Family Structure, Housing and Child Health

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Extended Abstract

It is well established that, for a wide range of outcomes and across a wide range of industrialized countries, children who grow up living with married biological parents have, on average, better outcomes than children who experience other family structures (for reviews see Amato and Keith 1991a; Amato and Keith 1991b; Amato 2000; McLanahan and Sandefur 1994; Sigle-Rushton and McLanahan 2004). However, it is less clear what this association means and how it should be interpreted. A good deal of debate has focused on whether the association represents something "real" or merely spurious, and a wide range of statistical methods -- each with their own strengths and limitations -- have been deployed in an attempt to remove selection bias and identify the direct or “causal” effect of family structure on child outcomes (see Sigle-Rushton and McLanahan 2004 or Steele, Sigle-Rushton and Kravdal 2008 for a discussion). In much of this work, researchers have focused predominantly on whether and how parameter estimates linking family structure and child outcomes change before and after some sources of bias are controlled or expunged. The predominant concern is whether the parameters remain significantly different from zero after techniques to control for self-selection or to remove unobserved heterogeneity bias are applied.

Although the potential for bias raises important and vexing questions, concerted efforts to identify the “causal” effects of family structure may have diverted attention from other equally relevant questions about how we should understand differentials in child outcomes by family structure. Whether or not significant associations remain, even after we attempt to remove (some of the most important) sources of bias, it is both theoretically and policy relevant to devote careful attention to understanding why it is that children who live with a single mother have poorer heath and developmental outcomes than children who live with two biological parents. Reviews of the literature often outline plausible explanatory processes, but studies seeking to adjudicate between differing hypotheses or to develop a greater understanding of the processes that lead to poorer outcomes are far less common than studies seeking simply to determine whether any statistically significant association can be “written off” as a spurious relationship by including additional controls or by applying more advanced statistical techniques. From a policy perspective, this preoccupation is unfortunate, not least because a better understanding of the factors and processes the might plausibly underlie or contribute to the link between family structure and child outcomes could inform the development of effective policy interventions (Sigle-Rushton and McLanahan 2004).

Taking as my starting point, evidence of an association between family structure and child health, this study devotes particular attention to the role of housing as a potential explanatory pathway. Both housing quality and housing stability have been shown to be strongly linked to child well-being (Ziol-Guest and McKenna 2009; Fertig and Reingold 2007). Cramped and crowded home environments facilitate the transmission of disease and have been shown to be associated with a range of respiratory and gastrointestinal problems in children (Leventhal and Newman 2010). A somewhat separate literature has established links between family structure or family transitions and housing circumstances (Feijten and Van Ham 2010; Grinstein-Weiss et al 2011; Kalil and Ryan 2010). Because they have higher incomes (Sigle-
Rushton and McLanahan 2002), married couples are better able to afford good quality housing for themselves and their children. Although they benefit from shared resources and economies of scale, unmarried cohabiting couples in the United States tend to have lower incomes and likely to have more problems with housing affordability than married couples do. In addition to any direct effects on child health outcomes, insanitary housing conditions might also indirectly influence child health if the stress of coping with substandard or unaffordable housing impairs parenting (Evans 2001; Sandel and Wright 2007). Furthermore, efforts to cope with inadequate space and/or amenities couple put a strain on parental relationships. Whether or not the stress of living in poor housing conditions leads to a divorce or dissolution, conflict between parents has also been shown to be detrimental for child outcomes. Dissolution, more likely amongst unmarried couples, is also likely to generate disruptive residential moves into lower quality housing (which is likely to be located in deprived neighborhoods) or into public housing projects. The latter are often strongly associated with poor adult and child health outcomes. Residential moves could also deprive families of social capital and disrupt continuity of health care provision. A small number of studies have considered the implications for child well-being, but previous studies have tended to analyze samples of adolescents, focusing predominantly on the association between residential instability and measures of psychological adjustment and/or academic achievement (see, for example, Astone and McLahanan 1994; Adam 2004). We know little about the implications for physical health outcomes, particularly in samples of younger children.

**Data**

This study uses data from the Fragile Families and Child Wellbeing Study. The baseline sample, collected between 1998 and 2000, contains information on 4900 births in 20 large US cities. Unmarried mothers were oversampled, and so sample weights are applied when presenting descriptive statistics and controls for family structure are included in all multivariate models. The mothers’ first interview (wave 1) took place within 48 hours of the birth while she was still in the hospital. Fathers were interviewed either in the hospital or elsewhere, a short time later. Although follow-up interviews took place when the children were about 1, 3, 5, and 9 years old, the models are estimated using only the first three waves of data. The first three years of life are critical for child development. In addition, during the preschool years, many children will spend large amounts of time exposed to the home environment.

The dependent variable is an indicator set equal to one if the mother reports that her child has asthma. Asthma is common childhood illness in the United States, and one that has been linked in a vast literature to housing circumstances (Leventhal and Newman 2010) and, in a more limited literature, to family structure (Harknett 2009; Liu and Heiland 2009) and to parental stress (Sandel and Wright 2007). The data contain detailed information on housing circumstances, particularly at the first and second follow-up waves. Family structure and family stability are measured using information about the nature of the relationship between the biological parents of the cohort member and the presence of any other co-resident partner at each of the three waves.

**Methods**

We begin by examining the size and significance of differentials in the incidence of asthma at age three by family structure. Next we explore whether and how the most distinct family groups differ in their housing circumstances. For example, we expect continuously married biological parents to be most able to access owner occupation, and, we might expect single mothers to be more reliant on housing assistance, but also perhaps more residentially stable.
as a consequence. Finally, having identified the most prominent differences between the groups, we examine the extent to which they narrow family structure differences in childhood asthma.

References


