**Family structure, infant health, and social context in France, the United Kingdom, and the United States**

Emma Romell[1], Lidia Panico[2,3], and Melissa L. Martinson[4]
[1] Department of Sociology, University of Wisconsin-Madison
[2] Centre for Research on Social Inequalities (CRIS), Sciences Po, Paris, France
[3] Institut National d'Etudes Démographiques (INED), Aubervilliers, France
[4] School of Social Work, University of Washington

ABSTRACT
Studies link family structure to children's wellbeing, but few examine infants or are comparative in nature. Using three nationality-representative datasets and decomposition techniques, we compare family structure inequalities in birth weight and gestational age in France, the United Kingdom, and the United States. Initial results pertain to France and the UK. We find inequalities in infant health (benefiting married families) in both countries, but smaller raw gaps across family structures in France. Differences in group composition drive gaps in both countries; differences in the relationships between covariates and infant health matter uniquely in the UK. Mechanisms linking family structure and infant health also vary across countries. In full models, infants born to single and cohabiting mothers in the U.K. are *healthier* than those born to married mothers. Overall, this project contributes to research on the significance of family structure at the beginning of children's lives and the contextual nature of family types.

EXTENDED ABSTRACT

**Introduction.** Children who grow up with two continuously married parents tend to fare better in terms of educational attainment, behavior, and mental health than children who grow up with a single parent or, to a lesser extent, cohabiting parents (Hampden-Thompson 2013; Harkness and Salgado 2018; McLanahan et al. 2013). Much of this research focuses on outcomes in childhood and adolescence; few studies examine outcomes earlier in life. This is an important gap because indicators of infant health matter throughout the life course (Barker 2007; Braveman and Barclay 2009). Infant health also reflects maternal experiences during pregnancy, as acute and chronic stressors increase the risk of poor birth outcomes (Beijers et al. 2010; Camacho 2008; Parker and Douglas 2010; Torche 2011). Studies from the U.S. and Europe point to a higher risk of poor infant health for unmarried mothers (Blondel and Zuber 1988; Frimmel and Pruckner 2014; Kane 2016; Song 2021), though some show variation across countries and time (El-Sayed and Galea 2011; Torche and Abufhele 2021; Zeitlin et al. 2002). Why that variation exists is less understood—a comparative perspective offers an opportunity to explore the roots of these health inequalities.

Indeed, relatively little family structure research is comparative. This is another important gap because social context is key for understanding the link between family structure at birth and infant health outcomes. Recent research shows that the infant health gains to marriage in Chile declined as marriage became less normative (Torche and Abufhele 2021), and several comparative studies find that the population prevalence of family types and transitions condition their implications for health (Smith-Greenaway and Clark 2017; Zeitlin et al. 2002). Scholars of race and family structure in the U.S. have made similar arguments about the importance of placing family structure in context. The consequences of divorce and single parenthood—and the benefits of marriage—are larger for White children than for Black children, potentially because the disadvantages Black families face in other domains outweigh any effects of family structure on children's wellbeing (Cross 2020; McLanahan and Sandefur 1994).

We build on this literature using data from three recent birth cohort studies in France, the United Kingdom, and the United States. We examine gaps in birth weight and being born small for gestational age (SGA) across family structures and employ decomposition techniques to compare the potential mechanisms underlying these inequalities.

**The cases.** Our three countries of interest are all wealthy and industrialized, with similar total fertility rates and indicators of gender equality. They differ, however, in important ways. Single and cohabiting mothers in the U.S. tend to be poorer and less educated than those in France, with single and cohabiting mothers in the U.K. falling somewhere in between (Härkönen 2018; Maldonado and Nieuwenhuis 2018). These differences suggest that parents' stress levels, working conditions, social support, and access to and knowledge of healthy pregnancy behaviors vary across national contexts. The three countries' social policies also differ: The U.S. and U.K. have liberal welfare regimes, while some authors group France with the Nordic countries because of its support for mothers and working families (Esping-Andersen 1990; Gornick et al. 1997; Orloff 2002; Saxonberg 2013). Public supports are important for infant health, as access to paid maternity leave, for example, is associated with lower levels of infant and child mortality (Khan 2020; Kim and Saada 2013). Last, France, the U.K., and the U.S. have different sets of norms about family life. The U.S. has higher marriage rates and greater support for marriage as an institution than the U.K. and, especially, France (Chappel 2009; Ortiz-Ospina and Roser

2020). France also has civil unions, or Pacs, which made up 45% of new unions in 2010 (Rault 2019). In a context like France, with well-established and institutionalized nonmarital relationships, marriage itself may not matter as much. More broadly, norms about families could matter for health as they may shape unmarried parents' stress levels, access to kin resources, or the quality of care they receive.

