

DOES NONMARITAL CHILDBEARING AND MOTHER'S LATER MARRIAGE INFLUENCE CHILD HEALTH IN ADOLESCENCE?

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RESEARCH PROBLEM AND DATA

Growing rates of nonmarital fertility coupled with high rates of poverty in single-parent homes have raised concerns about the impact of these trends on children and fueled debate about how to improve the well-being of children born to single mothers. Public discourse and policy have focused on promoting marriage among low-income single mothers despite a lack of empirical evidence that such policies will be effective. Because unmarried mothers face barriers to forming stable, high-quality, and economically beneficial marriages, their later unions may not offer the same benefits to children as traditional, two-biological-parent families formed before children's birth.

The authors use data from the 1979 National Longitudinal Survey of Youth, which has followed a cohort of women and their children for more than 30 years. They estimated the difference in mental and physical health between adolescents who were born to never-married ($n = 704$) compared to married ($n = 1,299$) mothers. Among adolescents born to never-married mothers, they then estimated the health differential between those whose mothers subsequently cohabited or married ($n = 611$) compared to adolescents whose mothers remained unpartnered ($n = 150$), with attention to whether the mother's union was a marriage or cohabitation, whether a marriage endured, and whether it was to the child's biological father.

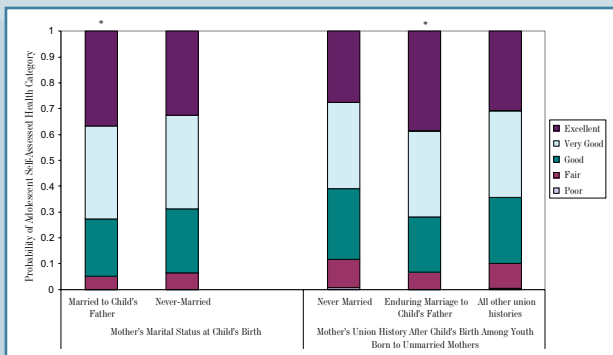
KEY FINDINGS

- Adolescents who were born to unmarried mothers have somewhat worse self-assessed health but similar levels of depressive symptoms than youth born to married mothers.
- Adolescents whose mothers marry their biological fathers after the youth are born and remain married to them have better health than those whose mothers remain unmarried, but the association is modest and does not differentiate youth with the worst health from others.
- Adolescents whose mothers remain unpartnered after their birth have no worse health than those whose mothers marry and divorce their biological fathers, marry new partners, or cohabit without marrying.

POLICY IMPLICATIONS

Of all births in the United States, 41 percent now occur to unmarried mothers, and fewer than half of all unmarried mothers marry within five years of their nonmarital birth. Given that nonmarital fertility is associated with modest risks to the long-term health of offspring, it is important to identify policies to improve child health. A mother's subsequent marriage, even to the biological father, offers only limited benefits. Therefore, efforts to promote marriage among single mothers are unlikely to significantly improve the health of the growing numbers of youth born to unmarried mothers.

Predicted Probability of Adolescent Self-Assessed Health by Mother's Union History at Birth and Later.



Note: The category "All other union histories" includes the following: married and divorced child's father, enduring marriage to new partner, married and divorced new partner, cohabited with child's father, cohabited with new partner. *The difference between the mother's union history category compared to the category mother never-married is significant at $p < .05$.

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