



## FRAGILE FAMILIES RESEARCH BRIEF

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# Parents' Labor Force Participation: Does Child Health Matter?

## Background

Low socioeconomic status in early childhood sets the stage for increasing disadvantages in health and other outcomes over a child's life. A small but growing body of research indicates that the path from parents' socioeconomic status to children's health can also run in the opposite direction--from a child's poor health to low parental socioeconomic status. Having a child in poor health imposes time and financial costs that may limit parents' ability to meet their children's needs. The added demands on parents' time may result in reduced labor force participation, decreasing the financial resources available for investment in their child's health. Likewise, the added financial burdens may make it necessary for parents to increase their hours of work, reducing the amount of time they can spend with their unhealthy child. These dueling pressures may be particularly acute for low-income unmarried mothers, who now confront strict work requirements and time limits to cash assistance through the Temporary Assistance to Needy Families (TANF) program. This research brief uses data from the Fragile Families and Child Wellbeing Study [see box, back cover] to examine the relationship between children's health and parents' labor force participation in the post-welfare reform era.

## Data and Methods

Interviews with both mothers and fathers were conducted at the time of the child's birth and one year later. Separate analyses for mothers and fathers, using parents' own responses about their labor force participation at one year, were conducted. Mothers' reports regarding marital sta-

Table 1: Descriptive Statistics

	Mothers (n=3933)	Fathers (n=3029)
Parents' Labor Force Participation		
Percent currently working	54%	80%
Average weekly hours worked by those employed	36	45
Average weekly hours worked by all (employed and not employed)	20	36
Percentages of Children with Poor Health		
Weighed less than four pounds at birth	2.5%	2.4%
Has a physical disability	2.4%	2.0%
Had neither walked nor crawled by follow-up interview	.9%	.8%
Any of the above	5.0%	5.0%

tus, as well as certain father demographic characteristics that were not available from fathers' interviews, were used in both sets of analyses. Response rates are different for mothers and fathers so the analyses are based on different samples and therefore are not directly comparable (see Table 1).

Parents were considered "currently working" if they were employed at the time of the follow-up interview. "Average weekly hours worked" refers to the week prior to the follow-up interview. Over half of mothers and 80 percent of fathers were working at the time of the follow-up interview. Among those who were employed, fathers averaged 45 hours per week and mothers averaged 36 hours.

**Table 2: Child Health and Mothers' Labor Force Participation**

Effect of poor child health on:	
Employment of Mothers:	Likelihood
All	-8 p.p
Unmarried	-11 p.p
High School Education	-19 p.p

**Table 3: Child Health and Fathers' Labor Force Participation**

Effect of poor child health on:	
Fathers' Hours Worked:	Weekly Hours
All	-6
Unmarried	-9
High School Education	-7

Child health was measured by mothers' reports. A child was considered to have poor health if at least one of the three following criteria were met: birth weight of less than four pounds, child has a physical disability, and child had neither crawled nor walked by the follow-up interview (12-18 months of age). Five percent of the children in the sample had at least one of these conditions.

Because parents' labor force participation is influenced by many factors other than child health, analyses of the effects of poor child health controlled for: whether the parents had other children, parents' relationship status when their child was born, parents' demographic characteristics, parents' own health, labor market characteristics of the city in which the child was born, and state policy environments.

## Findings

Poor child health has a negative effect on both mothers' and fathers' labor force participation. For mothers,

having a child in poor health decreases the likelihood of work by an average of eight percentage points (see Table 2). It also reduces the number of hours that mothers work by over three per week. For fathers, having a child in poor health decreases the likelihood of work by an average of eight percentage points—the same as the number for mothers—and reduces the number of hours of work by about six per week (see Table 3).<sup>1</sup> Separate analyses (not reported here) indicate that the effects on mothers' and father's hours are largely additive—having a child in poor health reduces the parents' combined hours of work by about eight per week.

The effect of poor child health on parents' labor force participation is stronger for some subgroups than others. For unmarried parents, having a child in poor health decreases the likelihood of employment by over 11 percentage points for mothers. Having a child in poor health decreases hours worked for fathers by nine per week. For mothers with a high school education but no college, having a child in poor health reduces employment by 19 percentage points. The effects for fathers appear to vary much less by level of education.

## Conclusion and Policy Implications

Having a child in poor health reduces mothers' employment, especially among unmarried mothers and mothers with a high school education. Although these findings may indicate that children in poor health benefit from increased time with their mothers, it may also mean that their mothers' capacity to invest financial resources in their health is diminished, placing them at increased risk for adverse health and economic outcomes in the future.

For fathers, the negative effect of child health on labor force participation is very strong among those who are unmarried. Other analyses (not reported here), found no evidence that fathers with unhealthy children worked fewer hours to spend more time with them. Perhaps the reduced hours reflect a work disincentive associated with eligibility for public programs, greater child support demands, or a lower level of paternal commitment to a seriously unhealthy child. The limited research on this topic does not provide a definitive answer, but does highlight an important direction for future research.

Taking the findings for mothers and fathers together, it is increasingly apparent that children in poor health have fewer financial resources than their healthy peers. Their mothers and fathers are less likely to work, and when they

<sup>1</sup>The effect of child health on mothers' hours worked and fathers' likelihood of employment are not included in Tables 2 and 3.

do work, they tend to do so for fewer hours. The negative effect on parents' work is particularly strong for families with limited resources -parents who are unmarried and those with lower earnings potential (low levels of education). These results from the Fragile Families and Child Wellbeing Study do not bode well for the health and income trajectories of low-income parents in the post-

welfare reform era of limited safety nets and suggest that TANF requirements need to take into account the special needs of these families. More generally, these findings highlight the importance of workplace policies that help parents deal with the tradeoff between spending time with their children and providing economic resources to them over the long run.

