**The Health Status and Health Care of Young Mexican American Children:
The Influence of Parental Relationship Status***

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Introduction and Research Question. In spite of the relatively favorable birth outcomes among Mexican Americans in comparison to other racial and ethnic groups (Ventura et al. 2001: Table 25), a small but growing body of evidence indicates that Mexican American children may experience higher rates of health problems and developmental deficiencies during their early years (Flores et al., 2002; Padilla et al. 2002). Known as the *epidemiologic paradox*, the phenomenon of relatively healthy birth outcomes (in spite of disadvantaged socioeconomic characteristics) among Mexican Americans has been extensively studied, but research on this population has generally not been extended to early childhood outcomes. The objective of this paper is to descriptively analyze Mexican American child health and health care outcomes in comparison to children in other race/ethnic groups and, in particular, to assess whether or not the relatively high level of non-marital births among Mexican Americans has a negative impact on these outcomes. Among non-marital births, we make an important distinction between children who have unmarried cohabiting parents and children who have unmarried non-cohabiting parents.

The key rationale for this work is succinctly summarized by Guendelman (1998: 282) who, in a major review of Hispanic health, stated that "a question remains whether the protective factors available during pregnancy continue to sustain the health of Hispanic children after they are born." Indeed, one important explanation for the positive birth outcomes among Mexican Americans involves strong family support systems (Guendelman 1998). Qualitative studies of Mexican American mothers (Sherraden and Barrera 1995, 1996) have shown that family support helps to attenuate the effects of living in poverty. Family support may also be related to lower

stress during pregnancy and better access to pregnancy-related information and psychosocial health (Guendelman 2000). Other research directly points to the importance of parental relationships for positive birth outcomes among Hispanics; whether within a marital union or not, cohabiting parental households were found to have lower risks of adverse birth outcomes among Hispanic infants relative to non-cohabiting parent households (Albrecht et al. 1994).

At the same time, overwhelming evidence has demonstrated that family structure has an important impact of child health and health care outcomes (McLanahan 1997). In summarizing a large body of research on this topic, McLanahan (1997: 47) concluded that "growing up in a nonintact family had negative consequences for children's well-being across a broad range of outcomes." Further, the Mexican American population has a relatively high level of non-marital childbearing. Data from 2002 show that 42% of births to Mexican American women were non-marital, which is well above the overall national figure of 34% (Martin et al. 2003: Table 14). This raises the question that we wish to address in this paper: how are children born to Mexican American women, both overall and within different types of family situations, faring in terms of early childhood health and health care outcomes? We conduct this analysis for a national sample of Mexican American children and provide parallel results for non-Hispanic black, non-Hispanic white, and Other Hispanic children for comparative purposes.

Data and Methods. We use data from the Fragile Families and Child Wellbeing Study, a large, nationally based longitudinal survey that is being led by our colleagues at Princeton and Columbia Universities (see http://crcw.princeton.edu/fragilefamilies). The study follows a cohort of about 4800 children from birth to age five, with births to unmarried parents substantially over-sampled. Important for present purposes, the data are exceptionally rich in comparison to others that have been used to study Mexican American child health and development at the national

level. Baseline interviews (at the time of the child's birth) were conducted with 4898 mothers in 20 cities across the United States during 1998 to 2000; approximately three-fourths of these women were unmarried. Follow-up assessments of the children have been conducted at age one and age three, with the five-year follow-up in the field. At this point, only the baseline and the 1-year follow-up data are available for analysis; for PAA, we plan on analyzing health and health care outcomes using the 3-year follow-up data. We use the weighted data here—comprised of births to women in 16 of the 20 cities—to best represent births to women in U.S. cities with populations over 200,000. Thus, our analysis includes data from 2,980 children whose mothers were interviewed both at the time of birth and at the one-year follow-up. This includes 537 children born to Mexican Origin women, 773 to non-Hispanic white women, 1,304 to non-Hispanic black women, and 366 to Other Hispanic women.

The Fragile Families data were designed to gather information about the nature of the relationships within families, to explore both similarities and differences between unmarried and married parents in terms of their attitudes toward marriage and family, and to understand the forces that pull these families together or push them apart. Important for our purposes, the Fragile Families data also includes a diverse array of health and health care outcomes among children at ages 1, 3, and 5. In this abstract, we simply present a limited set of child outcome measures at age 1; by PAA, we should be in the position to present a much larger set of health and health care outcome measures for these children at age 3.

