Women's Health Issues 25-2 (2015) 176–184

WOMEN'S HEALTH ISSUES
www.whijournal.com

Original article

Is Being Childless Detrimental to a Woman's Health and Well-Being Across Her Life Course?

Melissa Graham, PhD *

Centre for Health through Action on Social Exclusion (CHASE), School of Health and Social Development, Deakin University, Burwood, Victoria, Australia

Article history: Received 23 May 2014; Received in revised form 2 December 2014; Accepted 4 December 2014

A B S T R A C T

Background: Childlessness is a growing phenomenon. Previous research examining health and well-being differentials between women with and without children has produced conflicting results. Most of this research has been conducted in the United States or parts of Europe. There has been limited research in Australia that has examined the health and well-being of women with and without children across the life course. The aim of the current study was to examine the association between motherhood status and general physical and mental health and well-being over a 10-year time period.

Methods: Using 10 waves of data from the Household, Income and Labour Dynamics in Australia study, longitudinal linear mixed models with time varying variables (both dependent and independent) were constructed to assess the effect of childlessness on health and well-being based on the Short Form-36 Health Survey Version 1 (n = 52,381 observations).

Findings: Findings suggest that childless women experience poorer physical and mental health and well-being during the peak reproductive years; however, this trend is reversed for women aged 65 years or more. Although never-married, childless women experienced better health and well-being compared with mothers, this was not the case for childless women who were divorced, separated, or widowed or in a relationship.

Conclusion: The findings support the notion that whether or not a woman has children does have consequences for her health and well-being; however, this differs across the life course.

In contemporary Australian society, the norm is for women to have children, and indeed most women do have children. However, a growing number of women are spending a greater proportion of their reproductive life without children (Australian Bureau of Statistics, 2010a; Australian Institute of Health and Welfare National Perinatal Statistics Unit, 2009) as a result of delayed child bearing or permanent childlessness. In Australia, 32% of women aged 15 years or more were childless (Australian Bureau of Statistics, 2007). It has been estimated that 24% of women will remain childless at the end of their reproductive lives (Australian Bureau of Statistics, 2000) with 14% of women aged 45 to 49 years childless in 2006 (Australian Bureau of Statistics, 2010b). Graham (2013, p. 229) posits being childless affects "a woman's daily life and its determinants across her life course" and may have consequences for a woman's physical and mental health and well-being. However, the consequences of being childless may be both positive and negative and change across the life course.

Most of the previous research exploring the health and well-being of women with and without children has concentrated on examining two main foci. One body of work has centered on specific lifestyle risk factors, such as obesity (Bastian, West, Corcoran, & Munger, 2005; Blaudeau et al., 2008; Hardy, Lawlor, Black, Wadsworth, & Kuh, 2007; Lawlor et al., 2003), physical activity, nutrition (Włodarczyk & Ziółkowski, 2009), cigarette smoking, and alcohol consumption (Galanti, Ivarsson, Helgason, & Gilljam, 2002; Kendig, Dykstra, Van Gaalen, & Melkas, 2007; Włodarczyk & Ziółkowski, 2009). The other body of research has focused on the examination of female-specific health conditions, for example, breast, uterine, ovarian, and

* Correspondence to: Melissa Graham, PhD, Centre for Health through Action on Social Exclusion (CHASE), School of Health and Social Development, Deakin University, 221 Burwood Highway, Burwood, Victoria 3125, Australia. Phone: +61 3 9251 7271; Fax: +61 3 9244 6261.
E-mail address: melissa.graham@deakin.edu.au

1049-3867/$ - see front matter Copyright © 2015 by the Jacobs Institute of Women's Health. Published by Elsevier Inc.
http://dx.doi.org/10.1016/j.whi.2014.12.002

cervical cancers (Adami, Hansen, Jung, & Rimsten, 1980; Anderson et al., 2007; Grundy & Kravdal, 2010; Jaffe, Eisenbach, & Manor, 2011; Weir, Day, & Ali, 2007).

A smaller body of conflicting evidence exists that examines the general health and well-being of women with and without children. For example, studies have reported inconsistent findings in relation to the effect of childlessness on loneliness and depression (Bures, Koropeckyj-Cox, & Loree, 2009; Chou & Chi, 2004; Cwikel, Gramotnev, & Lee, 2006; Evenson & Simon, 2005; Graham, Hill, Shelley, & Taket, 2011; Holton, Fisher, & Rowe, 2010; Koropeckyj-Cox, 1998, 2002; Koropeckyj-Cox, Pienta, & Brown, 2007; Maximova & Quesnel-Vallée, 2009; Zhang & Liu, 2007) and physical health limitations (Cwikel et al., 2006; Kendig et al., 2007; Loxton, Mooney, & Young, 2006; Mirowsky, 2002). However, most of the previous research has been conducted outside of Australia using cross-sectional studies and have mainly focused on older adults past reproductive age, rather than across the life course.