*For the sake of space and given the stage of our project, we focus on data and results from France and the U.K. As noted below, we will incorporate U.S. analyses in the coming months.*

**Data.** We use data from the first two waves of the Étude Longitudinale Française depuis l'Enfance (Elfe), which follows a cohort of 18,000 infants born in France in 2011 (Charles et al. 2020). The initial wave involves data collected from medical records and an in-hospital questionnaire. The second wave of data was collected two months after the birth via in-depth telephone interviews. For the U.K., we use the first wave of the Millennium Cohort Study (MCS), which includes 18,819 infants born between 2000-2002 and who were living in the UK when they were nine months old (Dex and Joshi 2005). The biological mother was the main respondent for nearly all included families. For the U.S., we use the Early Childhood Longitudinal Study (ECLS-B), a nationally representative sample of approximately 10,700 infants born in 2001 (to be included in the presented manuscript). All surveys include rich data on health, family structure, socioeconomic status, and maternal wellbeing. We restrict each sample to singleton births born to mothers at least 18 years old and at least 33 weeks' gestation. Because we use data from the first two waves of Elfe, we restrict to cases that were present at each wave.

**Variables.** We use two measures of infant health: born small for gestational age (SGA) and birth weight. SGA is defined as being born below the $10^{th}$ percentile of weight for a given gestational age. This measure proxies intrauterine growth restriction and thus may capture processes of chronic stress better than birth weight, as variation in the latter can result from being born too early *or* growing too slowly (Kramer 1987; Sacchi et al. 2020). However, we also use birth weight as an outcome given that its continuous nature allows for more precise estimates and better comparability with the existing literature. We measure family structure at birth, categorizing families into those where the parents were married, cohabiting, or headed by a single mother. In the interest of understanding the benefits of marriage *per se*, we separate Elfe families where the parents have a civil union, or Pacs, into their own category.

We also measure a series of covariates that may confound or mediate the relationship between family structure and infant health. Potential confounders include maternal education (low = baccalauréat/GCSEs or lower, high = bachelor's degree or more, middle = everything in between), logged equivalized household income, whether the mother is having her first child (which we refer to as parity for brevity), and maternal age. Our mediators capture processes during pregnancy, including binary indicators of maternal employment and smoking. We also measure perceived social support during pregnancy, which is a three-category variable in Elfe and a standardized scale in the MCS. We also control for sex assigned at birth across all models. Last, our final regression models include a set of area fixed effects. In France, we use the maternity ward where the infant was born. In the U.K., we use the electoral ward where the mother lives shortly after birth. These fixed effects help capture factors that vary across space

and may influence both family structure patterns and infant health, such as rural vs. urban location, neighborhood deprivation, and religiosity.

**Method.** Our analysis proceeds in three parts. We focus here on our results for SGA; birth weight models support our SGA findings and will be in the full paper. We first present weighted unadjusted gaps infant health across family structures in each country. We then turn to a series of regression models, where we identify the extent to which infant health inequalities persist beyond sets of covariates. We report coefficients in terms of average marginal effects. Last, we decompose the gaps in birth outcomes across family structures in each country using twofold Oaxaca-Blinder decomposition (Jann 2008). While our decompositions include continuous predictors and are thus more in line with Oaxaca and Blinder's generalized decomposition method (Oaxaca and Sierminska 2023), our interpretation strategy draws heavily on Kitagawa's earlier approach (Kitagawa 1955).

**Preliminary results.** We report descriptive statistics in Table 1. Figure 1 displays the proportion of infants born SGA in each country. In France, this proportion ranges from 10.1% among married families to 11.3% for single mother families. The differences in proportions between each pair of family types are not statistically significant, which could stem from the small number of single mothers in our French sample. While overall levels of SGA are lower in the U.K., the gradient across family types is steeper. 8.4% of infants born to married parents in the U.K. are born SGA, compared to 11.0% of infants born to cohabiting families and 12.3% of infants born to single mother-headed families. The gap in SGA between infants born to married and single parents in the U.K. amounts to 3.9 percentage points, versus 1.7 in France.

Table 2 displays results of our regression models for France. Model 1 controls just for sex assigned at birth, where we find that infants born to cohabiting parents and single mothers are 1.3 and 4.0 percentage points more likely than those born to married parents to be SGA ($p<0.05$). Including potential confounders in Model 2 completely accounts for significant differences across family type (and reduces each family group's coefficients). Our set of mediators in Model 3 also accounts for significant differences in SGA across family structure, though the reduction in coefficient size across models is smaller. Model 4 includes all potential confounders and mediators. As expected, none of the coefficients for the family structure variable are significant in this model. Income, parity, and smoking during pregnancy remain significant in and of themselves. Model 5 includes fixed effects for maternity ward, resulting in a small decrease to our sample size (due to some wards having no infants born SGA) but no substantive impact to any of the coefficients or significance levels.

