal visibility, and the sharing of personal results.

The study further suggests that wearable-based communities add a relational layer that may strengthen social ties, even among relatives who already live in geographical proximity. These digital communities bind personal relationships through individually generated—and often intensely bodily—data, combined with physically demanding yet digitally shared experiences. In this way, digital technologies introduce an additional layer of shared knowledge, mutual attentiveness, and care practices rich in social meaning.

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Conflict of Interests

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Data Availability

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