Limited research has been conducted that explores longitudinally childlessness as a potential determinant of general health and well-being, particularly in contemporary Australian society. Previous research that has longitudinally examined general health and well-being as a determinant has produced conflicting results. Analysis of data from the British Household Panel Survey found childlessness was associated with health limitations, but this association was weaker than that for women with high parity. Furthermore, both high parity and childlessness were associated with a faster acquisition of the health limitations (Read, Grundy, & Wolf, 2011). Further examination of the British Household Panel Survey found nulliparous women had higher levels of autonomy and self-realization and the authors posit childlessness, in the absence of health limitations, facilitates a sense of autonomy and self-realization (Read & Grundy, 2011). The Office of National Statistics Longitudinal Study of Lifelong Childlessness found more childless women had a limiting long-term illness compared with women with children (Portanti & Whitworth, 2009). However, although the findings suggested a relationship between health and motherhood status, the study was unable to determine causality, because the data did not allow for examination of the direction of the relationship. Data from a prospective British birth cohort study found that childless women were at an increased risk of reporting poor health (McMunn, Bartley, & Kuh, 2006) and data from the Norwegian Life Course, Ageing and Generation study found that childless women report significantly lower life satisfaction and self-esteem than mothers (Hansen, Slagsvold, & Moum, 2009). However, Nomaguchi and Milkie's (2003) nationally representative, U.S. panel study found that young, childless adults report better well-being than parents and that mothers experienced better mental health in terms of depression than childless women (Nomaguchi & Milkie, 2003).

There has been a paucity of longitudinal research in Australia examining potential health differentials between women with and without children across the life course. Umberson, Pudrovska, and Reczek (2010, p. 614) posit that "the available evidence suggests that childlessness has few costs for psychological well-being and may even be associated with enhanced well-being, at least for certain social groups." However, they call for research that considers childlessness and how the health and well-being consequences may change over time (Umberson et al., 2010) and indeed across one's life course. The aim of the current study was to examine the association between motherhood status and general physical and mental health and well-being over a 10-year period. The specific research question of interest was, "Are childless women in better or worse health compared with mothers?"

Methods

This study used data from the Household, Income and Labour Dynamics in Australia study (HILDA). HILDA is a household-based panel study that collects information about economic and subjective well-being, labor market, and family dynamics (Summerfield et al., 2011). HILDA is funded by the Australian Government Department of Social Services, formally known as the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, and is conducted by the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne. The study commenced in 2001 and data are collected annually. Release 10 of the HILDA data (Waves 1–10) was available for analyses and is the basis for the current study.

Ethics

HILDA data were provided in de-identified unit record format by the Department of Social Services. An application for ethics exemption was approved by the Deakin University Human Research Ethics Committee (DUHREC 2012-342). Deakin University requires all research to undergo an ethical review process. Given the nature of the de-identified data used for the current analysis, ethical approval was granted in the form of an exemption.

Sampling and Data Collection

The sampling and data collection procedures used in HILDA have been described extensively elsewhere (see Summerfield et al., 2011; Watson & Wooden, 2002, 2012; Wooden, Freidin, & Watson, 2002). Briefly, households and individuals were sampled using multistaged sampling. At Wave 1, from the 11,693 households identified data were collected with all eligible members of 7,682 households, which translated into 13,969 individual respondents. The current study sample is based on all women aged 18 years or older who participated in at least one wave of data collection. The total sample size for the main outcomes was 52,381 observations. Data were collected using in-person questionnaires at each time point.

Variables

The dependent variables of interest were the Short Form (SF)-36 Health Survey Version 1 scores for the physical component summary measure, the mental component summary measure, and each of the eight domains (bodily pain, general health, physical functioning, role physical, mental health, role emotional, social functioning, and vitality). Scores for the SF-36 Health Survey were computed using the scoring manual as set out by Ware, Snow, Kosinski, and Gandek (1993) and completed before release of the data (Summerfield et al., 2011; Watson & Wooden, 2002). Data were then transformed using Australian norms for females (Australian Bureau of Statistics, 1995; Mishra & Schofield, 1998).

The independent variables of interest in this study were age, marital status, highest level of educational attainment, employment status, and motherhood status. At Wave 1, age was