Table 3 displays results of our regression models for the UK. In Model 1, infants born to cohabiting and single parent families are 1.7 ($p<0.01$) and 3.3 ($p<0.001$) percentage points, respectively, more likely to be born SGA than infants born to married parents. Controlling for confounders in Model 2 or mediators in Model 3 fully accounts for these differences. Controlling for both confounders and mediators in Model 4 reveals an unexpected finding: net of all other variables in the model, infants born to single parent families are 2.3 percentage points *less* likely to be SGA than those born to married parents ($p<0.01$). In this model, high education, higher income, and working while pregnant all have negative and significant relationships with SGA, while parity and smoking during pregnancy have positive and significant relationships with SGA. Like in France, adding in electoral ward fixed effects in Model 5 has no substantive impact.

Table 4 displays results of our decompositions for France. Results for the married versus single comparison are in the first panel. These findings mirror those from the regression models: we find no statistically significant difference in the likelihood of SGA between infants born to single and married parents.[1] Differences in group characteristics account for 86% of the difference in SGA between infants born to married and single mother families ($p<0.01$). Group differences in parity and smoking make up most of the explained portion, accounting for 20% and 50% of the gap, respectively ($p<0.01$). The remaining 14% of the difference is unexplained, representing differences in the relationships between covariates and SGA across family groups, as well as factors not included in our model. This portion translates into less than a percentage point of the gap and is not significant.

Results for the married versus cohabiting comparison are in the second panel of Table 4. We find a significant but smaller difference in the likelihood of being born SGA for infants with married versus cohabiting parents ($p<0.05$). Differences in group characteristics account for the entire gap ($p<0.000$), with group differences driven by parity, smoking during pregnancy, and, to a lesser extent, income. Results for the married versus Pacs comparison are in the third panel. Group differences in parity drive the significant (but very small) explained portion (0.6 percentage points, $p<0.01$). Overall, our decompositions for the Elfe cohort suggest that 'usual suspects'—whether the mother is giving birth for the first time, whether she smoked during pregnancy, and household income—account for most of the gap in SGA between infants born to single/cohabiting and married families in France. The very small difference in SGA between married and Pacs families stems entirely from the fact that Pacs families are more likely to be having their first child.

Table 5 displays decomposition results for the U.K. We find a significant difference in the proportion of infants born SGA between married and single mother families (3.3 percentage points, $p<0.000$). Group differences in smoking, employment, parity, income, and education all contribute to the significant explained portion (4.4 percentage points, $p<0.000$). Reflecting the reversed pattern we found in the regression results, the unexplained portion of the decomposition is negative and significant (-1.1 percentage points, $p<0.000$). Here, maternal age and the intercept are the only significant coefficients. Figure 2 shows that the risk of SGA as age increases differs in shape between married and single mothers. Essentially, single mothers in the UK do not benefit from the lower risk of SGA in their 20s and 30s like married mothers do. In fact, single mothers' lowest chance of having a child born SGA is when they are the youngest. These results mirror work on the weathering hypothesis in the U.S. (Geronimus 1996); they may reflect different distributions of racial minority groups across family structures, which we will investigate in the next stage of this project. The large and significant intercept represents all the unobserved factors that favor single mothers. This suggests that there are forces working to single mother families' advantage, making the gap in SGA between single and married families smaller than it otherwise might be.

Results for the married versus cohabiting comparison are in the second panel of Table 5. We find a significant difference in the proportion of infants born SGA (1.6 percentage points, $p<0.01$). Like with our results for single versus married families, group differences in smoking, parity, education, and, to a lesser extent, sex assigned at birth explain most of the gap (2.7 percentage points, $p<0.001$). We find a negative and significant coefficient for the unexplained portion (-1.1 percentage points $p<0.01$), which reflects the reverse pattern we report above. Like

[1] Despite this lack of significance in the overall, we interpret these results gap for the sake of symmetry and because the explained portion is significant.

with the married versus single mother family comparison, maternal age here works to the benefit of married families, and the intercept, representing all unobserved factors in our model, works to the benefit of cohabiting families. We also find that the relationship between smoking and SGA differs between cohabiting and married parent families. In results not shown, we find that cohabiting mothers smoked slightly more than married mothers before their pregnancies and were more likely to say that someone else in the house smokes around the focal child. These results suggest that, among all mothers who smoked during pregnancy, infants born to cohabiting mothers may have been exposed to more smoke in utero than those born to married mothers.

