

Changes in family financial circumstances and the physical health of married and recently divorced mothers

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Abstract

This study investigates how divorce followed by single parenthood undermines the long-term physical health of rural mothers using four waves of survey data collected in Iowa, USA from 336 married and 80 divorced mothers during a 10-year period. Findings generally support the hypothesized pathways in that single-parenthood creates financial difficulties for rural mothers. Furthermore, this financial adversity is linked to self-assessed physical health trajectories that then contribute to change in morbidity. This reflects the developmental course of morbidity during the middle years. Methodologically, this extends existing research on the association between women's marital status and well being by explicitly examining individual trajectories of change in family financial strain and physical health, as well as by examining the dynamic association between both during the middle years.

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Introduction

Midlife is a time of increasing heterogeneity in health. Although most people remain in good health through their middle years, others are beginning to manifest some of the chronic health conditions associated with age (Robert & House, 1996; Wickrama et al., 2001). For physiological reasons that are becoming increasingly well understood (e.g., Lalloo, 2005), at least some of this increasing heterogeneity may be due to differential exposure to chronically stressful conditions (House et al., 1994;

Lalloo, 2005; Marmot et al., 1998). One of the most pervasive and disruptive sources of chronic stress at midlife is divorce: nearly half of all marriages in the USA end in divorce (Goldstein, 1999) and it has been shown to have both mental and physical health consequences (Johnson & Wu, 2002; Wu & Hart, 2002). Divorce as a chronic stressor may be greater for midlife women than midlife men because women are more likely to have had interrupted work careers and fewer independent financial resources (Kitson & Holmes, 1992; Simons and Associates, 1996). Further, they are likely to become the custodial parent with greater child-rearing responsibilities at a time when the children are in their difficult adolescent years. Moreover, for

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these single mothers, increasing biological vulnerability to chronic illness due to advancing age may set the stage for stronger health effects of chronic stressful conditions (e.g., Wickrama et al., 2001).

In this paper, we examine heterogeneity in morbidity in 2001 in a panel of 336 married women and 80 women who divorced between early 1989 and late 1990. All of these women were biological mothers of adolescent children in 1991. Part of our task is to examine the mediating role of post-divorce financial stress in linking divorce to subsequent morbidity. This relationship may not necessarily be straightforward (Lorenz et al., 1997). Although previous research has linked financial stress to morbidity, much of it has been cross-sectional. Even when panel data were available, most studies did not take into account more than two waves of data. This limitation in previous study designs makes it difficult to examine the dynamics of change in financial stress and health (Rogosa, Brandt, & Zimowski, 1982).

Post-divorce financial problems can be expected to decrease as the event of divorce recedes into the background and the single mother accommodates to her new economic reality. We know little about

how chronic stress, reflected in persistently high absolute levels of post-divorce financial problems over time, competes with relative changes in post-divorce financial problems when influencing health of single mothers. As we shall develop more completely in the theoretical framework, the differential roles of the persistent and changing dimensions of financial stress will be distinguished by using growth curves to model the *intercepts* and *slopes* as their empirical indicators.

Theoretical framework

Our central thesis, outlined in Fig. 1, is that divorce followed by single parenthood contributes to financial stress, which in turn influences later physical health and morbidity. Consistent with our study design, the model distinguishes three time frames: divorces were recorded prior to 1991; financial stress and self-reported health are documented three times between 1991 and 1994, and morbidity is measured in 2001. Given this sequence, we hypothesize that (i) marital status influences both the level (path 1a) and rate of change (1b) in financial stress; (ii) the absolute level of financial

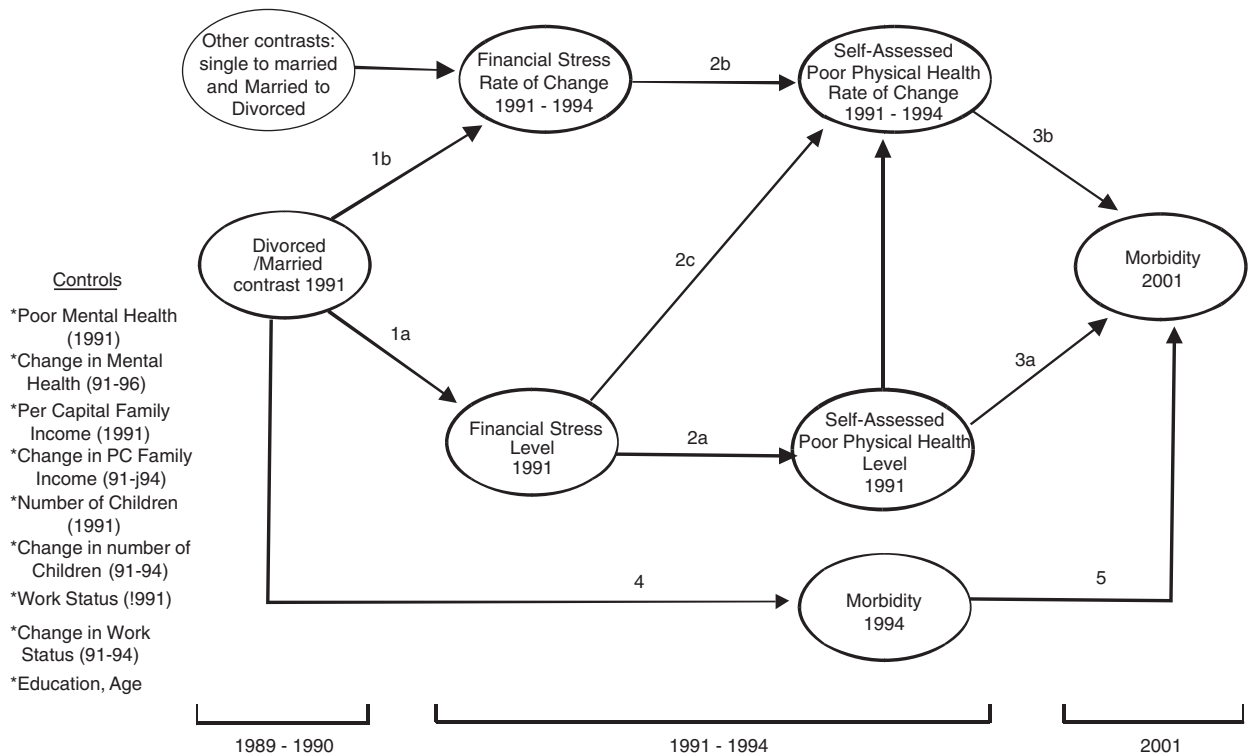


Fig. 1. The theoretical model.

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