The race/ethnic groups that we analyze here, based on maternal reports, are Mexican American, Other Hispanic, non-Hispanic white, and non-Hispanic black. We measure parental relationship status as either: (a) married, (b) cohabiting but unmarried, and (c) not married and not cohabiting. Differentiating unmarried cohabiting parents from unmarried non-cohabiting

parents is an important addition to much of the literature in this area which only examines a married-unmarried dichotomy. The health outcome measures included here—again, limited to the 1-year follow-up at this point—include (a) parental assessment of overall child health, (b) whether or not the child has been diagnosed with asthma, (c) the number of emergency room visits that the child experienced during the first year of life, (d) the extent of insurance coverage for the child, and (e) the number of well child visits that the child received during the first year.

Methodologically, at this point, we first present cross-tabular relationships between race/ethnicity and the health and health care outcomes. Second, we present crosstabular results of parental relationship status by the child outcomes for each race/ethnic group, focusing on Mexican American children. At this point, we consider parental relationship status at the time of the child's birth; note that our preliminary evidence (below) suggest some changes in parental relationship status between the birth of the child and age one. Such changes will be taken into account in a later draft. Again, the data are weighted to best represent children born in large urban areas of the United States circa 1999.

Preliminary Results. Table 1a begins by showing that the relationship status of mothers varies dramatically by race/ethnicity. While 77.5% of non-Hispanic white mothers were married to the father at the birth of their child, this figure drops to 54.3% for Mexican Origin women, 47.0% for Other Hispanic mothers and 27.5% for non-Hispanic black mothers. The percent married remained stable or increased slightly for all groups a year later (Table 1b). Unmarried mothers were more likely than not to be cohabiting with the father at the time of the child's birth for all groups except non-Hispanic blacks, but within a year the reverse was true, indicating that a significant number of cohabiting relationships probably dissolved soon after the birth of the

child. Notably, women of Mexican and Other Hispanic origin were more likely than non-Hispanic whites and blacks to be cohabiting at both time periods.

Table 2 shows race/ethnic differences in health and health care characteristics at one year of age. A significantly lower proportion of Mexican-origin mothers report excellent, very good or good health for their child than do non-Hispanic white, non-Hispanic black or other Hispanic mothers. Indeed, nearly six percent of Mexican mothers report fair or poor health for their child, almost three times the respective proportions for blacks and Other Hispanics. This outcome is inconsistent with the reports of emergency room (ER) visits and asthma, which place Mexican American children in between non-Hispanic white children, who visit the ER least frequently and have the lowest rates of asthma, and non-Hispanic black children, who visit the ER most frequently and have the highest rates of asthma. The less favorable overall health status reports for Mexican American children may simply be reflecting language and interpretative differences across groups (Cho et al. 2004).

The higher rates of ER visits for Mexican-origin children compared to non-Hispanic whites may be due to lower rates of health insurance coverage. Indeed, Table 2 also shows that 23.5% of Mexican-origin mothers report having neither public nor private health insurance for their child, compared to nine, 12 and 21 percent for whites, blacks and Other Hispanics, respectively. Non-Hispanic white, non-Hispanic black and Mexican Origin mothers are equally likely, with Other Hispanics less likely, to report that their child had at least four well-child visits within the first year of their life.

Table 3 examines the relationship between parental relationship status and health and health care outcomes separately for each race/ethnic group. Focusing on Mexican Americans (Table 3c), children with married parents have far fewer ER visits than children with

cohabitating or unmarried non-cohabiting parents, and children of cohabiting parents have fewer ER visits than children with unmarried non-cohabiting parents. On the other hand, children of unmarried cohabiting parents show the most favorable overall health status and asthma distributions; for example, only 9.0% of Mexican American children of cohabiting parents were reported to have asthma at age one, compared to 14.0% of children born to married parents and 16.9% of children born to unmarried non-cohabiting parents. Thus, it is not fully clear at this point, at least among Mexican American children, that health outcomes are less favorable among unmarried parents. Similarly, there are no discernible patterns of health status across relationship status categories for Other Hispanics (Table 3d). On the other hand, it is clear that health outcomes are far less favorable among non-Hispanic black and non-Hispanic white children who are born to non-cohabiting unmarried parents in comparison to the children with married parents. For example, child asthma is reported by 11.0% of married black mothers, 15.0% of cohabiting black mothers, and 20.9% of unmarried non-cohabiting black mothers.

