Children's Health and Development among Mexican-Origin Teen Mothers

Sarah M. Kendig, Arkansas State University[1]
Kelly Purtell, University of Texas at Austin
Adriana Umana-Taylor, Arizona State University

Even though the teen birth rate has declined over time, births to teen mothers still account for one in ten births in the U.S with the highest teen birth rate being among Mexican-origin adolescent females (Martin et al., 2011). Teenage parenthood tends to exacerbate inequality and introduce new difficulties for teens and their children, even after addressing selectivity which does account for a large portion, but not all, of the negative effect. Our goal is to build upon the existing literature on the risks of teenage childbearing that has been largely based on non-Hispanic white and Black disadvantaged young women by considering an understudied yet important population, Mexican-origin mothers. In this study, we utilize risk and resilience and life course perspectives to better understand children's health and developmental outcomes among Mexican-origin teen mothers. Rather than attempting to 'explain away' differences in mean levels of child outcomes between teen and non-teen mothers, we are interested in carefully determining the maternal, child, and background factors that can explain or condition these differences.

We use data from the 9-month and 2-year interviews and assessments of the Early Childhood Longitudinal Study-Birth cohort (ECLS-B), a nationally representative birth cohort that provides a racially diverse sample of teen mothers. We focus on Mexican-origin mothers who were ages 15 to 18 when the focal child was born (*n*=100) and a comparison group consisting of Mexican-origin mothers who were 19 or older when the focal child was born (*n*=900). We examine the association between teen mom status and children's cognitive development and maternal reports of children's overall health and experiences with health

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[1]Contact Author: Sarah M. Kendig, skendig@astate.edu, Department of Criminology, Sociology & Geography, Arkansas State University, P.O. Box 2410, State University, AR, 72467

problems. We include background factors and maternal and child characteristics that may select mothers into a teen birth and those that may influence child outcomes.

Table 1 provides a description of the Mexican-origin teen and non-teen mothers. Table 2 provides the results from OLS regressions assessing the role of teen mom status in explaining variation in children's outcomes at 2 years of age. We do not find significant differences by age at birth in children's cognitive development or maternal reports of child health. Although there is not an initial difference in the unweighted mean number of health problems by teen mom status in Table 1, Table 2 reveals a significant bivariate association in the weighted regression model indicating that the children of teen mothers have a higher average number of health problems than non-teen mothers among Mexican-origin women. After accounting for various factors, a marginally significant association remains.

Further analyses for this paper will examine additional child outcomes such as parent-child interactions and assess the possible indirect effects of particular resource factors (e.g., grandmother living in household) and maternal characteristics (e.g., maternal self-rated health). We also plan to test an alternative comparison group of non-teen mothers given that the current operationalization includes a wide age range. Last, we will more closely consider the role that nativity plays in the association between mothers' age at birth and children's health and development among Mexican-origin mothers. In addition to our analyses with the ECLS-B data, we plan to utilize an additional longitudinal sample of Mexican-origin teen mothers recruited from a metropolitan area in the southwest U.S. This dataset provides more detailed information on particular maternal characteristics and cultural resources that will provide the opportunity to examine more fine-grained processes that connect teen motherhood to children's health and development in Mexican-origin families.

Table 1. Unweighted Percentages (or Means) of All Variables among Mexican American Teen and Non-Teen Mothers in ECLS-B at 9-month interview, 2001 (N=1,000)

