Family Asthma and Maternal Labor Supply

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ABSTRACT. This paper uses nationally representative data from two large household surveys to investigate the extent to which child asthma affects maternal labor supply. The theoretical and empirical models take into account the fact that asthma prevalence is partially influenced by genetic and environmental traits affecting both mothers and their children. The results produce three main conclusions. First, having asthma reduces the probability of employment among single mothers by approximately 8 to 13 percentage points. Second, to the extent that child asthma reduces maternal employment, these effects are mostly due to reductions in part time work. Third, the effects of maternal asthma on labor supply are larger in magnitude than the effects of child asthma (I10, J13, J22).

I. Introduction

Over the past 25 years, asthma incidence has more than doubled, with the largest increases in diagnoses occurring among children (Selgrade et al. 2006; Redd 2002). Not only is employee asthma a major factor in worker absenteeism, but child asthma is the primary cause of missed school days among children (Friebele 1996). In 2008, 10.5 million missed school days and 14.2 million missed work days resulted from asthma symptoms (Akinbami et al. 2011). The annual asthma related decrease in productivity from missed school and missed work totals approximately 5.9 billion dollars (American Lung Association 2007). Most existing asthma studies examine if a mother's asthma status affects her labor supply or if a child's asthma status affects his or her school attendance. In contrast, this paper investigates the extent, if any, to which child asthma affects maternal labor supply.

Numerous studies have suggested that a mother's labor force participation or hours of work are negatively impacted by the presence of an unhealthy child. Salkever (1982) demonstrates that mothers with children facing chronic conditions that limit activity are less likely to be consistently working. Breslau, Salkever, and Staruch (1982) note that mothers with children suffering from cystic fibrosis, cerebral palsy, myelodyspasia, or multiple physical handicaps also exhibit lower labor

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force attachment. Roberts (1999) acknowledges similar effects from any family member suffering from both a physical and mental illness. Similarly Lukemeyer, Meyers, and Smeeding (2000), Porterfield (2002), and Powers (2003) also find that mothers with impaired children exhibit less work hours and reduced less labor force participation rates. As Powers (2003) notes, as increasingly more households contain at least one child with a health condition, mothers in these households may be experiencing work hindrances related to caring for a child with an illness.

While many studies have examined connections between child health and maternal labor supply or the connections between asthma and environmental factors, only two papers have examined the impact of child asthma on parental labor supply. Using the Medical Expenditures Panel Survey (MEPS), Baydar et al. (2007) find that women with asthmatic children are less likely to be employed full time or part time. Women whose children exhibited more symptoms and had more missed school due to asthma were even less likely to be employed full time. Similarly, Feng (2006) uses the National Longitudinal Survey of Youth (NLSY) to examine the extent to which child asthma affects maternal hours worked. She finds that married women's working hours do not vary with child asthma, but single mothers with asthmatic children work fewer hours than those whose children suffer from other illnesses.

As the tendency to have asthma is inherited, it is likely that many women with asthmatic children also have asthma. Thus, perhaps some of the effect Baydar et al. and Feng are attributing to asthmatic children originates instead from the mother's illness. A better understanding of the link between family asthma and labor supply is important in formulating public policies ranging from Medicaid reimbursements to worker's compensation. Expanding upon Baydar et al. and Feng's findings, this study uses data from The Medical Expenditure Panel Survey and the National Longitudinal Survey of Youth to examine what influence a child's asthma diagnosis has on maternal attachment to the labor force independent of maternal asthma diagnosis.

II. Data

This paper estimates labor supply models using data from two separate nationally representative household surveys: the Medical Expenditure Panel Survey and the 1979 National Longitudinal Survey of Youth. These two surveys have separate focuses and different approaches to measuring

the incidence of asthma, which provides a convenient manner in which to verify the main conclusions.