**Discussion.** We find infant health inequalities across family structures in both France and the U.K., but the gaps between infants born to married parents and infants born in other families are smaller in France. Indeed, the benefits to marriage *per se* are basically negligible in France; the 0.9 percentage point gap in SGA between married and Pacs families stems entirely from the two groups being at different life course stages. Based on other published work, we expect that France and the U.K. will both have smaller gaps in infant health across family structures than in the U.S. Our regression findings reflect the results from our decompositions: differences in group characteristics drive infant health gaps across family structures in France, while differences in group characteristics *and* group differences in the relationship between covariates and infant health matter in the U.K. Income, parity, and smoking during pregnancy are important across countries, and we find some evidence that employment and education matter uniquely in the U.K. These results suggest that the pathways linking family structure to infant health depend on the national context. Our findings also point to the importance of what marriage *proxies*, rather than marriage itself—we can see this most clearly with the strong influence of parity in the married versus Pacs and cohabiting decompositions.

Our most unexpected finding is that infants born to single and cohabiting mothers in the U.K. are actually better off than those born to married parents in fully adjusted models. One possible explanation involves the degree of targeting of social policies. The MCS cohort was born just after the New Deal welfare reforms, which directed support at single parent families. Poverty scholars have noted that this policy program had large effects on single mother families' wellbeing (Smeeding and Waldfogel 2010). Perhaps, then, the U.K.'s policy regime at the time of the MCS cohort's birth contributed to infants born to single mother-headed families being healthier than they otherwise might have been.

Overall, our preliminary results point to the importance of context in understanding the meaning of social stratifiers across societies, the resources those stratifiers bring to families, and what the mean for children's wellbeing. Our results also highlight the effectiveness of welfare safety nets in supporting families and moderating the effects of social hierarchies on children's wellbeing.

**Next steps**

We will have US analyses completed by the time of the conference. We will also run our models on restricted samples to explore the role of race: we will restrict to French mothers born in France for Elfe, to white British respondents for the MCS, and non-Hispanic White respondents for the ECLS-B. We chose this strategy (rather than simply including race in our models) because France does not allow data collection on race or ethnicity.

