

Fragile Families Research Brief

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Racial and Ethnic Disparities in Low Birthweight

Introduction

Birthweight is one of the earliest indicators of child wellbeing. Research has shown that low birthweight increases the risk of infant mortality, health problems in the first years of life, and developmental problems at later ages. Although birth outcomes in the U.S. have improved dramatically over the past decade, a growing body of research has revealed that glaring racial and ethnic disparities persist.

Black women have continued to be twice as likely as white women to have low birthweight babies and to lose their babies in the first year of life. Although Hispanic women as a group have rates of low birthweight and infant mortality on par with those of non-Hispanic whites, a closer examination reveals substantial variation in birth outcomes across Hispanic subgroups. For example, Puerto Ricans have high rates of low birthweight, whereas Mexican-American women have rates that are quite low, despite their relatively poor usage of prenatal care and low socioeconomic status. This discrepancy has become known as the “Mexican-American paradox.” The relative birthweight advantage of Mexican women frequently has been attributed to “differences in culture,” but few specifics are known about what factors actually underlie this advantage.

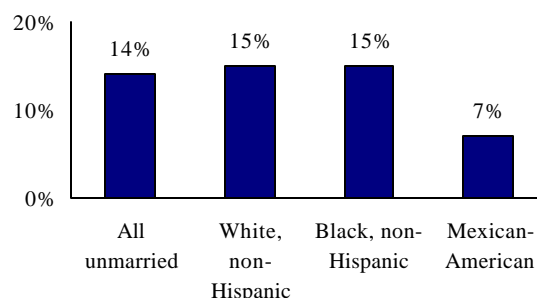
This analysis, based on data from the Fragile Families and Child Wellbeing Study, incorporates a rich array of variables that past studies have suggested may be important in explaining the racial and ethnic differences in birth outcomes, such as measures of mother’s social support, her

attitudes and values, financial support from the baby’s father, and the parents’ relationship. The study analyzes birth outcomes in a population at high risk –unmarried mothers—and incorporates many new measures along with an extensive set of demographic, social and behavioral risk factors.

Results

In this sample, the rate of low birthweight for unmarried mothers is 14 percent, a rate considerably higher than that found among the sampled married mothers (8 percent). These rates are higher than the corresponding national figures. According to the Centers for Disease Control (CDC), the 1992 rates of low birthweight in the U.S. were 10.4 percent for unmarried mothers and 5.7 percent of married mothers.

Rates of Low Birthweight Among Unmarried Mothers



Consistent with previous research there is considerable variation in birth outcomes by race/ethnicity in the Fragile Families sample. Specifically, the rate of low birthweight among the unwed Mexican-American mothers was only 7 percent, which is less than half of the corresponding rate for blacks (15 percent).

The Mexican-American and black unmarried mothers were quite similar in terms of socioeconomic status and prenatal care use, but

differed markedly in terms of risky health behaviors. The vast majority of both groups had very low educational attainment: nearly 90 percent of Mexican Americans and 76 percent of blacks had a high school education or less. The rates of late or no prenatal care for both groups, although slightly higher for Mexican Americans, was over 25 percent. In contrast, Mexican-American mothers were much less likely to smoke and to use drugs or alcohol during pregnancy than non-Hispanic black mothers. However, even when controlling for socioeconomic and health behaviors, the low birthweight advantage of Mexican Americans remains. Although age, father involvement, and health practices are significant predictors of low birthweight in this analysis, these variables do not explain the racial and ethnic differences between Mexican Americans and blacks in our sample of high-risk mothers.

Interestingly, the rate of low birthweight among unmarried whites in this sample (15 percent) is on par with that of blacks rather than that of Mexican Americans. The rate for white unmarried mothers differs considerably from the CDC's most recent corresponding national figure of 7.9 percent, and is even higher than the comparison figure for blacks (14.5 percent). Thus, it is clear that our urban sample of non-Hispanic white mothers is not representative, at least in terms of birth outcomes, of the population of non-Hispanic white mothers in the U.S. as a whole. This finding is consistent with other studies which show that although there is a significant difference in the average birthweight of babies born to white and black women, there is no such difference among women who are very poor.

Discussion

Although father involvement and not engaging in risky health behaviors are

related to improved birth outcomes, they do not account for the "Mexican-American paradox." Being Mexican-American halves the odds of having a low birthweight baby (relative to blacks), even after controlling for father involvement, social support, and a host of other variables. Thus, this epidemiological paradox continues to merit further study.

In the same vein, many demographic and social factors expected to influence low birthweight -- such as immigrant status, education, and social support -- did not have significant effects on the birth outcomes of unmarried mothers in this sample. Indeed, the findings support a growing body of research on birth outcomes among high-risk populations that suggests that traditional risk factors (i.e. low income, no prenatal care) operate differently for certain high-risk groups than they do in the general population. Also, we can see that protective factors (such as family or community support) that normally improve birth outcomes do not appear to protect women in our very poor sample. Thus, future research on low birthweight should focus on the unique dynamics that may explain the poor outcomes among high-risk populations. By better understanding these dynamics, programs will be in a better position to improve the life chances of babies born to high-risk mothers.

The Fragile Families and Child Wellbeing Study was developed to provide information about unmarried parents and their children. The study is following a cohort of parents and their newborn children for at least four years, examining the relationships within these families and seeing what factors (including governmental policy) may push them closer together or pull them apart. Data are being collected in twenty U.S. cities with populations over 200,000. The data are representative of nonmarital births in each city, and the full sample will be representative of all nonmarital births in large cities in the U.S. The current analysis is based on baseline data collected in the first seven cities (Austin, TX, Detroit, MI, Baltimore, MD, Newark, NJ, Oakland, CA, Philadelphia, PA, and Richmond, VA).

This research brief, written by Christina Norland, was adapted from "Father Involvement and Birth Outcomes of Unmarried Mothers" by Yolanda C. Padilla and Nancy Reichman, forthcoming in *Children & Youth Services Review*, and available as working paper #00-22-FF at <http://crcw.princeton.edu/CRCW/papers/papers.htm>. For more information on the Fragile Families and Child Wellbeing Study, please visit our website at <http://crcw.princeton.edu>, or email us at crw@opr.princeton.edu.