2.1. Medical Expenditure Panel Survey

The first estimation sample is drawn from the 1996 - 2003 waves of the Medical Expenditure Panel Survey (MEPS) conducted by the Agency for Healthcare Research and Quality, a unit of the Department of Health and Human Services. The estimation sample focuses on all mothers between ages 18 and 64 with at least one child 17 years of age or younger; the final sample size is 18,019 mothers. The main advantage of MEPS is that, in contrast to most other large household surveys, its focus is medical conditions and health care utilization. Consequently, asthma status of both children and mothers is determined according to widely-used ICD-9 diagnostic and procedure codes. The U.S. Center for Disease Control provides information on ICD-9 codes (http://www.cdc.gov/nchs/icd/icd9.htm).

Although MEPS curtains some longitudinal features, its panel design is "rotating" in the sense that, although some respondents appear in consecutive years of the survey, a fresh group of respondents enters in each year. This means that many of our respondents appear in only one wave of the survey. Furthermore, even for respondents who appear twice, we do not observe sufficient intra-person in asthma status across consecutive years to exploit panel features of the data. Consequently, we stack the years and treat the sample as a pooled cross section.

Table 1 reports sample means for the MEPS sample partitioned according to whether the mother has a child with asthma; approximately 12 percent of mothers report having a child with asthma.

The first two rows show that mothers with an asthmatic child are less likely to be employed and those that are employed work approximately 2 fewer hours per week than mothers without asthmatic children. However, as reported in the bottom row of the table, mothers with an asthmatic child are themselves more likely to be asthmatic. This potentially reflects the fact that asthma prevalence is partially influenced by genetic and environmental traits affecting both mothers and their children. Previous studies have controlled for overall maternal health, often according to commonly used "excellent-to-poor" health indicators, but they have not controlled for maternal asthma. As reported in Table 1, excellent-to-poor health indicators do not appear to differ substantially according to child asthma status, but maternal asthma status differs by

approximately 9 percentage points. Thus, a relevant question is whether child asthma affects maternal labor supply, or whether maternal employment activity is more affected by *her* asthma status.

TABLE 1–MEPS Sample Means
(18,019 mothers)

		Child with asthma N=2247	No Child with asthma N=15,772
Work activity	employed	0.70	0.74
	hours per week	24.121	26.094
Socioeconomic	age	36.18	36.06
	family size	4.35	4.10
	education	12.34	12.34
	black	0.15	0.12
	hispanic	0.26	0.29
	married	0.62	0.69
	separated/divorced	0.21	0.17
	never married	(omitted)	(omitted)
	age of youngest child	7.40	7.54
	has sick child	0.52	0.27
Mom's health	poor	0.04	0.02
	fair	0.15	0.10
	good	0.31	0.28
	very good	0.30	0.32
	excellent	(omitted)	(omitted)
	mom has asthma	0.12	0.03

2.2. 1979 National Longitudinal Survey of Youth

The second estimation sample is drawn from of the 1979 National Longitudinal Survey of Youth (NLSY), which originally consisted of 12,686 individuals between the ages of 14 and 22 in 1979 (NLSY Users Guide 2008). This cohort has been interviewed annually or biennially since 1979. By 2004, NLSY respondents were between the ages of 39 and 47, which is slightly more compressed than the MEPS age range. Although the primary focus of the survey is on labor market behavior, in 1986 the National Institute of Child Health and Human Development sponsored a biannual supplemental survey of children born to women of the 1979 NLSY cohort, including detailed measures of child health. This

study focuses on the 2004 wave of the survey, as this year included supplementary information on asthma incidence among children. The final estimation sample consists of 2,409 mothers with at least one child of age 17 or younger.

Sample means are reported in Table 2. Approximately 20 percent of mothers report having a child with asthma, which is larger than the 12 percent reported in MEPS.

TABLE 2–NLSY Sample Means
(2,409 mothers)

		Child with asthma N=477	No Child with asthma N=1,932
Work activity	employed	0.75	0.79
	hours per week	29.37	30.08
Socioeconomic	age	42.74	42.88
	family size	4.02	3.77
	education	13.60	13.43
	black	0.34	0.26
	hispanic	0.08	0.06
	married	0.61	0.66
	separated/divorced	0.28	0.25
	never married	(omitted)	(omitted)
	age of youngest child	10.10	11.36
Mom's health	mom has asthma	0.17	0.07
Child asthma severity	has symptoms weekly	0.22	-
	Asthma limits activities	0.27	-
	missed school for asthma	0.23	-