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## Tables and Figures

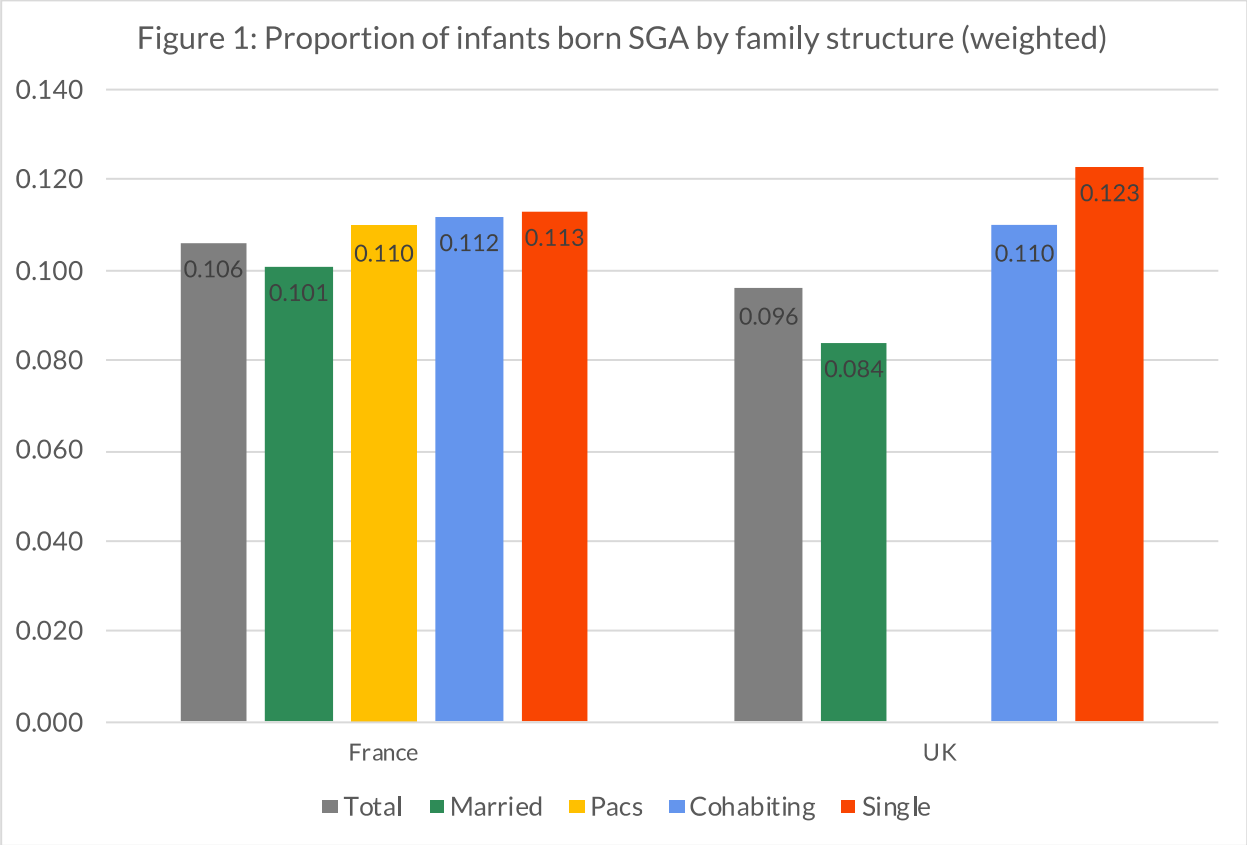

Figure 2: Probability of SGA by maternal age and family structure, Elfe

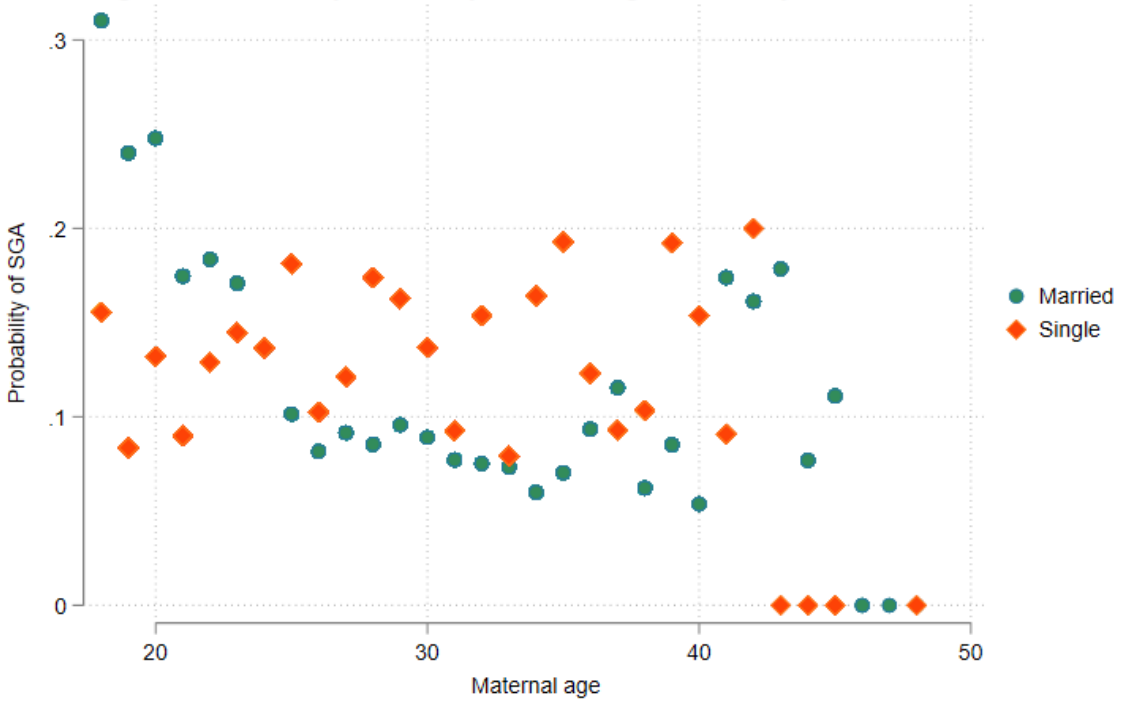

**Table 1: Descriptive statistics by country, means and proportions (standard deviations)**

| | France | | | | |
|---|---|---|---|---|---|
| | Married | Pacs | Cohabiting | Single mother | Total |
| SGA | 0.102 (0.303) | 0.110 (0.313) | 0.114 (0.318) | 0.113 (0.317) | 0.108 (0.310) |
| Assigned male at birth | 0.526 (0.499) | 0.515 (0.500) | 0.544 (0.498) | 0.635 (0.482) | 0.535 (0.499) |
| Maternal education | | | | | |
| Low | 0.347 (0.476) | 0.275 (0.446) | 0.556 (0.497) | 0.764 (0.425) | 0.426 (0.495) |
| Medium | 0.232 (0.422) | 0.242 (0.428) | 0.201 (0.401) | 0.108 (0.310) | 0.218 (0.413) |
| High | 0.422 (0.494) | 0.483 (0.500) | 0.243 (0.429) | 0.128 (0.335) | 0.356 (0.479) |
| Maternal age | 31.820 (4.441) | 30.833 (4.122) | 29.941 (5.246) | 31.083 (6.522) | 30.954 (4.860) |
| Focal child is mother's first born | 0.332 (0.471) | 0.537 (0.499) | 0.527 (0.499) | 0.474 (0.500) | 0.440 (0.496) |
| Logged disposable income per household member | 7.315 (0.501) | 7.440 (0.366) | 7.175 (0.488) | 6.648 (1.129) | 7.261 (0.532) |
| Worked while pregnant | 0.771 (0.420) | 0.841 (0.366) | 0.760 (0.427) | 0.634 (0.482) | 0.773 (0.419) |
| Any smoking during pregnancy | 0.168 (0.374) | 0.180 (0.384) | 0.272 (0.445) | 0.307 (0.462) | 0.212 (0.409) |
| Perceived social support during pregnancy | | | | | |
