

Title: Health outcomes of only children across the life course: an investigation using Swedish register data

Authors:

Katherine Keenan, University of St Andrews, UK, Katherine.keenan@st-andrews.ac.uk

Kieron Barclay, Max Planck Institute for Demographic Research, Germany: barclay@demogr.mpg.de

Background: Increasing postponement and fertility decline in Europe mean that the proportion of only children are a substantial and increasing proportion of all sibling groups. In previous studies the effects of being an only child have been difficult to distinguish because they use a sibling comparison design or group only children with first-borns from multi-child sibling groups. Recent analysis of Swedish data has found that only children, have one of the highest mortality rates of all sibling groups, but the mechanism remains unclear.

Research question: We investigated the mortality disadvantage of only children compared to those with siblings and whether this can be explained by a) parental characteristics such as separation and health and b) individual life course factors.

Data and Methods: We used Swedish population register data for men and women born 1940–1960, and employed survival analysis to model all-cause mortality occurring between 1990–2012. We compared the mortality of two types of only children: ‘real only children’ (ROCs) –those where both parents had only one biological child, and ‘blended family only children’ (BOCs) – only children with half siblings, and compared with children from multi-sibling groups.

Results: ROCs had significantly higher mortality rates compared with children from multi-sibling groups, but not significantly different to those from blended multi-sibling groups. Blended family only children had the highest mortality rates relative to any other group. This pattern was robust to the addition of individual life course factors (parity, age at first birth, occupational attainment, education).

Main conclusions and further work:

The higher mortality of only children from blended families suggests that part of the explanation for the only child health disadvantage relates to parental separation. Further work will explore alternative mechanisms such as the impact of parental health. We will also investigate whether the only child health disadvantage emerges earlier on the life course by considering health measures at age 18.