NLSY mothers also report higher incidences of asthma, but the correlation with child asthma is similar to MEPS: Mothers who report having a child with asthma are approximately 10 percentage points more likely to have asthma. Also similar to MEPS, mothers who report having a child with asthma appear to have slightly lower levels of labor market activity compared to mothers of children without asthma. Mothers in the NLSY report slightly higher levels of labor activity compared to the mothers in MEPS. This is probably because NLSY respondents are of prime employment ages, whereas MEPS includes a larger number of younger mothers. This is also reflected in the maternal age and age-of-youngest-child variables, both of which have smaller means in

MEPS. Finally, there are also racial differences between the two surveys, as the NLSY contains a larger fraction of black respondents but a lower fraction of Hispanic respondents.

Despite the compressed age range and smaller sample size, the NLSY offers an advantage in that the 2004 wave contained information on asthma severity. This information is used to create three indicators of severity: Whether the asthmatic child's symptoms are present on a weekly basis, whether the condition limits activities, and whether asthma has resulted in missed school days. Sample means, presented at the bottom of Table 2, reveal that approximately one-quarter of mothers with an asthmatic child reported that the condition is "severe" according to at least one of these three measures.

III. Estimating Employment Activity

For both surveys, employment activity is measured by hours worked per week. From a distributional perspective, this variable is difficult to empirically model, as respondents typically report "round" numbers, such as 30, 40, or 50 hours per week. These large spikes in the density function may bias estimates from conventional linear regression approaches. Therefore, consistent with previous labor supply research, the continuous hours per week variable is converted into a discrete measure indicating one of three categories: no work, part time work, and full time work. Notationally, mother i chooses employment state j from among three mutually exclusive options: zero hours per week ($j = 1$) , 1 to 34 hours per week ($j = 2$) , and 35 or more hours per week ($j = 3$). The frequency distributions of this variable for each survey are shown in the following table.

Work category	MEPS	NLSY
No work (0 hours per week)	0.30	0.25
Part time (1-34 hours per week)	0.23	0.19
Full time (35 or more hours per week)	0.47	0.56

Mothers in the NLSY appear to have stronger attachment to the labor market compared to MEPS mothers, particularly with respect to full time

work. As mentioned above, this is likely due to the differences in ages between the two groups.

Let mother *i*'s latent utility associated with work category *j* be denoted U_{ij},

$$U_{ij} = a_j + X_i'\beta_j + \gamma_j KidAsthma_i + \delta_j MomAsthma_i + \varepsilon_{ij} \quad (1)$$

where X_i are socioeconomic explanatory variables corresponding to mother *i* with corresponding estimable parameters B_j, and ε_{ij} represents unobserved variation in tastes and perception for employment states. The vector X_i includes the following control variables: mother's age, health, educational level, race, family size, and age of youngest child.

The main variables of interest are the indicators of asthma status. $KidAsthma_i$ equals 1 if mother *i* has any child with asthma, and similarly $MomAsthma_i$ equals 1 if mother *i* is asthmatic. The coefficients γ and δ measure the extent, if any, to which child and maternal asthma affect maternal employment activity. Estimates of equation (1) in the following section are based on the multinomial logit model (MNL), which assumes that ε_{ij} are distributed as iid extreme value (McFadden 1973). We also estimated a random effects version of a MNL model, sometimes called a "mixed logit", that allows the intercept terms to vary across individuals. This random effects specification seeks to relax the "Independence of Irrelevant Alternatives" assumption that plagues standard MNL models. Because the random effects model produced nearly identical results to those obtained from a standard MNL setup, we report the standard estimates below.

Previous studies on this topic have neglected to control for other factors that potentially affect maternal employment and might also be correlated with the presence of an asthmatic child. For example, asthma is a condition that is influenced both by genetic and environmental factors. Consequently, mothers of asthmatic children are likely to possess similar genetic features and be exposed to similar environmental circumstances as their asthmatic children. Presumably, this would increase the likelihood that children with asthma have asthmatic mothers, with maternal labor supply possibly reduced. Indeed, the two asthma measures are correlated in our data, albeit not strongly so, with correlation coefficient of 0.13 in MEPS and 0.15 in NLSY. Consequently, our estimator should capture the impact of these two

separate asthma measures without significant risk of precision loss due to multicollinearity. Previous studies have controlled for overall maternal health but not asthma. However, as suggested by sample averages in Tables 1 and 2, asthmatic individuals often do not report worse health than nonasthmatic individuals, perhaps because overall functioning is virtually unaffected between asthma episodes. Therefore, in examining the effects of labor force attachment, it is important to control for maternal asthma status when assessing the impact of having children with asthma.