| Low | 0.086 (0.280) | 0.081 (0.273) | 0.089 (0.285) | 0.223 (0.417) | 0.091 (0.288) |
| Medium | 0.400 (0.490) | 0.382 (0.486) | 0.393 (0.488) | 0.344 (0.476) | 0.393 (0.488) |
| High | 0.514 (0.500) | 0.537 (0.499) | 0.518 (0.500) | 0.433 (0.496) | 0.516 (0.500) |
| N | 5746 (44.6%) | 2001 (15.5%) | 4723 (36.6%) | 423 (3.3%) | 12,894 (100.0%) |

| | UK | | | | |
|---|---|---|---|---|---|
| | Married | Pacs | Cohabiting | Single mother | Total |
| SGA | 0.086 (0.280) | | 0.111 (0.315) | 0.127 (0.333) | 0.098 (0.298) |
| Assigned male at birth | 0.503 (0.500) | | 0.531 (0.499) | 0.512 (0.500) | 0.512 (0.500) |
| Maternal education | | | | | |
| Low | 0.505 (0.500) | | 0.705 (0.456) | 0.829 (0.377) | 0.603 (0.489) |
| Medium | 0.243 (0.429) | | 0.189 (0.392) | 0.132 (0.338) | 0.213 (0.410) |
| High | 0.252 (0.434) | | 0.106 (0.308) | 0.039 (0.195) | 0.184 (0.388) |
| Maternal age | 30.740 (4.712) | | 27.222 (5.745) | 25.497 (6.056) | 29.089 (5.607) |
| Focal child is mother's first born | 0.391 (0.488) | | 0.618 (0.486) | 0.640 (0.480) | 0.485 (0.500) |
| Logged disposable household income (OECD scores) | 0.320 (0.141) | | 0.277 (0.158) | 0.092 (0.222) | 0.276 (0.177) |
| Worked while pregnant | 0.727 (0.445) | | 0.706 (0.456) | 0.448 (0.497) | 0.681 (0.466) |
| Any smoking during pregnancy | 0.132 (0.339) | | 0.325 (0.468) | 0.451 (0.498) | 0.227 (0.419) |
| Perceived social support during pregnancy (standardized scale) | 0.026 (0.935) | | -0.001 (0.959) | -0.010 (1.087) | 0.014 (0.965) |
| N | 9,830 (60.2%) | | 4,130 (25.3%) | 2,372 (14.5%) | 16,333 (100.0%) |

