



# Single-parent households and mortality among children and youth



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## ABSTRACT

Although many studies have examined associations between family structure and child outcomes, few have considered how the increase in single-parent households since the 1960s may have affected child mortality rates. We examined state-level changes in the percentage of children living with single parents between 1968 and 2010 and state-level trends in mortality among children and youth (age 19 or younger) in the United States. Regression models with state and year fixed effects revealed that increases in single parenthood were associated with small increments in accidental deaths and homicides.

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## 1. Introduction

The current study is based on two well-known trends. First, the percentage of children living in single-parent households in the United States has more than tripled since the middle of the 20th century, rising from 9% in the early 1960s to 28% in 2014 ([Child Trends, 2015](#)). Second, research shows that children living in single-parent households have more mental and physical health problems than do children living in two-parent households ([Amato, 2005](#); [Brown, 2010](#)). If the connection between single parenthood and children's health is at least partly causal, then the growth of single-parent households may have negatively affected the general level of children's health in the general population.

Our goal was to see if the growth of single parenthood in the United States since the 1960s was associated with an increase in child and youth mortality—an infrequently studied outcome in this literature. To address this issue, we combined state data on child mortality from the Centers for Disease Control (CDC) with data on the percentage of children living with single parents from the American Community Survey (ACS), the Current Population Survey (CPS), and the U. S. Decennial Census. We then conducted a state-level analysis of mortality rates between 1968 and 2010 using statistical models with state and year fixed-effects, interactions between state and time, and controls for time-varying variables that might produce spurious associations.

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## 1.1. Background

We focus on three causes of child mortality: unintentional injuries, homicides, and suicides. Plausible reasons exist for thinking that each type of mortality might be elevated for children in single-parent households. As we explain below, this may occur because (on average) single-parent households, compared with two-parent households, (1) are more socially and economically disadvantaged, (2) involve less parental monitoring and supervision, (3) include more everyday stress (for children as well as parents) due to financial insecurity and parent union instability (Amato, 2005).

Unintentional injuries are the leading cause of death for children in the United States, and more children die each year from accidents than from all diseases combined (Borse et al., 2008). Most fatal accidents occur in the home and yard, and a lack of parental supervision is often a contributing factor (Breysse et al., 2004; Morrongiello and Schell, 2010; Scheidt et al., 1995). Compared with married parents, single parents are more constrained in the amount of time they can devote to monitoring their children's activities. Moreover, parents who are under stress, either from chronic financial pressure or interpersonal problems, tend to adopt a less involved style of parenting (Crnic and Low, 2002). Indeed, time budget studies show that children in single-parent households spend less time with parents and receive less supervision than do children in two-parent households (Kahlil et al., 2014). In addition, many single parents and their children live in crowded, substandard housing—settings in which accidental injuries are more common (Breysse et al., 2004; Durkin et al., 1994).

Several studies have shown that children from single-parent households are more likely than children from two-parent households to be seriously injured in accidents, both in the United States (Dawson, 1991; Durkin et al., 1994) and in England (O'Connor et al., 2000). Nepomnyaschy and Donnelly (2015) found that children living with single mothers in the United States were more likely to be injured than were children living with two biological parents, but this difference no longer was statistically significant after controlling for a variety of demographic and economic variables. Irrespective of these findings, whether children living with single parents are disproportionately likely to die from accidents has not been investigated.

Homicide is the fourth-leading cause of death among children age 1–14 and the third-leading cause of death among youth age 15–24 (Centers for Disease Control and Prevention, 2014). Indeed, children age 12–17 are more than twice as likely as adults to be the victims of serious violent crime (Sickmund and Puzanchera, 2006). Youth from single-parent households may be at increased risk of homicides because they are more likely than those from two-parent households to be involved in delinquent activities (Anderson, 2002). Many criminologists assume that the well-established correlation between family structure and delinquency is due primarily to the limited parental supervision available in many single-parent households (Sampson and Groves, 1989). Involvement in delinquent activities, in turn, increases the risk that youth will be assaulted or murdered (Raine et al., 1996; Lauritsen et al., 1992). Consistent with these observations, studies have shown that youth from single-parent households have an elevated risk of being homicide victims in Sweden (Weitof et al., 2003) and the United States (Winpisinger et al., 1991).

Suicide is the second-leading cause of death among children age 10–14 as well as youth age 15–24 (Centers for Disease Control and Prevention, 2014). The 2013 national Youth Risk Behavior Survey revealed that 17% of high school students had seriously considered suicide in the past 12 months, and 8% had attempted to commit suicide (Swahn and Bossarte, 2007). Depression in children and youth (a major risk factor for suicide) is linked with interpersonal problems in the family, including harsh or emotionally disengaged parenting, chronic discord between parents, and a history of unstable and unpredictable family and household relationships (Cicchetti and Toth, 1998). These problems tend to be more common in single-parent families and, presumably for this reason (at least in part), children in single-parent households have an elevated risk of becoming depressed (Amato, 2005).

Consistent with this reasoning, studies have shown that children living with single parents are especially likely to think about or attempt suicide in New Zealand (Donald et al., 2006; Fergusson et al., 2000) and the Netherlands (Kienhorst et al., 1990). A large-scale longitudinal study in Sweden found that youth (boys as well as girls) living with single parents were more likely to commit suicide than were youth living with two parents (Weitof et al., 2003). Similarly, a study from Denmark found a link between parental divorce and completed suicide among children and youth age 10–21 (Agerbo et al., 2002). Whether a similar link between single-parent households and youth suicide exists in the United States is unknown.

In addition to the individual mechanisms discussed in this section, state- or community-level factors also may have implications for understanding the links between single parenthood and child mortality. Communities or states with large concentrations of single parent households, for example, may have higher levels of social disorganization, weaker social networks, and less social capital—all of which might increase children's health problems. Indeed, contextual studies (using multilevel modeling) have shown that children in communities with many single parent households are more likely to exhibit a variety of behavioral and health problems—irrespective of their own family characteristics (Hoffmann, 2006; Osgood and Chambers, 2000; Thorlindsson et al., 2012).

## 1.2. The current study

Although children living in single-parent households appear to be at greater risk for mortality, most of the studies on this topic have been conducted outside of the United States—mainly in Western Europe and New Zealand. Because single parents in the United States differ from their European counterparts on a variety of social and economic characteristics (Gornick and

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