IV. Results

Tables 3 and 4 present results of multinomial logit (MNL) regressions, respectively, for the MEPS and NLSY samples. While "Not Working" serves as the baseline category in estimating the coefficient, for ease of interpretation, the tables report marginal effects calculated at the sample means of the covariates. For continuous explanatory variables, these marginal effects give the derivatives of the predicted probabilities of each employment state with respect to changes in the explanatory variables. For dummy explanatory variables, the marginal effects give the impacts on the predicted probabilities of switching the variables from 0 to 1. Standard errors are approximated by a Monte Carlo method using Stata's mfx command.

TABLE 3–Multinomial Logit Results – MEPS
Estimates reported are marginal effects calculated at sample means

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Married mothers with working husbands (N = 11,279)					
Child with asthma	-0.002	0.014	0.019	0.013	-0.017	0.016
Mom with asthma	-0.020	0.024	0.033	0.023	-0.014	0.026
	Married mothers with nonworking husbands (N = 962)					
Child with asthma	0.081	0.050	-0.026	0.034	-0.055	0.048
Mom with asthma	0.066	0.072	0.011	0.052	-0.077	0.069
	Unmarried mothers (N = 5,781)					
Child with asthma	0.048**	0.017	-0.029*	0.015	-0.019	0.020
Mom with asthma	0.084**	0.028	-0.001	0.025	-0.083**	0.031

* significant at 0.10 level ** significant at 0.05 level

According to Feng's (2006) findings, a husband's employment status is likely to be an important factor in determining the link between family asthma and maternal labor supply. Accordingly, models are estimated separately for three groups of mothers: (1) married mothers with working husbands; (2) married mothers with nonworking husbands; and (3) unmarried mothers. Discussion below first focuses on results of the socioeconomic control variables for both MEPS and NLSY. This is followed by discussion of the effects of asthma.

TABLE 4–Multinomial Logit Results–NLSY
Estimates reported are marginal effects calculated at sample means

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Married mothers with working husbands (N = 1,332)					
Child with asthma	0.011	0.031	-0.052*	0.029	0.041	0.037
Mom with asthma	-0.013	0.043	0.093*	0.049	-0.080	0.052
	Married mothers with nonworking husbands (N = 230)					
Child with asthma	0.041	0.081	-0.048	0.068	0.007	0.092
Mom with asthma	0.194	0.153	-0.124	0.080	-0.070	0.155
	Unmarried mothers (N = 847)					
Child with asthma	-0.009	0.036	0.007	0.029	0.002	0.042
Mom with asthma	0.129**	0.056	-0.026	0.035	-0.103*	0.058

* significant at 0.10 level ** significant at 0.05 level

4.1. Control Variables

Estimates of control variables generally concur with previous studies. MEPS results appear in the Appendix Tables, with NLSY results available upon request. Mothers in less-than-good health are less likely to work either full time or part time. Education is associated with increased labor market attachment. Age and family size are associated with higher probabilities of no work and part time work but smaller probabilities of full time work. Not surprisingly, the older the age of the youngest child in the house, the more likely the mother is to work full time. These results are fairly consistent across the different samples with respect to husbands' employment status. On the other hand, racial patterns of employment patterns appear to differ across the groups. Married black

mothers are more likely to work full time and less likely to work part time or not at all when a working husband is present, but employment responses are smaller in magnitude and only marginally significant among unmarried black mothers, although unmarried black mothers appear less likely to work part time. In contrast, married Hispanic mothers are less likely to work, while unmarried Hispanic mothers are less likely to work part time but more likely to work full time or not at all.

