



THE GREAT RECESSION AND MOTHERS' HEALTH

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This brief is part of a series of research briefs by Princeton University's Center for Research on Child Wellbeing (CRCW) and Center for Health and Wellbeing and the Columbia Population Research Center (CPRC) and The National Center for Children and Families (NCCF) at Columbia University. The briefs look at the impacts of the recent "Great Recession" on low-income families' and children's wellbeing. These briefs distill findings from analyses of the Fragile Families and Child Wellbeing Study. Please direct questions or comments to Christopher Wimer at cw2727@columbia.edu.

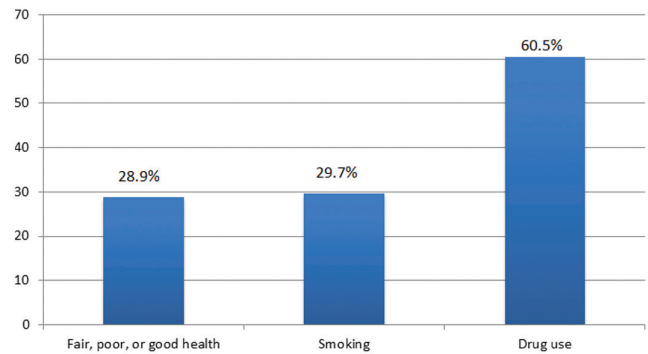
Introduction

Given the now well known effects of the Great Recession on economic outcomes of individuals and families, researchers have turned to the question of how this major economic downturn affected domains of family life. One such domain is parents' health and health-related behaviors. It has been argued that recessions could actually improve health, because additional leisure time could be devoted to physical activity or healthful pursuits. People may also have less money available to engage in negative health behaviors like drinking or smoking. Still, recessions are stressful and induce drops in income or wealth, both of which could compromise health or increase risky behaviors.

In a recent paper, Janet Currie of Princeton University and Valentina Duque and Irwin Garfinkel of Columbia University study the health of mothers of young children in the context of the Great Recession. Using data from the Fragile Families and Child Wellbeing Study (FFCWS) [See text box], the authors ask whether the Great Recession was associated with changes in mothers' health (i.e., general health, work-limiting health conditions, depression, obesity, and health insurance) and mothers' health behaviors (i.e., binge drinking, smoking, and drug use). Two key findings emerged: 1) Increased unemployment was associated with worsened self-reported health status and increased smoking and drug use; 2) More disadvantaged mothers (i.e., Black and/or unmarried mothers) suffered the greatest effects for self-reported health, while more advantaged mothers sometimes showed improvements in their health and health behaviors in response to the recession.

Higher unemployment is associated with worse physical health and increased smoking and drug use. Increased unemployment associated with the Great Recession reduced the likelihood that mothers reported being in "excellent" or "very good" health. For every one percentage point increase in unemployment, there was a 4.3 percent increase in the likelihood of being in fair or poor health. Similarly, for every one percentage point increase in the unemployment rate, smoking and using drugs increased by 5.1 percent and 15.2 percent, respectively. Figure 1 illustrates these effects for a 5 percentage point increase in unemployment, which corresponds to the size of the increase experienced during the Great Recession.

Figure 1: Increase in the Odds of Negative Health Outcomes for a 5 percentage point Increase in Unemployment



More disadvantaged mothers generally bore the brunt of these effects on health. Racial and ethnic minorities saw bigger declines in their physical and mental health than did white mothers, while whites sometimes even saw improvements in their health. Unmarried mothers were also more likely than other mothers to see declines in their physical health and increases in unhealthy behaviors like smoking. Less-educated mothers were also more likely than more-educated mothers to see declines in their physical health, especially the probability of a health condition limiting their ability to work. Married and more-educated mothers, on the other hand, often saw some improvements in outcomes such as reduced depression and reduced likelihood of having a work-limiting health condition.

In general, then, the recession tended to exacerbate already existing health inequalities between more and less educated mothers. While there were overall detrimental effects of the recession on mothers' health, these effects varied by mothers' background, with less-educated, unmarried, and racial and ethnic minority mothers experiencing deteriorating outcomes and more advantaged mothers sometimes showing some improvements in health. This research highlights the importance of examining potentially heterogeneous effects of the recession on various socioeconomic and demographic groups, and also highlights the value of following mothers' outcomes over time.

Source

Currie, J., Duque, V., & Garfinkel, I. (forthcoming). The Great Recession and Mothers' Health. *The Economic Journal*.

See reverse for background on The Fragile Families and Child Wellbeing Study

THE GREAT RECESSION AND MOTHERS' HEALTH RESEARCH SUMMARY

The Fragile Families and Child Wellbeing Study follows a cohort of nearly 5,000 children born in large U.S. cities between 1998 and 2000 (roughly three-quarters of whom were born to unmarried parents).

The Study consists of interviews with both mothers and fathers at birth and again when children are ages one, three, five, and nine, plus in-home assessments of children and their home environments at ages three, five, and nine. The interviews collect rich information on attitudes, relationships, parenting behavior, demographic characteristics, health (mental and physical), economic and employment status, neighborhood characteristics, and program participation. The in-home assessment collects information on children's cognitive and emotional development, health, and home environment. Several collaborative studies provide additional information on parents' medical, employment and incarceration histories, religion, child care and early childhood education.

The Fragile Families study provides a unique window into the impacts of the Great Recession, as data were collected from these families when their children turned 9 years old, which happened between 2007 and 2009 – precisely the years over which the Great Recession fell.