## Recent Working Papers

The following comprises a list of the most recent Working Papers authored by the Center for Research on Child Wellbeing (CRCW) faculty and research associates. A complete list of Working Papers is also available for viewing and downloading on the CRCW web site:  
[crcw.princeton.edu/fragilefamilies](http://crcw.princeton.edu/fragilefamilies)

2004-12-FF Lenna Nepomnyaschy Jul 2004 "Child Support and Father-Child Contact In Fragile Families"

2004-11-FF Ronald Mincy, Irwin Garfinkel, Lenna Nepomnyaschy Jul 2004 "In-Hospital Paternity Establishment and Father Involvement in Fragile Families"

2004-10 Lonnie Berger Jun 2004 "Children Living Out-of-Home: Effects of Family and Environmental Characteristics"

2004-09-FF Joshua Goldstein, Kristen Harknett Jun 2004 "Parenting Across Racial and Class Lines: Assortative Mating Patterns of New Parents Who Are Married, Cohabiting, Dating, and No Longer Romantically Involved"

2004-08-FF Jean Knab, Sara McLanahan Jun 2004 "Measuring Cohabitation: Does How, When, and Who You Ask Matter?"

2004-07-FF Julien Teitler, Nancy Reichman, Heather Koball May 2004 "Bias in Retrospective Reports of Cohabitation Among New Parents"

2004-06-FF Cynthia Osborne May 2004 "The Relationship Between Family Structure and Mothering Behavior within Racial and Ethnic Groups"

2004-05-FF Jean Knab Apr 2004 "Who's In and for How Much? The Impact of Definitional Changes on the Prevalence and Outcomes of Cohabitation"

2004-04-FF I-Fen Lin, Sara McLanahan Apr 2004 "Gender Differences in Perceptions of Paternal Responsibility"

2004-03-FF Lauren Rich, Irwin Garfinkel, Qin Gao Apr 2004 "Child Support Enforcement Policy and Unmarried Fathers' Employment in the Underground and Regular Economies"

2004-02-FF Anna Aizer, Sara McLanahan Apr 2004 "The Impact of Child Support on Fertility, Parental Investments and Child Well-being"

2004-01-FF Rachel Kimbro, Scott Lynch, Sara McLanahan Feb 2004 "The Hispanic Paradox and Breastfeeding: Does Acculturation Matter? Evidence from the Fragile Families Study"

2003-22-FF Julien Teitler, Nancy Reichman, Lenna Nepomnyaschy Dec 2003 "The Effects of State Policies on TANF Participation"

2003-21-FF Nancy Reichman, Hope Corman, Kelly Noonan Dec 2003 "Effects of Child Health on Parents' Relationship Status"

2003-20-FF Hope Corman, Nancy Reichman, Kelly Noonan Dec 2003 "Mothers' Labor Supply in Fragile Families: The Role of Child Health"

2003-19-FF Kelly Noonan, Nancy Reichman, Hope Corman Dec 2003 "New Fathers' Labor Supply: Does Child Health Matter"

2003-17-FF Nancy Reichman, Julien Teitler, Marah Curtis Dec 2003 "Hardships Among Sanctioned Leavers, Non-Sanctioned Leavers, and TANF Stayers"

2003-16-FF Sara McLanahan May 2004 "Fragile Families and the Marriage Agenda"

2003-15 Angela Fertig Jun 2004 "Healthy Baby, Healthy Marriage? The Effect of Children's Health on Divorce"

2003-14-FF Marcia Carlson, Frank Furstenberg, Jr. Oct 2003 "Complex Families: Documenting the Prevalence and Correlates of Multi-Partnered Fertility in the United States"

2003-13-FF Nancy Cohen Oct 2003 "Unmarried African American Fathers' Involvement with Their Infants: The Role of Couple Relationships"

2003-12-FF Ariel Kalil Oct 2003 "Fathers' Perceptions of Paternal Roles: Variations by Marital Status and Living Arrangement"

2003-11-FF Catherine Kenney Sept 2003 "Hardship in Marriage and Cohabiting Parent Households: Do Cohabiting Parents Underinvest in Household Public Goods?"

2003-10 Anne Case, Angela Fertig, Christina Paxson Jun 2004 "The Lasting Impact of Childhood Health and Circumstance"

2003-09-FF Cynthia Osborne, Sara McLanahan, Jeanne Brooks-Gunn Jul 2003 "Is There an Advantage to Being Born to Married versus Cohabiting parents? Differences in Child Behavior"

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## Inside...

This research brief uses data from the Fragile Families and Child Wellbeing Study to examine the relationship between children's health and parents' labor force participation.

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The Fragile Families and Child Wellbeing Study is following a birth cohort of nearly 5,000 children, including 3,712 children born to unmarried parents and 1,186 children born to married parents. The data are nationally representative of births in cities with populations of 200,000 or more. For more information about the study, visit the Web site of The Center for Research on Child Wellbeing, <http://crcw.princeton.edu/fragilefamilies> or email the CRCW at [crew@opr.princeton.edu](mailto:crew@opr.princeton.edu)

This research brief was adapted from "Mothers' Labor Supply in Fragile Families: The Role of Child Health" by Hope Corman, Nancy Reichman, and Kelly Noonan and "New Fathers' Labor Supply: Does Child Health Matter" by Kelly Noonan, Nancy Reichman, and Hope Corman. To download a copy of the papers on which this brief was based, visit <http://crcw.princeton.edu>, go to the *Fragile Families* link, click on *Publications*, then click on *Working Papers Series*.

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