

Birth Spacing and Sibling Outcomes

Kasey S. Buckles, University of Notre Dame

Elizabeth L. Munnich, University of Notre Dame

PRELIMINARY DRAFT, PLEASE DO NOT CITE WITHOUT PERMISSION

May 2011

Abstract

This paper investigates the effect of the age difference between siblings (spacing) on educational achievement. We use a sample of women from the 1979 NLSY, matched to reading and math scores for their children from the NLSY79 Children and Young Adults Survey. OLS results suggest that greater spacing is positively associated with test scores for older siblings, but not for younger siblings. However, because we are concerned that spacing may be correlated with unobservable characteristics, we also use an instrumental variables strategy that exploits variation in spacing driven by miscarriages that occur between two live births. The IV results indicate that a one-year increase in spacing increases test scores for older siblings by about 0.17 standard deviations—an effect comparable to estimates of the effect of birth order. Especially close spacing (less than two years) decreases scores by 0.66 SD. These results are larger than the OLS estimates, suggesting that estimates that fail to account for the endogeneity of spacing may understate its benefits. For younger siblings, there appears to be no causal impact of spacing on test scores.

I. Introduction

A large body of work in economics and other disciplines has found a relationship between family structure and children's outcomes. For example, children from larger families generally have lower educational attainment, lower IQ scores, worse employment outcomes, and are more likely to engage in risky behavior (Kessler, 1991; Hanushek, 1992; Steelman et al., 2002; Deschenes, 2007; Black, Devereux and Salvanes 2010). A recent literature in economics has considered the effects of birth order and found that later-born children have lower educational attainment, receive less parental time investment, and in some cases have worse labor market outcomes (Black, Devereux, and Salvanes, 2005; Price, 2008). There is even evidence that the gender composition of one's siblings affects educational attainment, though results are mixed (Butcher and Case, 1994; Kaestner, 1997; Hauser and Kuo, 1998; Conley, 2000; Dahl and Moretti, 2008).

However, the age difference between siblings (spacing) has received much less attention in the economic literature—despite the fact that child spacing “may well be the most important aspect of fertility differentials in low-fertility societies” (Wineberg and McCarthy 1989). The research that exists in other fields has focused primarily on the effect of small gaps (less than two years), and on very early outcomes such as birth weight and infant mortality. In this paper, we investigate the effects of birth spacing on one important later-life outcome: academic achievement as measured by performance on the Peabody Individual Achievement Tests for math and reading. Our focus on later outcomes is especially valuable given that many of the possible effects of spacing (described more in Section II) would occur after birth, meaning that studies focusing on perinatal outcomes could find effects that differ from long-run effects.

Evidence of the effect of spacing on later outcomes would add to our understanding of

the effects of family structure. In fact, some of the hypothesized mechanisms for birth order effects, such as differential parental investments, could be mitigated by spacing (Zajonc 1976). Furthermore, unlike birth order, spacing is a matter over which parents might have some control. Empirical evidence of a causal effect of gap size on children's outcomes would be helpful for parents making decisions about the timing of their fertility.¹

Additionally, policy makers in both developed and developing countries have advocated greater spacing between births as a means of improving maternal and infant health. For example, the Contra Costa County Health Services Department in California conducted a public health campaign in 2007, which encouraged greater spacing with the slogan "Just Us for Two Years" (Contra County Health Services, 2007). Similarly, the United States Agency for International Development (USAID) has issued a policy brief stating that greater spacing is one of the best ways for women to achieve healthy pregnancies and safe births, citing evidence that "three to five saves lives" (United States Agency for International Development, 2006). Programs informing women about the benefits of greater spacing have been implemented in countries including Nigeria, Zimbabwe, and Bangladesh (Olukoya 1986; Guilkey and Jayne 1997; Jamison et al., 2006). However, these policies may have unintended consequences (either positive or negative) if spacing affects outcomes beyond maternal and infant health.

