

The 'Marriage Advantage' in Infant Health Outcomes:
Evidence of Selection or Risky Behavior?

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ABSTRACT

Prior research documents more beneficial infant health outcomes among married women in the U.S. compared with cohabiting or single women, but very little work has examined potential mechanisms through which this 'marriage advantage' operates. Using recent, population-level data from a female subsample of the National Survey of Family Growth (Cycle 7, 2006-8), this study examines two potential explanations: a *life course or selection model* (positing that advantages are grounded in women's experiences—observed or unobserved—in prior life stages such as childhood and adolescence) and a *mediation model* (positing that marriage leads to positive prenatal health characteristics, which in turn lead to better infant health outcomes). Analyses employ multilevel regression and fixed-effects models to examine three different infant health outcomes: low birth weight, preterm birth, and (continuous) birth weight adjusted for gestational age (to approximate small-for-gestational age). Findings for birth weight indicate that the marriage advantage is diminished but not eradicated with the inclusion of a rich set of (observed) childhood environment characteristics. Subsequent fixed-effects models demonstrate the salience of the marriage advantage only between married and single women and find no difference between married and cohabiting women. The married-single disparity is partially explained by increased rates of prenatal smoking among single women. Results for low birth weight and preterm birth indicate no evidence of a marriage advantage within a fixed-effects framework. In sum, the results document recent, population-level trends that stand in contrast to much historical research on marriage and infant health, as well as highlight the importance of exploring explanations related to both life course/selection and mediation in future research on infant health.