Caring for Families: Sharing the Burden? Nonresidential Fathers and Child Health

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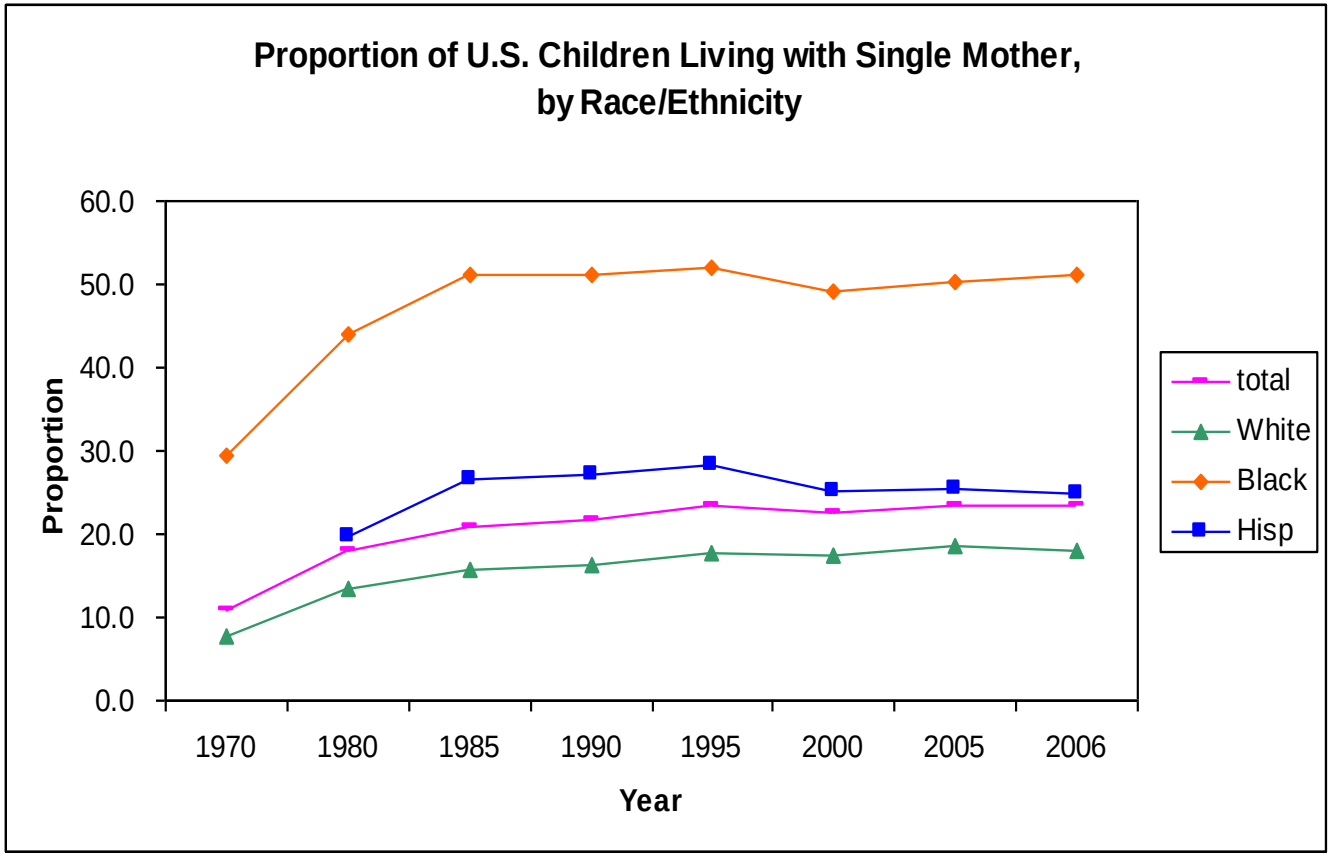
What are the types of families in which children grow up?

