The Role of Step Children in the Provision of Family Support: A Comparison of Mexico and the USA

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Changing partnership behavior has increased the diversity of family types across a broad range of societies. Higher levels of remarriage coupled with declining fertility have produced more blended families and a higher proportion of step children. This trend has led some to speculate on the potential of step children to be important transfer partners with their elderly parents. While this issue has attracted interest in high income countries because of their higher levels of divorce and remarriage, much less is known about prevalence and role of step children in middle income countries. In this paper, we examine the role of step children in provision and receipt of family support in Mexico and the USA. Data for Mexico come from the Mexican Health and Aging Study (MHAS) and data for the USA are drawn from the Health and Retirement Study (HRS).

Changes in family structure have been extensively researched in high income countries such as the USA. Increasing levels of divorce and remarriage have led to increasing diversity in families and family households, including increases in the prevalence of blended families, often including both own and step-children (Wachter 1997). There is substantial disagreement on the implications of such changes for family support. While some (Wachter 1997) have argued that step children can substitute for biological children in family support networks, others have argued that the step child relationship may attenuate notions of filial responsibility (Pezzin and Schoen 1999).

The situation is very different in middle income countries such as Mexico. Rates of divorce or remarriage are much lower, and there are very strong structural and cultural supports for family support provision. Dense networks of intergenerational family support largely

substitute for credit markets that in North America or the European Union ensure against loss, provide loans, smooth consumption over the life cycle, and transfer resources across generations. Missing too in Mexico is a universal publicly-financed old age income security program. Mexico remains a country where public transfer programs are lean in both coverage and generosity of benefits and formal residential care options, such as nursing homes, are virtually non-existent. Coresidence patterns reflect this expanded family role. Many older Mexicans, and especially widows, live in multigenerational households, typically with an adult child and his/her family (Bongaarts and Zimmer 2002).

In high income countries such as the USA, the role of step children is important because of their relatively high prevalence and because low fertility means that step children are a relatively large portion of all children. In middle income countries such as Mexico, prevalence of step children is lower. However, the critical role that family networks play in the economic and social spheres makes the place of step children a critical issue. Without full participation in family support networks, a step child may be isolated from critical sources of support. Thus the role of step children in family support networks is an important issue in both types of societies, albeit for different reasons.

Data

Mexican Health and Aging Study

We use data from the 2001 and 2003 waves of the Mexican Health and Aging Study (MHAS)/ *El Estudio Nacional de Salud y Envejecimiento en México (ENASEM)*, a prospective panel study modeled after the U.S. Health and Retirement Study (HRS). MHAS contains detailed information on individual attributes, migration history, socioeconomic status, family transfers, own health, kin availability, and household composition of Mexicans aged 50 and older in 2000.

The 2001 MHAS sample is representative of the 13 million Mexicans born before 1951.. The MHAS-eligible sample was 15,186 respondents and their spouses/ partners. Personal interviews averaged about 80 minutes in length and were successfully carried out with 90.1% of the sample. Follow-up interviews with surviving respondents were conducted in 2003. As in the HRS, MHAS follows spouse/ partners independently after death or divorce terminates the prior marriage/union. New spouse/partners (and children from an earlier marriage or union) were also

included in the second wave of MHAS. Information about the 455 deceased respondents was provided by next-of-kin proxy respondents.

Health and Retirement Study

The Health and Retirement Study (HRS) is a panel study of the USA population that tracks individual change in the domains of health and physical functioning, employment, income and wealth, family structure, and transfers among relevant kin. The current coverage of the HRS is defined by five cohorts, consisting of cohort-eligible respondents and their spouse/partners, regardless of their cohort membership: the original HRS cohort born 1931-41 has been interviewed biennially since 1992; the original Asset and Health Dynamics Among the Oldest Old (AHEAD) cohort born prior to 1924 was interviewed in 1993/4, 1995/6 and, since 1998, on the same schedule as the original HRS cohort. Two new cohorts were added in 1998: the "War Babies" (WB) cohort born between 1942-47 and the "CODA" cohort born between 1924-30; and one new cohort, the "Early Baby Boomers" born 1947-53, was added in 2004. When appropriately weighted, each cohort is representative of its non-institutional population at the time of the cohort's baseline interview. Data are now available for biennial interviews through 2006.

Analysis

Prevalence of Step Children

Seven percent of the children of 2001 MHAS respondents (3,619 out of a total 51,620) have a step child relationship with the MHAS sampled person or his/her spouse. In the 2004 HRS, 23 percent (10,063 out of 42,962) children have a step child relationship with one of the household respondents. As expected, the prevalence of a step child relationship is three times higher in the USA. However, the large numbers of step children available in the Mexican data indicate that it is feasible to examine the role of step children in family transfer relationships.

Models

We have estimated multi-level models in the HRS for the role of step children in family support networks both as providers of assistance to elderly parents and as recipients of financial help from parents. We find that step children are much less likely to receive or give assistance. We find this effect in bivariate analyses and in ones in which we control for child's characteristics (marital status, sex, education, whether has children), parental characteristics

(health, age, wealth), previous transfers between parent and this child (whether parent raised one of the child's children, previous money support from parent to child) and family characteristics (ethnicity and history of family support in previous generations). We estimate parallel multi-level models in MHAS and the HRS Because MHAS is modeled after HRS, it is possible to estimate parallel models. However, models with MHAS data differ in some important ways. First, some variables, such as education, have different ranges and meaning. In addition, characteristics such as migration history are very important in Mexico but not in the USA. Many of the children of MHAS respondents (and, indeed, the respondents themselves) have spent time working in the USA. MHAS measures these migration histories and we incorporate them into our analysis.

The final outcome is a comparison of the role of step children in family support networks in Mexico and the USA, using parallel models that are each sensitive to their specific social context.

References

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