

## **The Effects of Single Parenthood on Investments in Prenatal Care and Birth Outcomes: Does Maternal Education Matter?**

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### **Introduction**

Nonmarital childbearing has increased dramatically in the United States in recent decades. In 1980, 18.4% of births occurring in the United States were to unmarried women. By 2004, this percentage had almost doubled, to 35.8%. For first births, the numbers are even more dramatic, as 43% of all first births in 2004 occurred to unmarried women. A great deal of attention has been paid by both academics and policy makers to this increase, in part because of concerns that having a single mother negatively affects child outcomes (e.g. McLanahan and Sandefur, 2004).

It is possible that the effect of single parenthood on child outcomes varies systematically by the educational attainment of the mother. Research suggests that single parenthood may be a different phenomenon among highly educated women than among less educated women. Specifically, educated women become single parents significantly later in life than less educated women (Schmidt, 2007), which would be expected to improve investments in prenatal care, as well as the quality of available resources (McLanahan, 2004). Indeed, controlling for educational status of the mother in standard regressions reduces the estimated effect of single parenthood on child outcomes, but does not eliminate it. In this project, we will use the Early Childhood Longitudinal Study-Birth Cohort (ECLS-B) to examine several important questions. First, do the effects of single motherhood on investments in prenatal care and birth outcomes vary by the mother's educational attainment? Second, to what extent are these differences correlated with differences in economic resources, maternal behaviors, and pregnancy intention?

### **Data and Methods**

The ECLS-B is longitudinal data set collected by the National Center for Education Statistics (NCES). The baseline sample of approximately 10,200 out of 14,000 selected children was designed to be nationally representative of children born in 2001 with an over-sample of Asian and American Indian children, twins, and low and very low birth weight children. The ECLS-B follows children from birth through kindergarten with data collection occurring when the child is 9 months of age, 2 years of age (2003), approximately 4 years of age (at pre-school, Fall 2005), and at kindergarten entry. The first wave of data will be used in this analysis. In the first wave of the data, information is collected from children and both parents, residential and non-residential fathers, and birth certificates. Thus, rich information on investments in prenatal care and birth outcomes is available in the ECLS-B.

Our dependent variables capture investments in prenatal care and birth outcomes. Measures of investments in prenatal care include adequacy of prenatal care, weeks at pregnancy recognition, consumption of alcohol, cigarettes, and vitamins during pregnancy. Birth outcomes such as very low birthweight, moderately low birth weight, prematurity, and weight for gestation less than the 10<sup>th</sup> percentile will be examined. The key independent variable is marital status of the mother at the time of birth. Additional child-level independent variables will include gender, race/ethnicity, whether the child is part of a multiple birth, and whether it is a first birth. Maternal- and household-level variables will include age, income, and region of residence.

## References

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