

The Vow Factor:

Women's health, marriage and social policy



Lisa F. Berkman, Ph.D.

Professor and Director, Harvard Center for Population and Development Studies

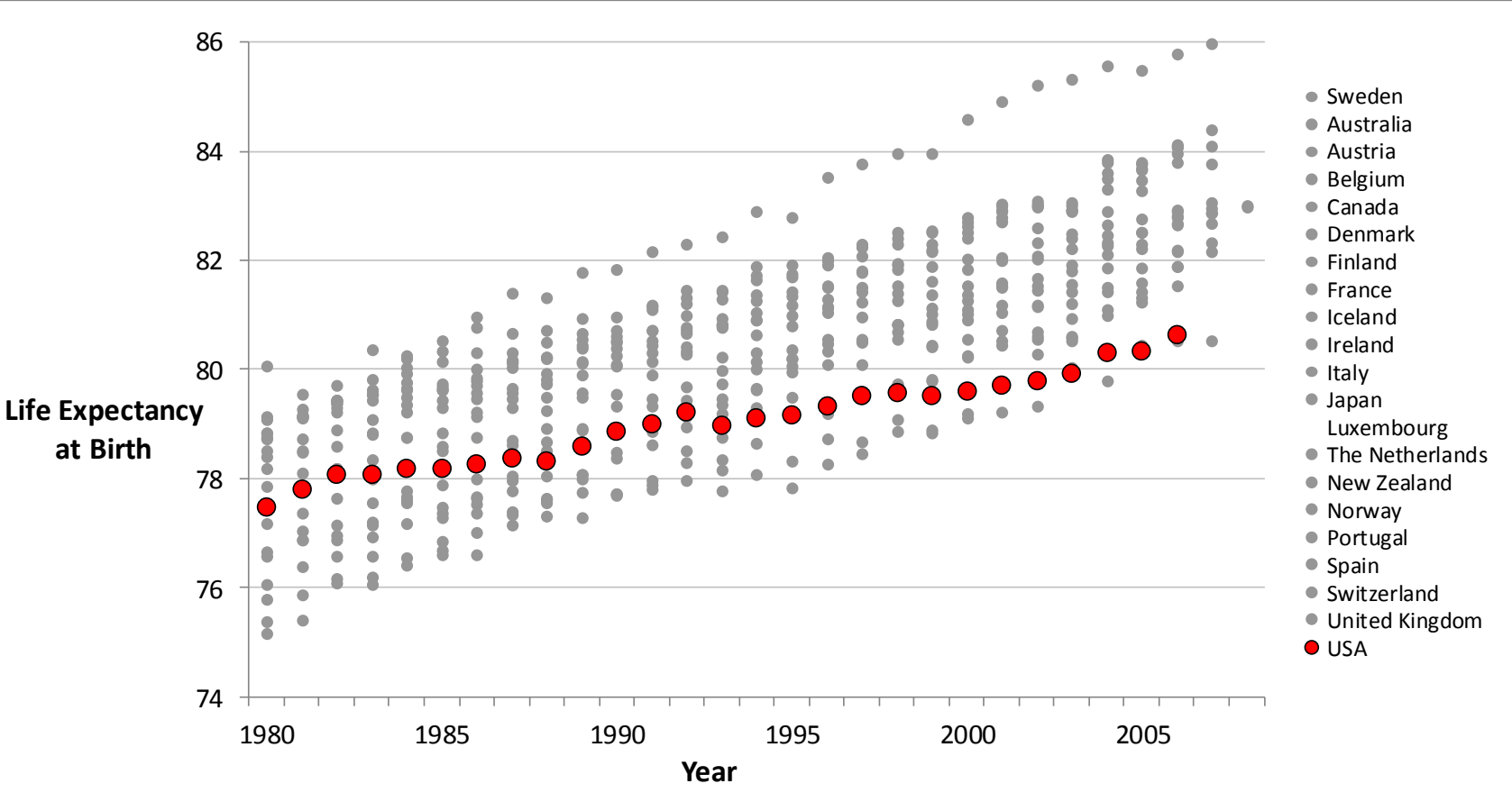
Population Association of America Congressional Briefing