Turning to the health care outcomes, children of Mexican Origin women have low rates of insurance coverage regardless of parental relationship status, although there is a higher, but still relatively low, proportion of children with married parents with private insurance. While Mexican American children of cohabiting parents were shown to have rather favorable health outcomes, the same is not true for health care: indeed, 31.6% of Mexican American children with cohabiting parents are not covered by health insurance at all. Further, these children were the least likely to have 4+ well child visits during the first year of life.

Conclusion and Plans for Continued Research. This initial analysis shows that: 1) parental relationship status shows significant variation across race/ethnicity for young children, with nearly one-half of young Mexican American children in these large urban cities being born to

unmarried parents; 2) Mexican American children fare less favorably than white children across several health outcomes, but tend to fare more favorably than non-Hispanic black children; 3) a very significant percentage (23.5%) of Mexican American children are reported to have no health insurance coverage at all; 4) Mexican American children born to unmarried cohabiting parents do not seem to fare worse than, and in some cases fare better than, Mexican American children born to married parents across the health factors considered here. At the same time, Mexican American children born to cohabiting parents display the least favorable health care distributions. It will be important for us to further tease out the cohabitation patterns among Mexican Americans; the implications of cohabitation appear to be quite different than among blacks and whites. Taking nativity into account, particularly among Mexican Americans, will be another fruitful avenue for our continuing research and for sorting out the cohabitation patterns shown here. Further, as mentioned above, we plan to analyze a much wider array of health and health care outcomes when the 3-year follow-up data become available. Finally, we will also attempt to assess the impacts of relationship status changes among parents on children, if cell sizes prove to be sufficient.

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Table 1a. Weighted Percent Distributions of Mother's Relationship Status at Baseline by Race/Ethnicity

Relationship Status	Race/Ethnicity				
	White N-H	Black N-H	Mexican origin	Hispanic N-M	Total
Married	77.5	27.5	54.3	47.0	54.6
Cohabitating	15.6	26.2	27.1	32.1	23.1
Other	6.9	46.3	18.5	20.9	22.4
Total	100.0	100.0	100.0	100.0	100.0

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 2980

Table 1b. Weighted Percent Distributions of Mother's Relationship Status at Year One by Race/Ethnicity

Relationship Status	Race/Ethnicity				
	White N-H	Black N-H	Mexican origin	Hispanic N-M	Total
Married	77.0	29.0	58.7	48.1	55.6
Cohabitating	10.8	19.6	20.5	23.7	17.1
Other	12.2	51.4	20.8	28.2	27.3
Total	100.0	100.0	100.0	100.0	100.0

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 2980

Table 2. Weighted Percent Distributions of Child Health & Health Care Characteristics at Year One by Race/Ethnicity of Mother

Child Health	Race/Ethnicity				
General Health Assessment	White N-H	Black N-H	Mexican	Hispanic	Total
Exc/vg/good	98.9	97.9	94.1	97.8	97.2
Fair/Poor	1.1	2.2	5.9	2.2	2.8
Emergency Room Visits					
0	65.4	39.6	50.6	43.4	52.0
1	21.1	28.1	28.3	28.0	25.6
2	6.4	16.1	12.1	14.7	11.5
3	3.7	8.3	5.1	4.8	5.8
4+	3.5	7.8	3.9	9.1	5.4
Child Asthma					
No	94.9	83.0	86.4	88.2	88.6
Yes	5.1	17.0	13.6	11.8	11.4
Child Health Care					
Insurance coverage					
Public	18.6	55.7	43.4	49.1	38.7
Private	72.2	32.4	33.1	29.7	46.5
None/Other	9.2	12.0	23.5	21.2	14.9
Well Child Visits					
1-3	5.9	5.3	6.0	14.3	6.6
4+	94.1	94.8	94.0	85.7	93.4

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 2980

Table 3a. Weighted Percent Distributions of Child Health & Health Care Characteristics at Year One by Mother's Relationship Status for Non-Hispanic Whites