- Stable two-parent family. The experience of living with a mother and father throughout the childhood years into adolescence (about 50%).
- Stable one-parent family. Living only with one parent (usually the mother) throughout childhood (5%).
- Unstable family. Experiencing multiple transitions with the biological father exiting or taking a smaller role and other men becoming more prominent for short periods. Most common type after 2-parent family (45%?).


Proportion of U.S. Children Living with Single Mother, by Race/Ethnicity
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Proportion
1970
1980
1985
1990
1995
2000
2005
2006
Year
total
White
Black
Hisp

The Health-Structure Relationship

- Family structure affects child health
  - Influence works through reduced resources - time and money - to engage in preventive health care and positive health behaviors.
  - Influence may work through emotional distress and reduced organization and supervision in single parent families.
- Child health affects family structure
  - The economic argument is that the benefit from marriage is much lower if children have substantial health problems; fathers don't stay around if their investments won't pay off.
  - Several studies have found this: Mauldon; Corman and Kaestner.

Critique

- It is likely that the processes work in both directions.
- There are likely to be underlying factors influencing both child health and family structure, making a determination of causality difficult if not impossible. For example, a number of analyses show that child behavior problems precede divorce; the relationship declines or disappears with controls for earlier conditions.
- Reichman, et al. 2004 consider both paths by including conditions beginning at birth, but even this may be missing the basic conditions prior to birth leading both to poor birth outcomes and to disrupted relationships.

What do we want to know and what can we realistically study?

- Want to know:
  - What are the investments fathers make in children and in their relationship?
  - Few studies identify the direct investments dads make in children – some use the consumer expenditure survey to examine adult and child-based expenditures; others use time diaries to identify time investment but these have not examined health investment.
- Instead:
  - Can we get a measure of paternal resources to test more directly whether paternal resources contribute to children's health?
    - Controlling for all the observed and unobserved factors leading to divorce and health.
  - Can we show that paternal investments post-divorce are linked to improvements in child health?

Paternal investments and the health of children post-disruption

- Support for the argument that paternal resources support children would be strengthened if children whose fathers paid child support had better health than those who did not.
- Support for the utility of investment idea behind father involvement would be provided if children in better health have fathers who provide support and stay involved.