April 17, 2015, US Capitol Visitor Center, Congressional Meeting Room North

Rationale

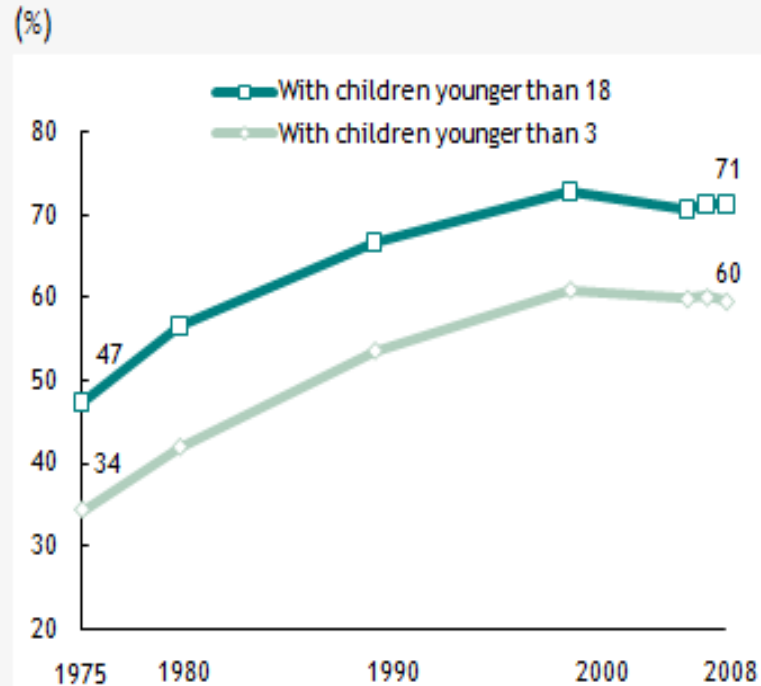
1. *Life course trajectories are key to understanding wellbeing in old age:* Single parenthood experienced during early/ middle adulthood is associated with long run poor health.
2. *Demographic trends suggest trouble down the road:* Single parenthood in the US is on the rise.
3. *Policies enacted for short term benefits turn out to have long term consequences- implying in this case- more unmeasured benefits compared to costs:* the case of maternity leave.

Life Expectancy at Birth in 22 OECD Countries; 1980 – 2008; Females



Changing work-family landscape in US

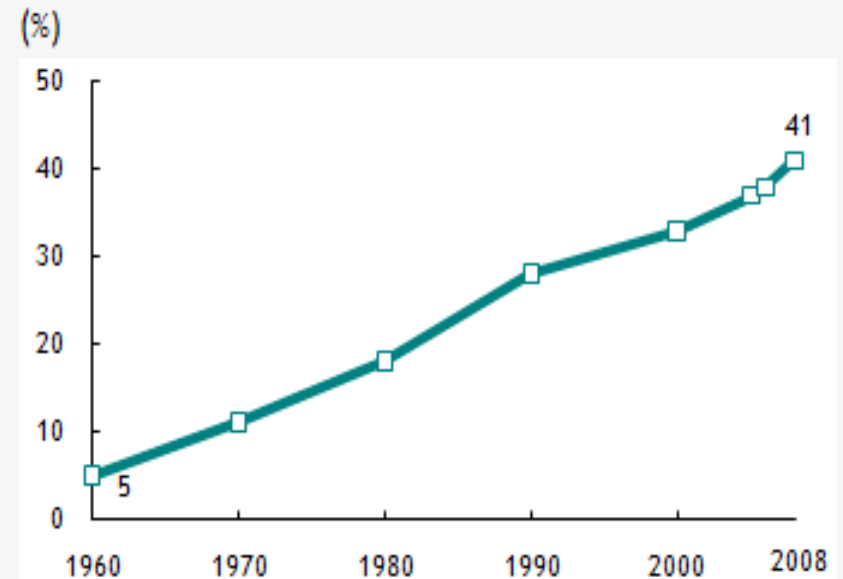
Share of Mothers who are in the Labor Force, 1975-2008



Source: U.S. Department of Labor, U.S. Bureau of Labor Statistics; Women in the Labor Force: A Databook (2009 Edition) September 2009, Report 1018 (Current Population Survey data)