**Table 2: Logistic regression results for SGA models in France (average marginal effects)**

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| Family structure (ref = married) | | | | | |
| Pacs | 0.0042 | 0.00137 | 0.00319 | 0.00037 | 0.000558 |
| | (-0.00736) | (-0.00754) | (-0.00729) | (-0.0074) | (-0.00715) |
| Cohabiting | 0.0130* | 0.00254 | 0.00658 | -0.00163 | -0.00231 |
| | (-0.00591) | (-0.00611) | (-0.00575) | (-0.00595) | (-0.00564) |
| Single mother | 0.0396* | 0.0159 | 0.0277 | 0.0097 | 0.00732 |
| | (-0.0196) | (-0.0178) | (-0.0182) | (-0.0169) | (-0.0162) |
| Sex assigned at birth (ref = female) | -0.0674*** | -0.0668*** | -0.0663*** | -0.0658*** | -0.0613*** |
| | (-0.00514) | (-0.0051) | (-0.00501) | (-0.00498) | (-0.00482) |
| *Confounders* | | | | | |
| Maternal education (ref = low education) | | | | | |
| Middle ed | | 0.00153 | | 0.0064 | 0.0059 |
| | | (-0.00749) | | (-0.00734) | (-0.00702) |
| High ed | | -0.0116 | | -0.00705 | -0.00755 |
| | | (-0.00686) | | (-0.00666) | (-0.00648) |
| Maternal age | | -0.00814 | | -0.00585 | -0.00611 |
| | | (-0.00556) | | (-0.00543) | (-0.00532) |
| Maternal age squared | | 0.000146 | | 0.000117 | 0.000117 |
| | | (-0.000087) | | (-0.000085) | (-0.0000833) |
| Focal child is mother's first born | | 0.0320*** | | 0.0321*** | 0.0307*** |
| | | (-0.00582) | | (-0.00566) | (-0.00541) |
| Logged disposable household income | | -0.0161** | | -0.0152** | -0.0144* |
| | | (-0.006) | | (-0.00588) | (-0.00561) |
| *Mediators* | | | | | |
| Employed during pregnancy | | | 0.00524 | 0.00699 | 0.00803 |
| | | | (-0.00627) | (-0.00624) | (-0.00604) |
| Any smoking during pregnancy | | | 0.0832*** | 0.0821*** | 0.0820*** |
| | | | (-0.00805) | (-0.00808) | (-0.00816) |
| Social support during pregnancy (ref = low) | | | | | |
| Medium support during preg | | | 0.0134 | 0.0144 | 0.0126 |
| | | | (-0.00903) | (-0.00896) | (-0.0085) |
| High support during preg | | | 0.0149 | 0.0148 | 0.014 |
| | | | (-0.00881) | (-0.00873) | (-0.0083) |
| Maternity ward fixed effects | | | | | X |
| N | 12894 | 12894 | 12894 | 12894 | 12601 |

* p<0.05; ** p<0.01; *** p<0.001. Robust standard errors in parentheses

**Table 3: Logistic regression results for SGA models in the U.K. (average marginal effects)**

| | Model 1 | Model 2 | Model 3 | Model 4 | Model 5 |
|---|---|---|---|---|---|
| Family structure (ref = married) | | | | | |
| Cohabiting | 0.0170** | -0.00138 | 0.00341 | -0.0114 | -0.00335 |
| | (-0.00585) | (-0.00613) | (-0.00572) | (-0.00603) | (-0.00611) |
| Single mother | 0.0333*** | 0.00589 | 0.00608 | -0.0225** | -0.0236*** |
| | (-0.00692) | (-0.00773) | (-0.00661) | (-0.007) | (-0.0066) |
| Sex assigned at birth (ref = female) | -0.0471*** | -0.0462*** | -0.0471*** | -0.0460*** | -0.0458*** |
| | (-0.00474) | (-0.00465) | (-0.00463) | (-0.00454) | (-0.00444) |
| *Confounders* | | | | | |
| Maternal education (ref = low education) | | | | | |
| Middle ed | | -0.0184** | | -0.00652 | -0.00224 |
| | | (-0.00611) | | (-0.00623) | (-0.00615) |
| High ed | | -0.0425*** | | -0.0286*** | -0.0201** |
| | | (-0.0062) | | (-0.00653) | (-0.00687) |
| Maternal age | | -0.00748* | | -0.00431 | -0.00277 |
| | | (-0.00365) | | (-0.00357) | (-0.00344) |
| Maternal age squared | | 0.000123* | | 0.0000846 | 0.000068 |
| | | (-0.0000625) | | (-0.0000611) | (-0.0000587) |
| *Mediators* | | | | | |
| Focal child is mother's first born | | 0.0350*** | | 0.0407*** | 0.0380*** |
| | | (-0.00585) | | (-0.00564) | (-0.0056) |
| Logged disposable household income | | -0.00771 | | -0.0478** | -0.0580*** |
| | | (-0.0179) | | (-0.0174) | (-0.0171) |
| Employed during pregnancy | | | -0.0259*** | -0.0403*** | -0.0221*** |
| | | | (-0.00521) | (-0.00568) | (-0.00563) |
| Any smoking during pregnancy | | | 0.0620*** | 0.0594*** | 0.0761*** |
| | | | (-0.00658) | (-0.00655) | (-0.00716) |
| Social support during pregnancy | | | 0.00113 | 0.000604 | 0.000581 |
| (standardized scale) | | | (-0.00233) | (-0.00229) | (-0.00217) |
| Electoral ward fixed effects | | | | | X |
| N | 16002 | 16002 | 16002 | 16002 | 15118 |

