Intergenerational Transfers and the Risk of Obesity for Mothers*

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Recent research has demonstrated a strong inverse association between income and risk of obesity for women in the United States (McLaren 2007, Ogden et al. 2010). Martin and Lippert (2012), using data from the Panel Study of Income Dynamics (PSID) showed that single mothers are particularly at risk. The high risks faced by single mothers may result from privileging the health and well-being of their children over their own health and well-being; significant competing demands associated with being the sole breadwinner, sole caretaker, and holding sole responsibility for household labor; and limited economic resources (Gough and Lippert in progress). In short, both limited time and limited financial resources likely play a role.

I build on past research by employing the new data from the PSID’s 2013 Family Roster and Transfer Module to explore the mediating role of intergenerational transfers of time and money on the relationship between poverty and obesity, with a particular interest in low-income single mothers. The specific aims of this study are two-fold. The first aim is to identify the magnitude and frequency of two types of intergenerational transfers: transfers of time and money from parents (G1) to their adult daughters (G2); and transfers of time and money from adult daughters (G2) to their parents (G1). The second aim is to estimate the mediating role of intergenerational transfers on the relationship between poverty and risk of obesity for mothers.

There is still much we do not know about why low-income women are at such a high risk of obesity. In this study, I aim to provide important insight into the mechanisms through which poverty and motherhood combine to affect obesity and, relatedly, to inform potential policy responses to eliminate the undue obesity risks faced by low-income mothers. In particular, I provide evidence as to the role of financial resources in explaining this relationship versus the role of a “time crunch” experienced by mothers with a multitude of competing responsibilities. Furthermore, although there is increased interest in intergenerational influences on epigenetics, intergenerational effects on health (whether through transfers or other mechanisms) are still underexplored. By examining intergenerational transfers in this study, I am able to provide new evidence to support or refute the idea that intergenerational effects matter for health across the life course.

Background

Obesity is widespread in the United States, with more than 35% of American adults being obese, and the risk of obesity is generally higher for low-income individuals (U.S. Surgeon General 2007). Women (McLaren 2007, Ogden et al. 2010), particularly single mothers (Martin and Lippert 2012), are at greater risk. Limited financial resources provide one explanation for the income gap in obesity because those with limited incomes may choose cheap, energy-dense foods to reduce the risk of hunger (Drewnowski and Specter 2004). But greater risks for women, particularly mothers, may also stem from their responsibility for the “second shift” (Hochschild and Machung 1989). Experiencing a time crunch as a result of having primary or sole responsibility for housework and childcare while also working in paid labor may impact health through multiple channels, including limited time to prepare healthy food and increased levels of stress. In past research using the PSID, my colleague and I showed that even high-income women spend a considerable amount of time on housework each week, and low-income women spend even more time on housework, on average (Killewald and Gough 2010). For many women, it is likely that childcare requires an even larger investment of time.

Thus, limited financial and time resources may have important effects on low-income women’s health. One way to explore this issue is through examination of intergenerational transfers. Intergenerational transfers of time and money are not uncommon (Pierret 2006) and are...
often viewed as a form of social support. Such transfers may serve as a mechanism through which the financial and time-related challenges faced by low-income women might be mitigated (or, alternatively, enhanced). On the one hand, transfers of resources from parents to low-income adult daughters might improve those daughters’ circumstances and reduce the health risks associated with poverty. On the other hand, transfers of resources from low-income mothers to their parents may be detrimental to the mother’s health, especially if her resources are already quite limited. In a recent review, DeRigne and Ferrante (2012) indicate that women with dual caretaking responsibilities (children and parents), often called the “sandwich generation,” have higher levels of depression, more unhealthy behaviors, and more stress than women with only one caretaking responsibility. Given the potential importance of intergenerational transfers as a mechanism in the relationship between women’s poverty status and health I use PSID data to test whether these transfers serve as a mediator in the relationship between poverty and risk of obesity among mothers.

Hypotheses
After describing the magnitude and frequency of transfers (the first aim) I test two major hypotheses to achieve the second aim of the study. The hypotheses are as follows:

H1: The association between poverty and being overweight or obese is weaker for mothers receiving transfers of time and/or money from their parents than for mothers not receiving such transfers.

This hypothesis is founded on two assumptions. First, transfers of time from parents to mothers of minor children will reduce some of the second shift demands these mothers face, especially for single mothers. Second, transfers of money from parents to mothers of minor children will reduce some of the financial hardship mothers, especially low-income single mothers, may be experiencing. Literature suggests that reductions in second shift demands and financial hardship could reduce the risk of obesity.

H2: The association between poverty and being overweight or obese is stronger for mothers providing transfers of time and/or money to their parents than for mothers not providing such transfers.

This hypothesis, like the first, is founded on two primary assumptions. First, transfers of time from mothers to their parents will increase the second shift demands on these mothers. Second, transfers of money from mothers to their parents will reduce the financial resources of mothers, potentially inducing, or increasing, financial hardship.

Data and Methods
To test my hypotheses I use data from the 2013 Family Roster and Transfer Module linked to the 1999-2013 waves of the main PSID interview. These waves include relevant health-related measures and allow for some comparability with past research. I limit the G2 (adult children) sample to females who are household heads or partners between the ages of 18 and 55 at the time they are first included in the 1999-2013 waves of data and who are included in the Transfers Parent/Child Level File. The panel nature of the PSID, coupled with the intergenerational data, makes the PSID an ideal data set for this study.

I estimate ordinary least squares (OLS) and ordered logistic regression models of poverty on weight. The outcome measure is body weight, which I operationalize using two variables. The first variable is a categorical measure of weight where category 1 is underweight/normal, category 2 is overweight, and category 3 is obese. I use the standard cutoffs of BMI of 25 for
overweight and 30 for obese. The second variable is a change measure, indicating the change in weight from 1999 (or the first subsequent survey in which the respondent is observed) to 2013. The main predictor is poverty status. This variable indicates whether a household has an income of 130% of the poverty line or less. This is a substantively interesting cutoff because having a gross income at or below 130% of the poverty line qualifies one for a number of social welfare programs, including the Supplemental Nutrition Assistance Program and free school lunch for children. In sensitivity analyses I consider additional income cutoff points to assess the robustness of the models. I interact poverty status with the presence of children (Gough and Lippert in progress, Martin and Lippert 2012) to estimate associations for mothers compared to non-mothers.

The main mediating variables are intergenerational transfer variables from the 2013 Family Roster and Transfer Module. For each of these variables (G2→G1 time; G1→G2 time; G2→G1 money; G1→G2 money) I estimate two models. The first model includes an indicator variable for whether or not any transfers of that type occurred. The second model includes the values of the transfers in hours or dollars. I consider both transfers that have occurred since age 18 and transfers that have occurred in the previous year. I control for age, partnership status, education, fair or poor self-rated health, race/ethnicity, and urban residence. In sensitivity analyses I also include measures of physical activity, smoking, and housework time to examine whether the inclusion of these potential mediators substantially reduces the strength of the relationship between poverty and obesity.

Results and Conclusions
The analysis for this study is currently in progress, and preliminary results will be available shortly. Ultimately, I expect this study to be an important contribution to the literature on the relationship between income and obesity, particularly for single mothers. Furthermore, I hope to establish the different roles that financial and time pressure mechanisms play in this relationship.
References