PewResearchCenter

Share of Births to Unmarried Women

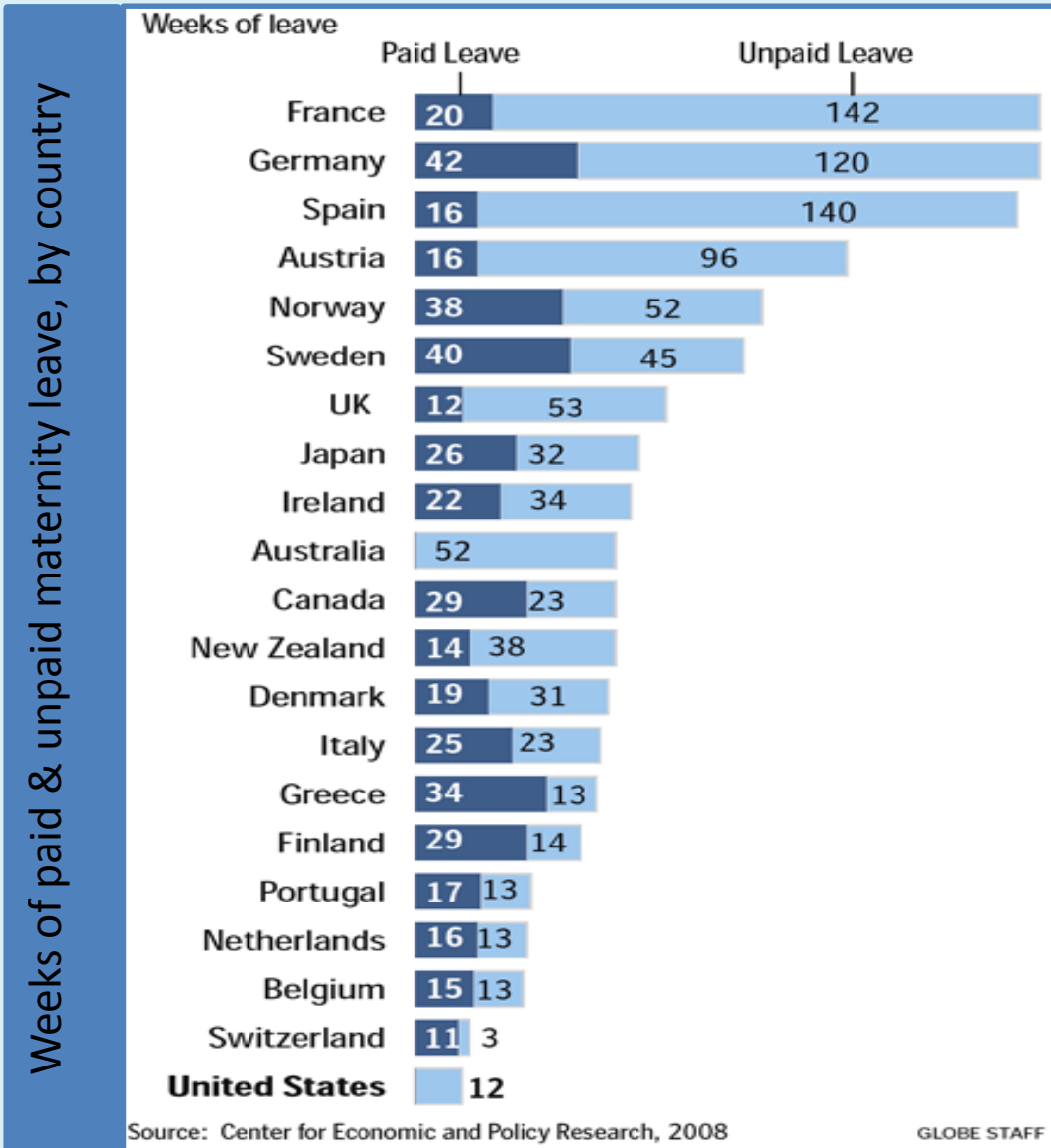


Note: 2008 data are preliminary.

Source: For data from 1990 and later, statistics calculated using National Center for Health Statistics data. For years prior to 1990, data obtained from Stephanie J. Ventura, and Christine A. Bachrach. Nonmarital childbearing in the United States, 1940-1999. National Vital Statistics Reports; vol 48 no 16. Hyattsville, Maryland: National Center for Health Statistics.