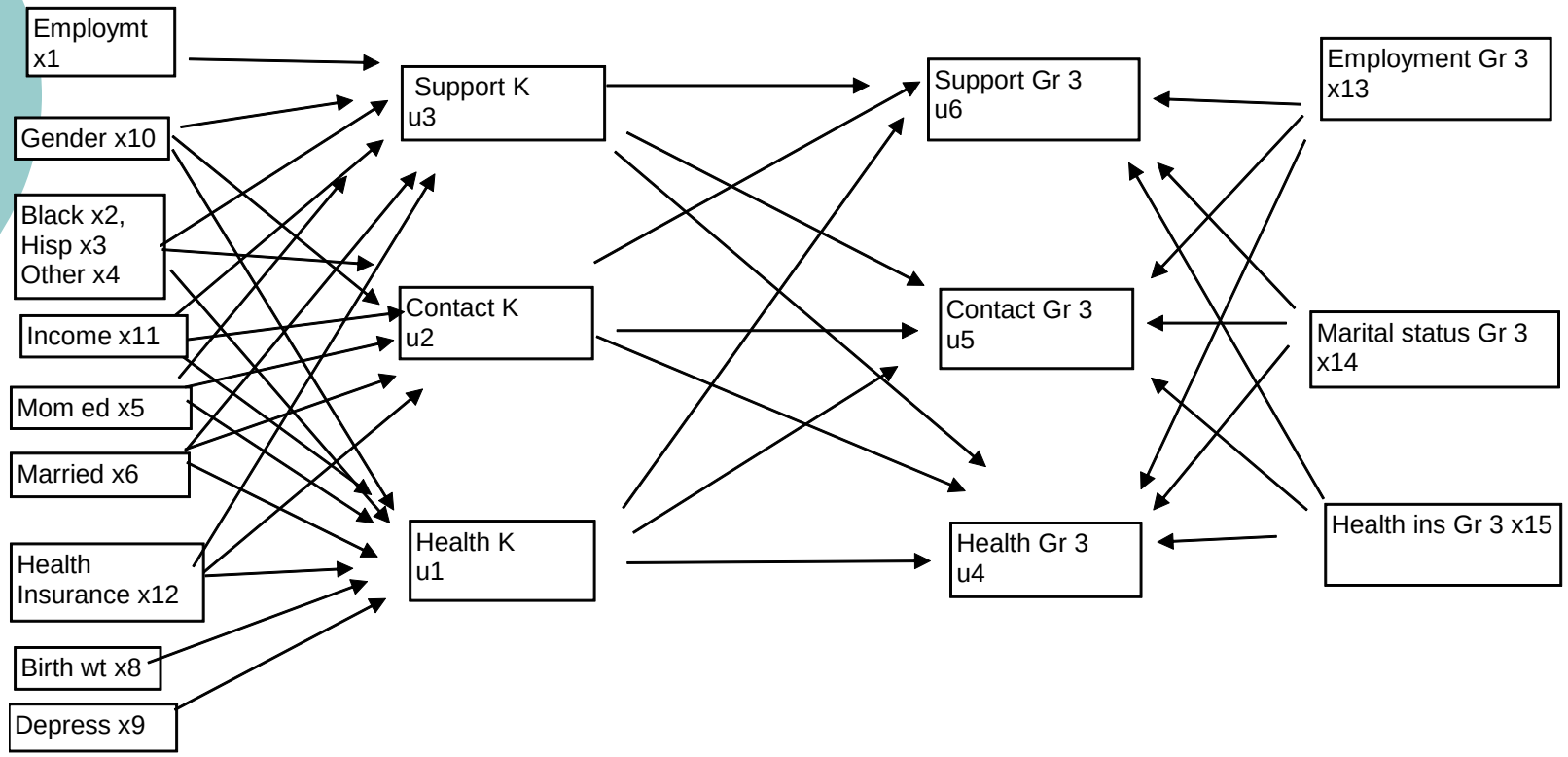
List of Problems studying Child Health

- Few children are in poor physical health.
- Measures of physical health tend to be ordered or categorical, not continuous.
- Mental health is not well-defined for children.
- Behavior problems is often used. Parental report may be biased by the reporter's mental health and SES.
- Measures are not health professional diagnoses, but parental reports; few directly measured outcomes. NHANES, with measured indicators, is not longitudinal.
- Timing is usually unknown – start date between waves, for example. Recall problems.
- Few studies measure health from birth. FF has measures from birth; most start in the middle of childhood somewhere.
- These limitations make traditional fixed effects and event history analyses difficult.

Alternative Design and Measures

- Design
  - Picked families who had already separated.
  - Examined the contribution of father's resources to child health, and child health to father's contributions using a model across time.
  - Controlled for child health around time of separation.
- Measured Resources:
  - Money – Child Support
  - Time – Contact
- Health of child
  - 5-category measure

Figure 1: Model of Nonresidential Father Involvement and Child Health In Grade 3



Data

- Early Childhood Longitudinal Survey (ECLS-K).
- Initial interview: fall (W1) and/or spring (W2) of Kindergarten in the 1998-99 school year; fall of first grade (W3); Spring of first grade (W4); Spring of third grade (W5).
- Selected 1,765 children who were living with their biological mother and no bio father in kindergarten, whose bio father was still alive when the child was in grade 3, whose info on health, contact with, and child support from their nonresidential father was reported in K and grade 3.