In the NLSY, results are fairly consistent with those obtained from MEPS, with a few exceptions. First, a mother's age appears to have little effect on her employment behavior. This is likely due to the compressed age range of NLSY mothers. Second, the effects of family size are not significant among unmarried mothers. Finally, unmarried Hispanic mothers are less likely to not work, which is the opposite of the result obtained from MEPS.

4.2. Effects of Asthma

The main result of interest is that the effects of asthma are almost entirely concentrated among single mothers. In the MEPS sample, single mothers with asthmatic children are 4.8 percentage points less likely to work, but the effect for mothers who are themselves asthmatic is almost double in magnitude; asthmatic mothers are 8.4 percentage points less likely to work. Having an asthmatic child does not appear to effect the probability of full time work, but asthmatic mothers are approximately 8.3 percentage points less likely to work full time. For part time work, the effect of having an asthmatic child is negative and significant, but the effect is not statistically different from the effect of maternal asthma. (In contrast, the difference between the effects of child and maternal asthma are significant with respect to no work and full time work.)

Despite the compressed age range for the NLSY, results are similar to those obtain from the MEPS sample. The effects of child asthma are small (less than 1 percentage point) and insignificant from zero. On the other hand, asthmatic mothers are 10.3 percentage points less likely to work full time and 12.9 percentage points more likely to not work at all.

In contrast, among married mothers, neither child nor maternal asthma appears to be related to maternal employment activity, with the exception that NLSY mothers with working husbands are 5.2 percentage points less likely to work part time when they have a child with asthma. These same mothers are 4.1 percentage points more likely to work full

time, although this result is only marginally significant. Aside from this one exception, there is little evidence that asthma, either child or maternal, affects maternal employment among married mothers, regardless of husbands' work status. This is probably because husbands, whether working or not, provide wives with resources to assist in child care, thus facilitating maternal employment.

Family asthma does appear to significantly affect employment activity among single mothers. Yet in contrast to previous research, although child asthma does appear to have small effects on maternal employment among MEPS mothers, it is maternal asthma that appears to represent the main link between family asthma and maternal employment activity.

Table 5 presents estimates of similar models for which the indicator of child asthma is replaced by a dummy for "severe" asthma. This variable assumes a value of 1 if any of the three measures of severity listed in Table 2 are present, and 0 otherwise. The magnitudes of the marginal effects in these modified models are similar to those reported in Table 4, albeit with varying degrees of precision. The most interesting change is that, among single mothers, severe child asthma induces a shift from full time to part time work.

TABLE 5–Multinomial Logit Results–NLSY
Estimates reported are marginal effects calculated at sample means

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Married mothers with working husbands (N = 1,332)					
Child with "severe"asthma	0.009	0.047	-0.072*	0.040	0.063	0.056
Mom with asthma	-0.012	0.043	0.093*	0.049	-0.081	0.053
	Married mothers with nonworking husbands (N = 230)					
Child with "severe" asthma	-0.014	0.118	0.193	0.154	-0.179	0.153
Mom with asthma	0.206	0.151	-0.143**	0.065	-0.063	0.153
	Unmarried mothers (N = 847)					
Child with "severe" asthma	0.055	0.060	0.091*	0.056	-0.146**	0.068
Mom with asthma	0.118**	0.056	-0.032	0.034	-0.086	0.058

* significant at 0.10 level ** significant at 0.05 level

V. Conclusion

Results from the two samples reveal three conclusions. First, having asthma reduces employment among single mothers. Asthmatic mothers are 8 to 13 percentage points less likely to work. Furthermore, these reductions in employment appear almost entirely due to reductions in full time employment rather than part time employment. The second conclusion is that to the extent that child asthma reduces maternal employment, these effects are mostly due to reductions in part time work. However, "severe" child asthma appears to induce a shift from full time to part time work among single mothers. The third conclusion is that the effects of maternal asthma are larger in magnitude compared to the effects of child asthma, except for single mothers with severely asthmatic children. Since asthma has a genetic component, the effect attributed to child asthma in previous studies might be partially biased from the failure to account for maternal asthma.

