

Family Structure Transitions, Social Support, and Maternal Health

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Introduction

A long tradition of research has shown that social relationships and support are significantly associated with long-term individual outcomes, including mental and physical health (Berkman and Breslow 1983; Hughes and Groves 1981), women's longevity (Moen, Dempster-McClain, and Williams 1989), and mortality (Blazer 1982). Research also suggests that divorce negatively influences individual mental and physical health (e.g., Lorenz et al. 2006). Indeed, the consequences of divorce for men and women have long been a concern among scholars, policymakers, and therapists. While divorce remains a concern, other demographic trends over the last half century (e.g., increasing nonmarital childbearing, cohabitation, and subsequent family complexity, Carlson and England 2011) suggest that we have much more to learn with respect to nonmarital family structure transitions and mothers' and fathers' health.

Many parents today experience multiple partnership transitions between the birth of a child and that child's fifth birthday (Beck, Cooper, McLanahan, and Brooks-Gunn 2010), yet we know very little about how these changes affect parental health. The extant literature has largely focused the health consequences of divorce among women and men. This study seeks to extend the literature by examining the association between multiple family structure transitions (and types of transitions) and parents, specifically mothers' self-reported health. In addition, prior research also suggests that social support is positively associated with maternal health, particularly by reducing stress (e.g., Cohen and Syme 1985), yet one study suggests that family structure transitions reduce mothers' perceptions of support within the first five years of a child's life (Osborne, Berger, and Magnuson 2012). Therefore, we further extend the literature by examining whether transitions over a longer period (9 years) is negatively associated with maternal social support, and secondly, whether access to any social support mediates the association between family structure transitions and mothers self-reported health.

To summarize, we ask: Are family structure transitions associated with mothers' perceptions of social support 9 years following the birth of a child? Do multiple family structure transitions (i.e., both the number and type) influence mothers' self-reported health? To what extent, if at all, does any perceived support mediate the association between family structure transitions and mothers' self-reported health?

Methods/Data

The data are from the Fragile Families and Child Wellbeing Study (FFCWS), which is a longitudinal birth cohort study with an oversample of unmarried parents. The study includes 4,897 births—3,710 to unmarried parents and 1,187 to married parents. The baseline survey was conducted between 1998 and 2000 at the birth of a child and follow-up surveys were conducted at 1, 3, 5, and 9 years following the birth. The weighted sample represents nonmarital births in U.S. cities with populations more than 200,000. Baseline interviews with mothers and fathers took place in 75 hospitals in 20 U.S. cities just after the baby's birth. Response rates were 88% for unmarried mothers

and 75% for unmarried fathers at baseline; 85% of mothers were retained in the study by the five-year interview, and 88% of fathers were interviewed at least once.

Mothers' self-reported health will be measured using her report of her overall health. Family structure transitions will be measured both in terms of the number and types of transitions that occur between the focal child's birth and age 9. Transitions include marriages that end in separation or divorce, cohabiting unions that dissolve (i.e., romantic partner moves out of the home), new cohabitations and marriages, and transitioning to and from being single. We will also include mothers who are continuously married as a comparison group, and those who are continuously single. Social support will be measured in terms of whether or not mothers believe that someone would help them financially, with child care, or with a place to live during the year following the survey.

We will control for a number of potentially confounding factors such as demographic characteristics (e.g., age, race, and education) and characteristics that are likely to influence both family structure transitions and mothers' self-reported health (e.g., employment, income). The analytic strategy will include multiple approaches which attempt to rule out possible bias associated with unobserved heterogeneity, including fixed and random effects models. We will also use Cox Proportional Hazard models to estimate the risk of mothers being in poor health as a function of family structure transitions (again number and type) by the time their child is 9 years of old.

Preliminary results suggests that, net of covariates, family structure transitions, particularly transitioning out of marriage or from being single into a new partnership (i.e., not the biological father of the focal child) is negatively associated with mothers' perceptions of social support. Further, results from preliminary hazard models suggest that most residential partnership transitions (i.e., out of marriage, cohabiting to single, etc.) and being continuously single are associated with an increased risk of poor self-reported health among mothers. Net of confounding factors, social support does not appear to attenuate much of the association between family structure transitions and mothers' self-reported health.

Research has long suggested that divorce may negatively influence adults and children, and preliminary results from this study suggest that multiple family structure transitions increase the risk that mothers will report poor health even once their education, income, age, etc. have been taken into account. The extant literature suggests that family structure transitions have a deleterious impact on children. To the extent that mothers' health increases the level of difficulty associated with parenting, understanding the link between family structure transitions and maternal health may help to better understand how transitions influence outcomes for both mothers and children in both the short and long run.

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