Measures in Kindergarten (also Gr 3)

- Overall health: 1 = fair or poor (4%), 2 = good (18%), 3 = very good (33%), 4 = excellent (45%)
- Contact: How long has it been since child last had a visit, a phone call, or received a card or letter from his biological father? 1 = not in last year (31%), 2 = in last year but not last month (16%), 3 = in last month (53%)
- Child support award/receipt: 0 = not awarded support (44%), 1= supposed to receive payments and occasionally received them (29%), and 2 = received support regularly (27%)

Controls

- Family income (K)
- Maternal education (K)
- Maternal depression (K)
- Birth weight, gender, race/ethnicity
- Marital status of the mother (K & Gr3)
- Mother's employment (K & Gr3)
- Health insurance (K & Gr3)

Analytic Strategy

- Two-wave cross-lagged path model
  - Dependents: health, contact, and child support
- Outcomes in Grade 3, controlling for lagged outcomes in K and for other controls in K & 3
- Weighted and adjusted for complex sampling design in ECLS-K
- Used M*plus* to estimate everything jointly using maximum likelihood

Univariate & Bivariate Distributions

- 47% white
- 29% black
- 17% Hispanic
- 7% other

- Health, contact and child support all highly correlated

Health in Grade 3								
	Model 1				Model 2[a]			
	Estimate	SE	P	OR	Estimate	SE	P	OR
Health K	0.820	0.077	***	2.270	0.821	0.074	***	2.272
Contact K	0.095	0.075		1.099	0.091	0.075		1.096
Support K	0.096	0.067		1.100	0.062	0.068		1.064
Mother employed (Gr 3)					0.266	0.140	†	1.305
Mother married (Gr 3)					0.325	0.123	**	1.384
Health insurance (Gr 3)					0.193	0.177		1.213

	Contact in Grade 3							
	Model 1				Model 2[a]			
	Estimate	SE	P	OR	Estimate	SE	P	OR
Health K	0.008	0.078		1.008	0.018	0.081		1.018
Contact K	1.837	0.105	***	6.276	1.835	0.105	***	6.266
Support K	0.380	0.079	***	1.462	0.436	0.078	***	1.547
Mother employed (Gr 3)					0.058	0.178		1.060
Mother married (Gr 3)					-0.571	0.172	**	0.565
Health insurance (Gr 3)					0.206	0.159		1.229

	Support in Grade 3							
	Model 1				Model 2[a]			
	Estimate	SE	P	OR	Estimate	SE	P	OR
Health K	0.175	0.068	*	1.191	0.176	0.068	**	1.192
Contact K	0.517	0.075	***	1.677	0.488	0.077	***	1.630
Support K	1.467	0.095	***	4.337	1.495	0.098	***	4.459
Mother employed (Gr 3)					0.442	0.151	**	1.556
Mother married (Gr 3)					-0.274	0.127	*	0.760
Health insurance (Gr 3)					0.246	0.147	†	1.279

Summary and Conclusions

- The results do not support the conclusion that nonresidential father support contributes to child health after separation.
- Rather, fathers provide more regular child support to children who are healthier.
- No relationship between health and contact was found.

Interpretation of the Findings

- The results support the argument that child health influences paternal involvement.
- Need to expand this type of research to identify the involvement of other family members such as grandparents.
- The results suggest that poor health is a double whammy, both reducing household resources and limiting the contribution of nonres. fathers as well. Need to understand what is going on.

Limitations

- Did not have the best measures of health limitations. There were several measures but they were not asked in a way to enable us to determine whether when they first were diagnosed with the condition.
- The ECLS-K asked about diagnosis of an emotional or learning problem, but it was unclear. Behavior problems were mother-reported and were likely to be biased by the mother's relation with the former partner.

Future Research

- Need improvements in child health measures.
- But also, need longitudinal studies of health
- NCHS is considering merging the HIS and the NHANES and making a longitudinal study. That would greatly improve our ability to test relationships between family investments and child health.
- Need more on expenditures on health as well as on time spent taking children to a health provider.