We begin by using OLS to estimate the relationship between spacing and academic achievement, using the sample of women with multiple children in the 1979 National Longitudinal Survey of Youth (NLSY79). We observe the spacing between each sibling pair,

¹ Referring to birth spacing, Christensen (1968) notes that "Parents and prospective parents debate these questions, while at the same time being exposed to advice from physicians and varieties of child specialists. Obstetricians, with a primary concern for the mother's health, tend to recommend spacing intervals of from two to three years. Pediatricians and child development specialists look more toward what is best for the health and development of the offspring, but their counsel with reference to spacing seems less consistent."

and match the data to detailed information about the siblings from the NLSY79 Children and Young Adults survey. We perform the analysis separately for the older and younger sibling in each pair. The OLS results indicate that longer gaps are associated with slightly better test scores for older children, while for younger children there is little relationship.

However, as Rosenzweig (1986) observes, estimation techniques that fail to account for within- and across-family heterogeneity in unobservable characteristics could produce biased estimates of the effects of birth spacing. Therefore, we also use an instrumental variables strategy to identify the causal effect of spacing on sibling outcomes. The identification strategy exploits variation in spacing driven by miscarriages that occur between two live births; there are several caveats to consider when using this instrument, which will be discussed in detail in Section V. We show that a miscarriage between siblings is associated with an increase in spacing of about eight months, and decreases the likelihood that the siblings are less than two years apart by 19 percentage points.

The results using miscarriages as an instrument indicate that an increase in spacing of one year increases reading scores for the older sibling by 0.17 standard deviations (SD). This effect is comparable to estimates of the effect of birth order on IQ scores and larger than estimates of the effect of decreasing family size by one.² Spacing of less than two years decreases reading scores by 0.66 SD; estimates for math scores are similar. The two-stage least-squares (2SLS) results are much larger than those obtained by OLS, suggesting that estimates that fail to account for the endogeneity of spacing may understate its benefits. We find no evidence of an effect of spacing on test scores for younger siblings.

² Estimates of the effect of birth order on IQ scores range from 0.2 (Black, Devereaux, and Salvanes 2007) to 0.25 SD (Bjerkedal et al. 2007). Increasing family size by one through twins decreases IQ scores by about 0.08 SD (Black, Devereaux, and Salvanes 2010).

The remainder of the paper is organized as follows: Section II discusses previous research on birth spacing and potential mechanisms for an effect of spacing on academic achievement. Section III summarizes the data, and Section IV presents results using OLS estimation. We discuss the use of miscarriages as an instrumental variable in Section V, and the 2SLS results are presented in Section VI. In Section VII we explore potential explanations for our finding of a beneficial effect of spacing, and consider heterogeneous treatment effects. Section VIII concludes.

II. Birth Spacing: Background

A. Previous Research

Social scientists have long been interested in the effects of birth spacing. Much of the research in sociology is built on the confluence model presented by Zajonc and Markus (1975), in which family size and birth order influence the intellectual environment of a household. Zajonc (1976) argues that the effects of birth order “are mediated entirely by the age spacing between siblings” and that greater spacing between siblings can reverse the negative effects of birth order. The argument is that children born into families with older children are born into more favorable intellectual environments. In this model, larger gaps may also positively affect first-born children, who have more time to develop before the birth of an “intellectually immature” younger sibling. Empirical evidence is provided by Broman et al. (1975), who find that children born after longer intervals scored higher on the Stanford-Binet intelligence scale than those born after shorter intervals. However, Galbraith (1982) finds that sibling spacing was not related to intellectual development in a sample of college students.

Among economists, Rosenzweig (1986) develops a model of optimal child spacing in

which spacing is an input into child quality. An important feature of the model is that the endowments of older children affect the optimal timing of subsequent births. Empirically, he finds that having a healthier firstborn child significantly increases the likelihood of a closely spaced second child. This finding is confirmed in Rosenzweig and Wolpin (1988), who also estimate the effects of spacing using a procedure that uses lagged characteristics of parents and children as instruments. They show that greater spacing increases birth weight for younger siblings, and the effects are larger than those estimated with seemingly unrelated regression or fixed effects techniques.