PewResearchCenter

Formal Social Protection Policies Lacking



Single Motherhood in Early- Middle Adulthood and Late Life Disability and Health

Comparative Population-Based Studies of Older Adults
in the US and Europe

Berkman, LF, Zheng, Y, Avendano, Börsch-Supan, A, Glymour, MM, Sabbath, EL (in press). “Mothering alone: cross-national comparisons of later-life disability and health among women who were single mothers. *Journal of Epidemiology and Community Health*.

This study was supported by a grant from NIA

Sample

- Women aged 50 and over in:
 - Health and Retirement Study (HRS)
 - English Longitudinal Study of Ageing (ELSA)
 - Survey of Health, Ageing and Retirement in Europe (SHARE)
 - 2004 – 2009,
- Women without any children before age 50 were excluded from the analysis

% of Women Aged 50+ with Single Motherhood Experience

Region	% Single motherhood	% Single motherhood without partners
US	32.8	NA
England	22.0	18.3
Scandinavia	38.2	26.9
Western Europe	22.8	19.3
Southern Europe	10.2	8.8
Eastern Europe	20.4	17.8

Data sources: SHARE wave 1 and 2 and SHARELIFE;
ELSA wave 2 and 3; HRS wave 7 and 8, weighted

Outcomes

- Any activities of daily living (ADL) limitations
 - bathing, dressing, eating, getting in and out of bed, walking across a room
- Any Instrumental ADL limitations
 - making meals, shopping, making phone calls, taking medications and managing money
- Self-rated health (SRH) is fair/poor

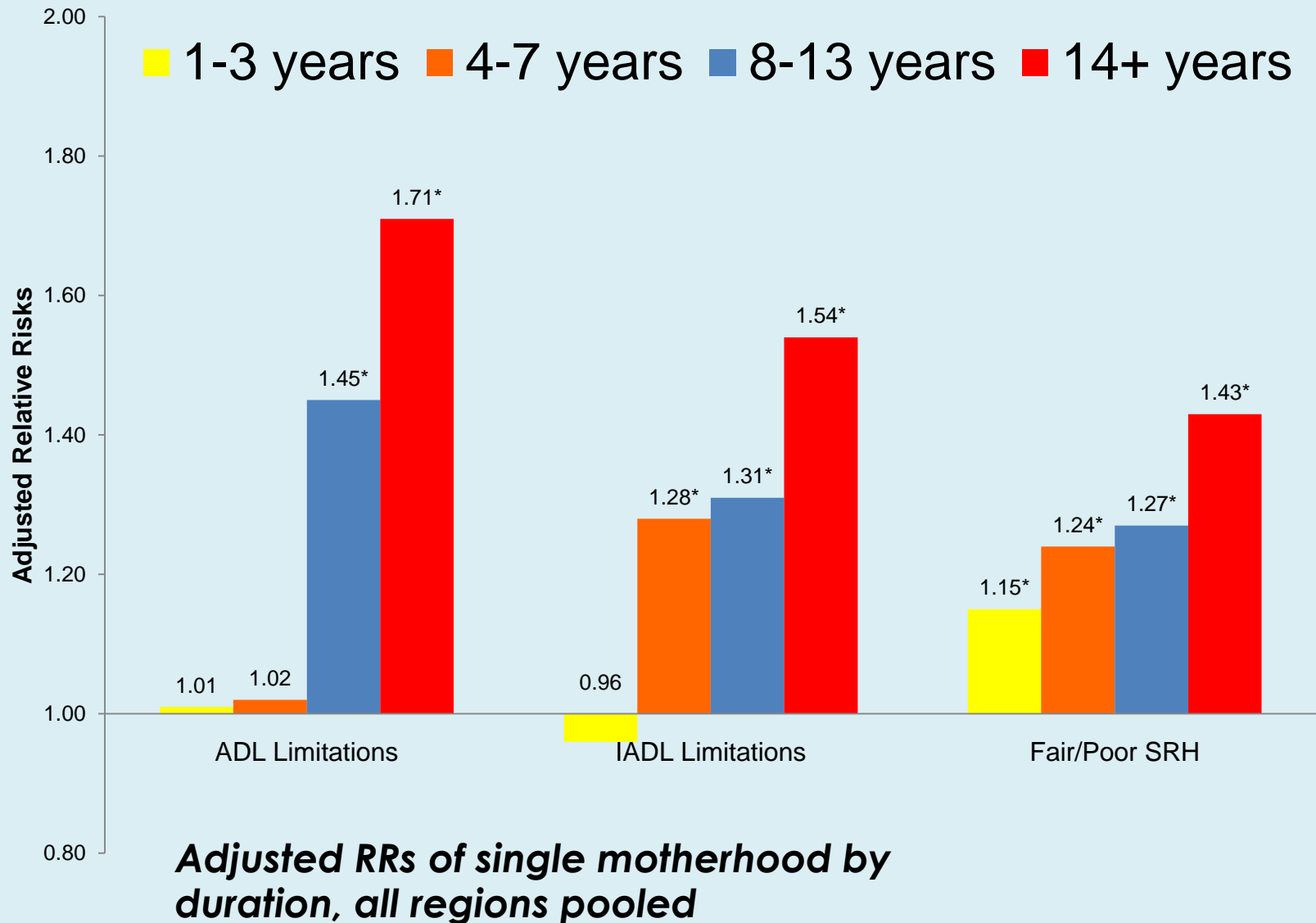
Adjusted RRs of any single motherhood: ADL