* p<0.05; ** p<0.01; *** p<0.001. Robust standard errors in parentheses

**Table 4: Decomposition results for SGA models by family structure in France**

| Married vs single | | | Married vs cohabiting | | | Married vs Pacs | | |
|---|---|---|---|---|---|---|---|---|
| Summary | | | Summary | | | Summary | | |
| Single | 0.1348 | | Cohabiting | 0.1125 | | Pacs | 0.1043 | |
| Married | 0.0998 | | Married | 0.0998 | | Married | 0.0998 | |
| Difference | 0.0350 | | Difference | 0.0127 * | | Difference | 0.0045 | |
| Explained | 0.0302 ** | | Explained | 0.0134 *** | | Explained | 0.0062 ** | |
| Unexplained | 0.0048 | | Unexplained | -0.0007 | | Unexplained | -0.0017 | |
| | Explained | Unexplained | | Explained | Unexplained | | Explained | Unexplained |
| Sex assigned at birth | -0.0062 | 0.0914 | Sex assigned at birth | -0.0007 | -0.0021 | Sex assigned at birth | 0.0001 | -0.0004 |
| Log income | 0.0102 | -0.0710 | Log income | 0.0021 * | 0.0076 | Log income | -0.0017 | -0.0369 |
| Low education | 0.0010 | -0.1207 | Low education | 0.0004 | 0.0002 | Low education | 0.0000 | -0.0010 |
| Medium education | -0.0005 | 0.0273 | Medium education | -0.0002 | -0.0008 | Medium education | 0.0000 | 0.0005 |
| High education | 0.0021 | -0.0077 | High education | 0.0015 | 0.0010 | High education | -0.0002 | 0.0010 |
| Maternal age | 0.0062 | -1.6122 | Maternal age | -0.0021 | -0.0443 | Maternal age | -0.0015 | 0.0263 |
| First born | 0.0065 ** | -0.0691 | First born | 0.0065 *** | 0.0036 | First born | 0.0085 *** | 0.0033 |
| Employment | -0.0015 | 0.1243 | Employment | 0.0000 | -0.0007 | Employment | 0.0002 | 0.0012 |
| Low social support | -0.0017 | -0.0703 | Low social support | 0.0000 | 0.0000 | Low social support | 0.0001 | -0.0005 |
| Medium social support | -0.0001 | 0.0508 | Medium social support | 0.0000 | -0.0002 | Medium social support | -0.0001 | 0.0013 |
| High social support | -0.0008 | 0.1048 | High social support | 0.0000 | 0.0000 | High social support | 0.0001 | 0.0017 |
| Smoking | 0.0150 ** | -0.0069 | Smoking | 0.0058 *** | 0.0005 | Smoking | 0.0008 | 0.0005 |
| Constant | -- | | Constant | -- | 0.0344 | Constant | -- | 0.0014 |

* p<0.05; ** p<0.01; *** p<0.001

**Table 5: Decomposition results for SGA models by family structure in the U.K.**

| Married vs single | | | Married vs cohabiting | | |
|---|---|---|---|---|---|
| Summary | | | Summary | | |
| Single | 0.1292 | | Cohabiting | 0.1121 | |
| Married | 0.0959 | | Married | 0.0959 | |
| Difference | 0.0332 | *** | Difference | 0.0162 | ** |
| Explained | 0.0442 | *** | Explained | 0.0272 | *** |
| Unexplained | -0.0110 | *** | Unexplained | -0.0111 | ** |

| | Explained | | Unexplained | | | Explained | | Unexplained | |
|---|---|---|---|---|---|---|---|---|---|
| Sex assigned at birth | -0.0004 | | 0.0028 | | Sex assigned at birth | -0.0010 | * | -0.0025 | |
| Log income | 0.0077 | * | -0.0059 | | Log income | 0.0014 | | -0.0087 | |
| Low education | 0.0032 | ** | -0.0102 | | Low education | 0.0024 | *** | -0.0040 | |
| Medium education | -0.0004 | | 0.0014 | | Medium education | -0.0001 | | 0.0011 | |
| High education | 0.0028 | ** | -0.0001 | | High education | 0.0020 | ** | -0.0001 | |
| Maternal age | 0.0047 | | 0.3481 | *** | Maternal age | 0.0025 | | 0.3268 | *** |
| First born | 0.0079 | *** | -0.0085 | | First born | 0.0098 | *** | -0.0029 | |
| Employment | 0.0086 | *** | 0.0048 | | Employment | 0.0005 | | 0.0074 | |
| Social support | 0.0000 | | 0.0000 | | Social support | 0.0000 | | 0.0000 | |
| Smoking | 0.0101 | *** | 0.0017 | | Smoking | 0.0098 | *** | 0.0073 | *** |
| Constant | -- | | -0.3451 | *** | Constant | -- | | -0.3354 | *** |

* p<0.05; ** p<0.01; *** p<0.001