| | | Age at Focal Child's Birth | | |
	Total	15-18 (n=100)	19 and over (n=900)	
Child Outcomes				
Cognitive development (range: 97 - 148)	121.72 (9.71)	120.12 (9.73)	121.85 (9.71)	
General health (1 poor - 5 excellent)	4.22 (0.90)	4.36 (0.78)	4.21 (0.90)	
Number of health problems (0 - 4)	0.59 (0.76)	0.60 (.65)	0.59 (.77)	
Controls (measured at 9 months)				
Mother born outside of U.S.	59.17	38.67	60.90	***
Grandmother has high school degree or higher	22.90	34.38	22.00	*
Mother grew up in household receiving welfare	8.35	12.16	8.03	
Mother lived with her mother until at least age 16	86.84	84.00	87.08	
Mother engaged in any deviant behavior	18.68	36.62	17.05	***
Mother's prenatal care through Medicaid	45.51	53.42	44.84	
Mother's pregnancy was high risk	26.23	27.03	26.16	
Mother smoked in months prior to pregnancy	1.35	-	1.24	
Child is female	47.15	52.00	46.74	
Low birth weight	32.42	29.33	22.92	
Mother's report that child difficult to raise	31.50	40.00	30.79	†
Income-to-needs (0 - 10.5)	1.57 (1.45)	1.17 (0.97)	1.60 (1.47)	*
Mother has high school degree or higher	56.37	17.33	59.66	***
Child's father has high school degree or higher	49.41	27.40	51.28	***
Mother currently enrolled in school/job training	11.81	30.67	10.22	***
Mother owns home	28.22	12.00	29.58	**
Grandparent(s) lives in household	21.04	64.00	17.42	***
Child's father lives in household	82.28	61.33	84.04	***
Number of siblings in household (0 - 7)	1.23 (1.21)	0.36 (.67)	1.29 (1.21)	***
Mother's self-rated health very good/excellent	55.44	50.67	55.84	
Mother employed part-time	10.88	14.67	10.56	
Mother employed full-time	26.53	12.00	27.75	**
Maternal depression (1 - 4)	1.42 (0.47)	1.53 (0.51)	1.41 (0.47)	*

†p<.10. *p<.05. **p<.01. ***p<.001. Significance tests compare teen to non-teen mothers.

Sample size rounded to nearest 50th case as required by ECLS-B

Table 2. OLS Regression Results of Child Outcomes at 2 Years among Mexican American Teen and Non-Teen Mothers (N=1,000)

	Cognitive Development			Child Health			Number of Health Problems		
Mother's age 15 - 18 at focal child's birth	-1.73	-2.48	-1.79	0.14 †	0.11	0.06	0.26 ***	0.16 **	0.20 †
Controls (measured at 9 months)									
Mother born outside of U.S.		-2.82 ***	-2.44 ***		-0.10 ***	-0.04		-0.37 ***	-0.30 ***
Grandmother has high school degree or higher			0.73			0.15 ***			0.02
Mother grew up in household receiving welfare			-0.59			0.06			-0.01
Mother lived with her mother until at least age 16			2.02 ***			-0.08 ***			0.01
Mother engaged in any deviant behavior			0.46			0.02			0.02 †
Mother's prenatal care through Medicaid			-1.20			0.13 ***			-0.13 ***
Mother's pregnancy was high risk			-1.85 ***			-0.02			0.11
Mother smoked in months prior to pregnancy			-3.77			-0.39 ***			-0.72 ***
Child is female			2.28 *			-0.15 **			0.08 **
Low birth weight			-5.07 ***			0.14 ***			-0.18 ***
Mother's report that child difficult to raise			0.41			-0.02			-0.03
Income-to-needs (0 - 10.6)			0.16			0.02 ***			0.02
Mother has high school degree or higher			0.11			-0.05			0.08 ***
Child's father has high school degree or higher			-0.79			-0.04			0.01
Mother currently enrolled in school/job training			-0.60 **			0.20 †			0.13
Mother owns home			0.34			0.11 †			0.04 **
Grandparent(s) lives in household			0.59 **			0.05			0.03
Child's father lives in household			-0.25			0.03			-0.03 ***
Number of siblings in household (0 - 7)			0.52 ***			0.02 **			-0.01 ***
Mother's self-rated health very good/excellent			0.63 ***			-0.05 *			0.30 ***
Mother employed part-time			0.72			-0.05			0.01
Mother employed full-time			0.89			0.08 **			-0.04
Maternal depression (1 - 4)			-0.53			0.06			-0.09 †

†*p* <.10. **p* <.05. ***p* <.01. ****p* <.001.

Sample size rounded to nearest 50th case as required by ECLS-B.