	Model I	Model II
US	1.27***	1.09
England	1.51***	1.40***
Scandinavia	1.50*	1.40*
Western Europe	1.09	0.99
Southern Europe	1.13	0.97
Eastern Europe	0.93	0.90
P-value for equivalence of RRs	0.074	0.037
Control for current HH income and wealth	No	Yes

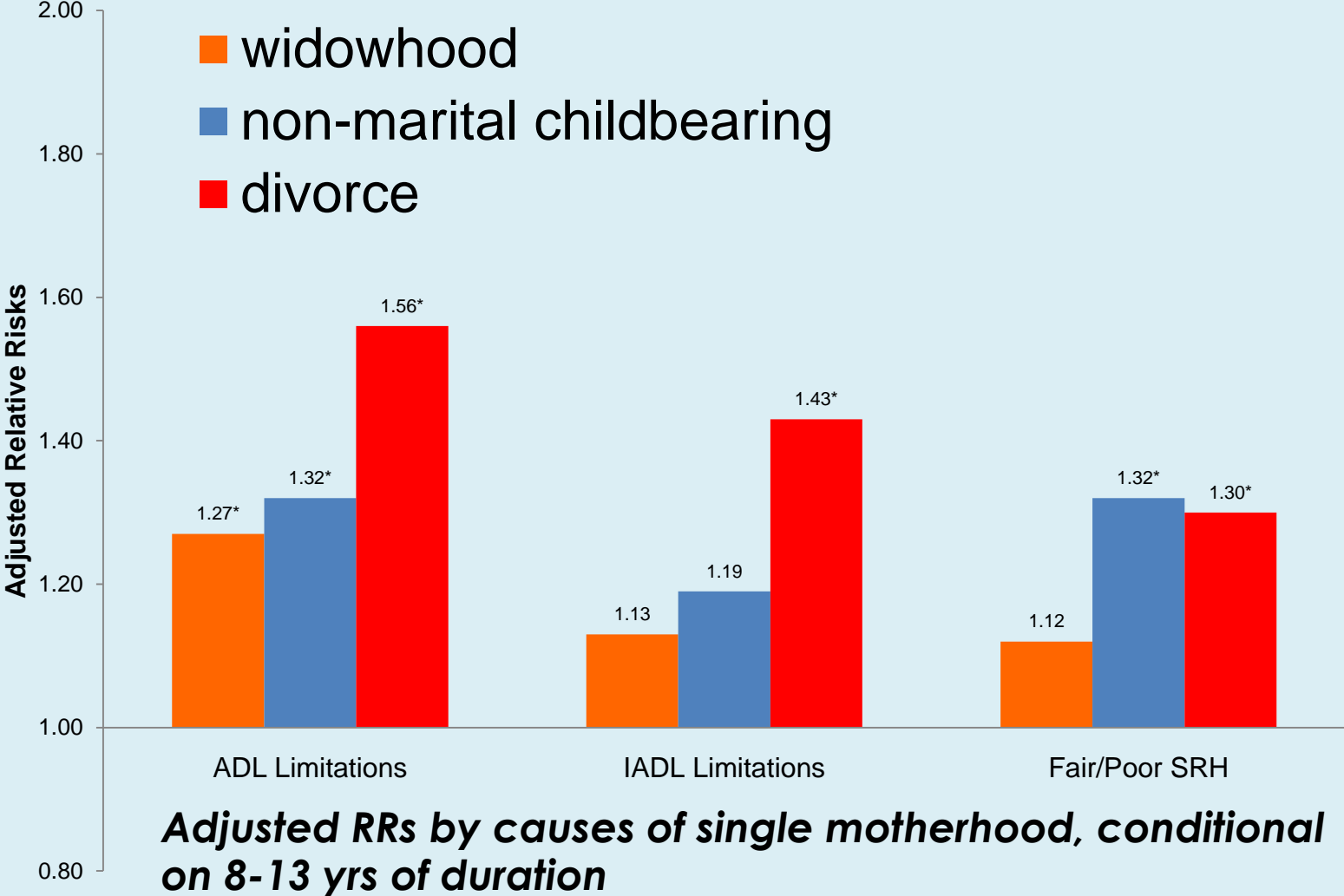
*P<0.05, **P<0.01, ***P<0.001

All models control for age, education, current marital status, number of children, country dummies, and interview year dummies

Single Motherhood Associated with Poorer Health & Well-being Over Time



Health Outcomes Vary by Cause of Single Motherhood



Conclusions

- Single motherhood experience was most health damaging in England, next in the US, Scandinavia and Western Europe. No significant associations in Southern Europe and Eastern Europe
- Longer duration of single motherhood was more harmful
- Divorced single mothers and single mothers at younger ages were at higher risks

The Long-run Effect Of Maternity Leave Benefits On Women's Mental Health

Avendano M, Berkman LF, Brugiavini A, Pasini G. Social Science & Medicine (2015) doi:10.1016/j.socscimed.2015.02.037

This work was supported by NIA.

Maternity leave policies

- Maternity leave policies affect labor market outcomes (Klerman & Leibowitz, 2000; Rossin et al, 2013):
 - Wage level and growth
 - career prospects
 - labour market attachment
 - Employability
- Positive effects on the newborn's health (Ruhm, 2000; Tanaka 2005; Rossin, 2011)
- Positive effects on mothers health immediately after childbirth (Chatterji & Markowitz 2012; Staehelin et al., 2007)
- “Scarring” effect of maternity: reduce stress at period of birth, maternal depression linked to long term offspring outcomes