Further work needs to investigate why single mothers are disproportionately affected. This may be due to a lack of support to deal with her asthma condition in a way sufficient for her to work. Alternatively, it could also be due to a lack of access to health insurance unless she leaves work and becomes eligible for public assistance. There are potential policy implications in the areas of health care coverage and smoking bans in the workplace, among others. Determining the cause of her reduced labor supply is important for addressing proper policy design.

Following the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, stricter work requirements have been placed on those receiving welfare. The findings of prior studies have led several researchers such as Feng and Reagan (2004) to argue that policies to aid single mothers with asthmatic children need to be instituted. If in fact it is the mother's asthma instead of the child's asthma that limits labor force participation, then policy design should address workers' health issues rather than issues with child care. Further, this work demonstrates the importance of controlling for a mother's own asthma status in future work. Because maternal asthma and child asthma are correlated, it is important that neither one be left out in research analyzing the impact of asthma on labor force attachment.

Appendix Tables: Full results for MEPS (NLSY results available upon request)

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Married mothers with working husbands (N = 11,279)					
Child with asthma	-0.002	0.014	0.019	0.013	-0.017	0.016
Mom with asthma	-0.020	0.024	0.033	0.023	-0.014	0.026
Very good health	-0.021	0.011	-0.012	0.010	0.033	0.012
Good health	0.008	0.012	-0.022	0.011	0.014	0.013
Fair health	0.075	0.019	-0.035	0.016	-0.039	0.020
Poor health	0.366	0.038	-0.138	0.024	-0.228	0.034
Age	0.003	0.001	0.003	0.001	-0.006	0.001
Family size	0.021	0.004	0.007	0.004	-0.028	0.004
Education	-0.022	0.002	0.003	0.002	0.019	0.002
Black	-0.078	0.016	-0.092	0.013	0.169	0.018
Hispanic	0.065	0.012	-0.083	0.010	0.018	0.012
Age of youngest child	-0.015	0.001	-0.004	0.001	0.019	0.001

Note: Models also include year dummies. "Excellent health" serves as omitted health category.

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Married mothers with nonworking husbands (N = 962)					
Child with asthma	0.081	0.050	-0.026	0.034	-0.055	0.048
Mom with asthma	0.066	0.072	0.011	0.052	-0.077	0.069
Very good health	0.062	0.055	-0.035	0.034	-0.027	0.049
Good health	0.127	0.052	-0.040	0.032	-0.087	0.046
Fair health	0.226	0.058	0.001	0.040	-0.227	0.047
Poor health	0.406	0.061	-0.056	0.047	-0.351	0.041
Age	0.006	0.003	-0.002	0.002	-0.005	0.003
Family size	0.037	0.012	-0.016	0.009	-0.021	0.012
Education	-0.030	0.006	-0.001	0.005	0.032	0.007
Black	0.006	0.057	0.014	0.041	-0.020	0.053
Hispanic	0.091	0.040	0.001	0.029	-0.092	0.039
Age of youngest child	-0.007	0.005	-0.002	0.003	0.010	0.004

Note: Models also include year dummies. "Excellent health" serves as omitted health category.

Appendix Tables (continued)

	Not Working		Employed Part Time		Employed Full Time	
Variable	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err.	Marg. Eff.	Std. Err
	Unmarried mothers (N = 5,781)					
Child with asthma	0.048	0.017	-0.029	0.015	-0.019	0.020
Mom with asthma	0.084	0.028	-0.001	0.025	-0.083	0.031
Very good health	-0.006	0.017	0.006	0.016	0.000	0.019
Good health	0.021	0.017	0.018	0.016	-0.039	0.019
Fair health	0.154	0.024	-0.021	0.019	-0.132	0.024
Poor health	0.394	0.037	-0.076	0.027	-0.318	0.030
Age	0.002	0.001	-0.001	0.001	0.000	0.001
Family size	0.021	0.004	0.002	0.004	-0.023	0.005
Education	-0.030	0.003	-0.003	0.002	0.033	0.003
Black	0.025	0.017	-0.037	0.015	0.012	0.019
Hispanic	0.026	0.015	-0.060	0.013	0.034	0.017
Age of youngest child	-0.010	0.002	-0.003	0.002	0.013	0.002

Note: Models also include year dummies. "Excellent health" serves as omitted health category.

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