Child Health	Relationship Status			
General Health Assessment	Married	Cohabitating	Other	Total
Exc/vg/good	99.3	98.4	96.8	98.9
Fair/Poor	.7	1.6	3.2	1.1
Emergency Room Visits				
0	71.7	46.0	42.9	65.4
1	19.5	30.7	22.4	21.1
2	4.5	9.8	15.6	6.4
3	2.5	4.6	10.3	3.7
4+	1.8	9.0	8.9	3.5
Child Asthma				
No	96.1	98.0	85.0	94.9
Yes	3.9	2.0	15.0	5.1
Child Health Care				
Insurance coverage				
Public	7.7	53.8	56.2	18.6
Private	85.9	24.1	28.7	72.2
None/Other	6.4	22.1	15.0	9.2
Well Child Visits				
1-3	6.4	2.6	6.3	5.9
4+	93.6	97.4	93.7	94.1

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 773

Table 3b. Weighted Percent Distributions of Child Health & Health Care Characteristics at Year One by Mother's Relationship Status for Non-Hispanic Blacks

Child Health	Relationship Status			
General Health Assessment	Married	Cohabitating	Other	Total
Exc/vg/good	98.1	98.3	97.5	97.9
Fair/Poor	1.9	1.7	2.5	2.2
Emergency Room Visits				
0	50.0	40.3	33.4	39.6
1	29.1	29.7	27.0	28.1
2	10.0	17.7	19.0	16.1
3	4.1	5.3	11.8	8.3
4+	6.8	7.0	8.7	7.8
Child Asthma				
No	89.0	84.2	79.2	83.0
Yes	11.0	15.8	20.9	17.0
Child Health Care				
Insurance coverage				
Public	26.5	62.2	69.6	55.7
Private	57.6	26.5	20.4	32.4
None/Other	16.0	11.3	10.0	12.0
Well Child Visits				
1-3	4.0	3.5	6.6	5.3
4+	96.0	96.5	93.4	94.8

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 1304

Table 3c. Weighted Percent Distributions of Child Health & Health Care Characteristics at Year One by Mother's Relationship Status for Mexican Americans

Child Health	Relationship Status			
General Health Assessment	Married	Cohabitating	Other	Total
Exc/vg/good	92.5	97.5	95.2	94.1
Fair/Poor	7.5	2.5	4.8	5.9
Emergency Room Visits				
0	56.8	42.7	40.6	50.6
1	23.3	39.7	31.3	28.3
2	13.2	9.6	11.4	12.1
3	4.3	5.3	6.9	5.1
4+	2.3	2.7	9.7	3.9
Child Asthma				
No	86.0	91.0	83.1	86.4
Yes	14.0	9.0	16.9	13.6
Child Health Care				
Insurance coverage				
Public	38.1	46.3	55.5	43.4
Private	39.4	22.0	25.8	33.1
None/Other	22.4	31.6	18.7	23.5
Well Child Visits				
1-3	3.8	10.7	7.7	6.0
4+	96.2	89.3	92.3	94.0

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 537

Table 3d. Weighted Percent Distributions of Child Health & Health Care Characteristics at Year One by Mother's Relationship Status for Non-Mexican Hispanics

Child Health	Relationship Status			
General Health Assessment	Married	Cohabitating	Other	Total
Exc/vg/good	98.3	97.6	97.1	97.8
Fair/Poor	1.7	2.4	2.9	2.2
Emergency Room Visits				
0	46.3	39.7	41.4	43.4
1	23.4	39.6	25.9	28.0
2	17.0	10.2	14.8	14.7
3	3.4	4.1	8.0	4.8
4+	9.9	6.5	10.0	9.1
Child Asthma				
No	88.2	86.8	89.5	99.2
Yes	11.8	13.2	10.5	11.8
Child Health Care				
Insurance coverage				
Public	40.7	48.5	64.6	49.1
Private	33.1	39.5	15.0	29.7
None/Other	26.3	11.9	20.5	21.2
Well Child Visits				
1-3	6.3	24.8	18.5	14.3
4+	93.7	75.2	81.5	85.7

Source: Fragile Families and Child Well-Being Data Set (http://crcw.princeton.edu/fragilefamilies)
Unweighted N = 366