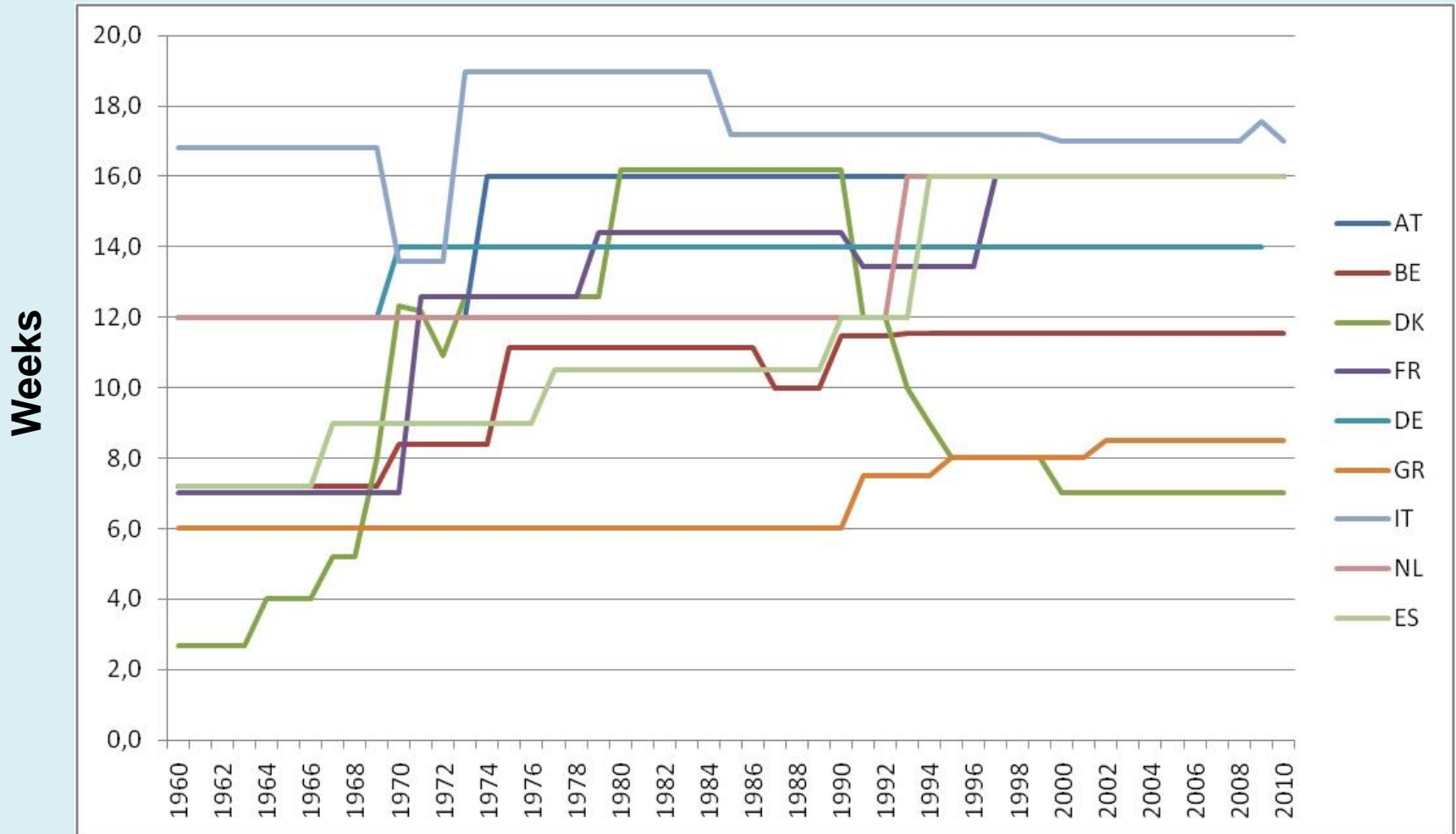
Data: SHARE

- Multidisciplinary, cross-country panel survey representative of 50+ population across Europe
- 30,000 men and women over 13 European countries
- retrospective data on life histories:
 - Complete **working history**
 - Complete **fertility history**
- Mental Health in 2004 and 2006: Euro-D Scale
- We know exact year of maternity, country of residence, labour market status at childbirth, exact length of interruption
- Extensive measures of physical health, demographics, labour market behaviour, pensions

Policy Data

- Anne Gauthier (2011): “Family Policy Database” on:
 - Maternity, parental, and childcare leave policies
 - Cash benefits
- The database covers the period 1960-2010 and all SHARE countries
- **Maternity leave:** leave granted (only) to mothers in connection with childbirth, and which usually includes a period of leave prior and after childbirth. We use total number paid work weeks

Paid maternity leave by country: Full wage weeks (excluding Sweden)



Depression score by Full Wage Weeks of Maternity leave, treatment and controls

	Full-wage week of maternity leave benefits		Difference high-low	% change
	Low	High		
working	2,64	2,51	-0,13	
not working	2,52	2,82	0,30	
		DiD	-0,43	-16,17%

Interpretation: 16.2% difference in depression score between low vs. high country-specific cut-offs for full-wage weeks, with respect to mean value among European women working at childbirth

Conclusions

Depression in old age is linked to maternity leave policies during the critical period of the birth of a first child:

- Moving from a maternity leave with limited coverage to one with comprehensive coverage at the birth of a first child reduces depression scores by 16% in older ages

Potential Mechanisms:

- postpartum stress and depression linked to recurrent depression
- Reduced stress over the life-cycle

Conclusions, continued

Depression is costly:

- Older people with depression use more health services, homecare and assisted living than older people without depression
- Mean direct health care costs in old age per patient were €5241 per year for depressed individuals, as compared to €3648 per year for non-depressed individuals, corresponding to a 30% difference (Luppa et al., 2008).
- Cost-benefit analyses should take into account the potential loss in women's welfare in old age resulting from diminishing the comprehensiveness of maternity leave benefits