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Family Structure and Early Child Health: Policy Implications and Directions for Future Research

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The past 60 years have been patterned by widespread demographic changes in family formation in the United States.¹ Given these pervasive demographic changes—including the delaying and postponing of marriage, the proliferation of cohabitation, and the rise of nonmarital childbearing—an increasing proportion of children are born into or transition into households without two biological parents. For example, nearly 41% of births in 2010 were to unmarried mothers, which is in stark contrast to the 4% of births to unmarried mothers in 1950.^{1,2,(406)} Accompanying these dramatic demographic changes is increasing research attention to the consequences of family structure for child and adolescent wellbeing.³⁻⁷ Indeed, the vast majority of scholarly research finds that growing up outside of a two biological-parent family is associated with, among other things, disadvantaged educational,⁸⁻¹⁰ labor force,^{11,12} and health outcomes.¹³⁻¹⁶ Given that patterns of family formation and stability are not equally distributed across the population, and are instead patterned along other markers of disadvantage (such as race/ethnicity and social class), family structure may have important implications for the reproduction of poverty and inequality.^{6,17}

Though an extensive body of literature considers the consequences of family formation and stability for children and adolescents, less is known about the consequences of family structure for early child health. Freeman and Brewer—in one of the first scholarly reviews of this burgeoning body of literature, “Family Matters: Links Between Family Structure and Early Child Health”—provide a comprehensive and systematic review of the extant literature.¹⁸ Their review suggests three broad conclusions about the relationship between family structure and early child health (operationalized as prenatal outcomes, birth outcomes, infant health outcomes, and breastfeeding). First, Freeman and Brewer document that, across all four outcomes, children of married parents are more advantaged than children of unmarried parents. They also note that research suggests considerable heterogeneity in outcomes among children of unmarried parents, with children of cohabiting parents generally more advantaged than their counterparts with dating or single parents. Second, Freeman and Brewer note that, by and large, these associations persist after taking into account individual-level factors—including poverty and socioeconomic status—that may be correlated with both family structure and early child health. Finally, Freeman and Brewer summarize existing literature on the mechanisms—including maternal mental health, father involvement, relationship quality, and parenting practices—linking family structure and early child health. They find there is evidence that all four mechanisms play some role in the relationship

between family structure and early child health, but note that most literature considers the mediating influence of father involvement and relationship quality.

This review article comprehensively and commendably summarizes a relatively large and complicated body of literature. Indeed, given that early child health is robustly associated with later life course outcomes, it is especially important to understand how family structure leads to variation in early child health.¹⁹⁻²² Another strength of this review article is the authors' consideration of unmarried parents as a heterogeneous group (at least to the extent to which existing literature allows them). Unmarried mothers are not necessarily single mothers. About half of them are cohabiting when their child is born and others are in nonresidential romantic relationships.^{1,23,(408)} Understanding variation in early child health among types of unmarried parents is important, especially if the mechanisms linking family structure to early child health are different for different types of unmarried parenthood. A final strength of this review article lies in the authors' consideration of the extent to which relationships between family structure and early child health are causal or instead reflect formidable social selection forces. Taken together, this review article provides an important and essential summary of existing research that considers the relationship between family structure and early child health.

Freeman and Brewer's review article, though, is limited by existing literature, and there are at least three opportunities to extend this literature to more completely inform social policy. To begin with, scholars considering the consequences of family structure for early child health must both theoretically and empirically address issues of social selection. It is well-known that family formation and stability are not randomly distributed across the population. Unmarried parents experience a multitude of disadvantages that may be associated with detrimental early child health outcomes. Unmarried parents, compared to their married counterparts, are more likely to be racial/ethnic minorities, experience economic disadvantages, confront parenting challenges, and suffer physical or mental health problems.^{17,(115,117)} The relationship between family structure and early child health may be spurious if married and unmarried parents differ in their unobserved characteristics and, indeed, little research considers spuriousness as a competing hypothesis.^{24,25} It is certainly not easy to estimate the causal effect of family structure, as it is not possible to assign pregnant mothers to a relationship status, but researchers should continually strive to employ creative research designs (i.e., natural experiments) or statistical techniques (i.e., individual fixed-

effects) that consider social selection. This would provide a more accurate assessment of the magnitude of the association between family structure and early child health.²⁶

Second, future research considering the consequences of family structure for early child health would benefit from a more nuanced consideration of the mechanisms underlying this relationship. As described by Freeman and Brewer, some existing research does consider how factors such as father involvement and relationship quality explain the relationship between family structure and early child health. But much existing research in this domain is limited. For one, much of this research is conducted in a piecemeal fashion, with separate studies often considering (a) the association between family structure and the proposed mechanism (i.e., father involvement) and (b) the association between the proposed mechanism and early child health. Other studies often only consider one proposed mechanism despite theoretical reasons to believe multiple mechanisms are operating. Much less research considers—in an inclusive, comprehensive, and systematic fashion—the relationship between family structure, proposed mechanisms, and early child outcomes. Researchers may consider utilizing longitudinal data sources or implementing qualitative methods to uncover mechanisms underlying this relationship. Understanding the mechanisms that most substantially diminish the relationship between family structure and early child health will provide guidance for potential policy interventions.

Finally, future research would benefit from a systematic consideration of the heterogeneous effects of family structure for early child health. Though it is certainly important to establish the average effects of family structure, it is implausible to assume that all children—and families—react similarly to family structure. Instead, the effects of family structure may be heterogeneous, with the consequences of early child health being more consequential for some families than others. It is possible that the relationship between family structure and early child health varies by individual child characteristics (e.g., race, gender, or age) or parent characteristics (e.g., relationship status, physical and mental health, or poverty status).^{10,(254)} It is also possible that the relationship between family structure and early child health varies by maternal propensity for marriage.²⁷

In sum, future research considering the relationship between family structure and early child health should continue to systematically and rigorously examine three factors that may have especially important implications for social policy: (1) the estimation of a causal effect of family structure on early child health; (2) a more comprehensive and nuanced

understanding of the mechanisms underlying the link between family structure and early child health; and (3) the heterogeneous effects of family structure on early child health. In addition to providing guidance for researchers and policymakers alike, achieving these three objectives will answer broader questions about family structure and the reproduction of poverty and inequality.

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