

Family Structure and Child Health Outcomes in Fragile Families

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In recent decades, dramatic changes in marriage, cohabitation, and childbearing in the United States have led to increasing numbers of children living in “non-traditional” households that do not include two married, biological parent families. A large and ever-growing body of literature has tried to document and explain associations between living in a non-traditional family structure and familial instability and the well-being of both parents and children in such families. In particular, a good deal of research has been devoted to studying children’s educational, behavioral (including teenage childbearing), and emotional/mental health outcomes. Surprisingly little research, however, has focused on the relationship between family structure and instability and children’s physical health. This is true despite the fact that there is good theoretical reason to expect that living in certain types of family situations and experiencing instability in one’s family structure would be associated with adverse health outcomes for children. For example, the dissolution of a parental union could lead to loss of health insurance coverage and geographic mobility, both of which could be linked to children receiving less-good or less regular health care. This might be especially problematic if children have already been diagnosed with a health problem requiring regular maintenance and care. Loss of income and additional stress caused by family instability could also lead to less beneficial health-related behaviors among parents—children might, for example, watch more television, engage in fewer physical activities, and eat less healthy foods. Less parental supervision could lead to higher rates of accidents and injuries. Additionally, the stress associated with family instability or hardship could also translate directly into worse health outcomes for children if they express emotional anxiety and distress through physical symptoms.

The majority of the relatively small existing body of literature about family structure and children’s health has found associations between the type of family and children’s health. As one would expect given findings in other research about the relationship between family structure and children’s cognitive and behavioral outcomes, living with a single mother is usually found to be associated with worse physical health for children. Unfortunately, most of these studies have usually only been able to examine these associations cross-sectionally, and thus have not been able to address the possibility that any associations are due to selection rather than a causal relationship between family structure and child health. Additionally, poor child health may be a *cause* as well as a consequence of parental union dissolution. Cross-sectional studies are unable to address this possibility. The few longitudinal studies that have been able to address the

potential problems of reverse-causality and selection have mostly used older data which are unable to adequately capture increasingly important variations in family structure (distinguishing between *types* of single parent households rather than simply comparing children living with one and two parents, for example). Finally, many of these studies have failed to carefully consider and statistically test hypotheses regarding the mechanisms through which family structure and instability may impact child health.

The current study builds and improves upon the small existing body of literature regarding family structure and child health by using longitudinal data to document differences in children's physical health outcomes across family types and to assess whether familial instability is associated with adverse child health outcomes. The paper also identifies mediating mechanisms in the relationship between family structure and child health outcomes (including health insurance coverage, health care utilization, geographic mobility, parenting practices and health-related behaviors, income loss, and employment status and child care utilization). Finally, the paper utilizes fixed effects models to address the issue of selection bias described previously.

Data for this study come from the Fragile Families and Child Wellbeing Study, a nationally-representative, longitudinal study which follows approximately 5,000 newborns (3,700 born to unmarried parents) through their early childhood years. The sample is limited to children who are living with their mothers at all four waves. Information is taken from the baseline, one-year, three-year and five-year interviews with parents. Results from this study are generalizable to all young children in large cities born to unmarried parents between 1998 and 2000.

The first section of this paper documents the associations between family structure and instability in family structure and several measures of children's physical health (including asthma, obesity, accidents and injuries, and mother-assessed overall health). These results are presented both as bivariate descriptive statistics and then as results from OLS and logistic regression models with sociodemographic controls. After documenting the basic associations between family structure and instability and child health outcomes, I use a series of nested models to test whether the association between family structure/instability and child health changes with the inclusion of groups of hypothesized mediating variables. Finally, the paper uses fixed effects models to investigate the role of selection in producing the observed associations.

Preliminary results suggest that children living in a stable, two biological parent family (either married or cohabiting) fare better across several measures of physical health than do those living with stably single mothers, those living with mothers who have moved in with a new

partner, those who stopped living with their biological father, and those who had experienced multiple transitions, even after controlling for a number of potentially confounding factors. At least some of the association between living in a “non-traditional” or unstable family type and children’s health outcomes is likely due to selection.