Our paper builds on Rosenzweig and Wolpin in three ways. First, one might be concerned that lagged parental characteristics may be related to unobservable factors (such as parental tastes and abilities) that persist over time, which could affect the validity of their identification strategy. Here, we pursue a different identification strategy. Second, we focus on later outcomes, which may be valuable as many potential channels for spacing effect would be realized after infancy. Additionally, our strategy allows us to estimate the effect of spacing on older siblings, who are not considered by Rosenzweig and Wolpin.

B. Potential Mechanisms

Birth spacing could affect child outcomes, including educational achievement, through a number of channels. We now discuss several of these mechanisms, which we have organized into four broad categories.

1. Physiological Effects

There is substantial evidence in the medical literature linking both short (typically less than 18 months) and long (more than 5 years) inter-pregnancy intervals to adverse infant health outcomes.³ These include infant mortality, stillbirth, preterm delivery, and low birth weight. Smits and Essed (2001) and van Eijsden et al. (2008) suggest nutritional depletion—in particular folate—as a mechanism through which short spacing might affect birth outcomes. On the other hand, the “physiological regression hypothesis” proposes that after long intervals, women’s reproductive capabilities regress (Zhu et al., 1999). There is also recent evidence linking spacing to conditions beyond the perinatal period. In a study of sibling pairs in California, Cheslack et al. (2011) estimate that second-born children conceived within 12 months of a previous birth have three times the odds of being diagnosed with autism than those conceived more than 36 months after a previous birth.⁴ If spacing affects infant health or child development, this could produce a link between spacing and other outcomes like test scores.⁵

2. Parental Investments

Spacing may also affect parents’ investments in their children. Price finds that parents spend significantly more time with first-born than second-born children, and this translates into less time spent reading to the younger child and lower reading test scores (Price 2008, 2010). Importantly, he shows that the birth order premium in both parental time and in test scores is

³ See Conde-Agudelo, Rosas-Bermudez, and Kafury-Goeta (2006) for a meta-analysis.

⁴ The authors note, however, that this could be driven by social as well as physiological factors. For example, parents of children that are spaced more closely together may be more likely to notice developmental differences between their children, so that younger children in these families are more likely to receive an early autism diagnosis.

⁵ Black, Devereux, and Salvanes (2007) show that higher birthweight leads to higher IQ scores at age 18. Similarly, Currie and Hyson (1999) find that low birthweight children had lower math test scores at age 7, 11, and 16.

larger when spacing is greater.⁶ There is also evidence that financial constraints reduce parents' economic investments in older children when children are closely-spaced (Powell and Steelman 1995), and that this results in lower high school completion and college attendance (Powell and Steelman 1993). Finally, spacing could affect the likelihood that a mother breastfeeds either the older or younger sibling.⁷

3. Complementarities/Economies of Scale

The confluence model of Zajonc (1976) highlights ways in which children of different ages might be complements in the production of child quality. For example, he observes that older children may benefit from teaching younger children, the effect of which may increase with spacing. Or, to the extent that bigger gaps between children allows an older child to develop more, the benefit to a younger sibling of learning from an older sibling may increase as birth intervals increase. Spacing may also affect a younger child's receptiveness to an older sibling. Cicirelli (1973) finds that younger siblings were more likely to accept direction from a sibling that is 4 years older than one that is two years older and suggests that while siblings with greater spacing may interact less than those with less, the widely spaced older children may model cognitive tasks more effectively for their younger siblings.

Alternatively, having children closer together may decrease the per child cost of certain inputs, both in terms of physical resources (e.g., sharing clothes and toys) and time intensive activities (e.g., reading to children) so that children benefit from tighter spacing. Jones (2011)

⁶ Price estimates that first-born children receive about 3,000 more hours of parental time on average than second-born children between the ages of 4 and 13 (2008), and the gap increases by about 25% with each year of spacing (2010).

⁷ Jayachandran and Kuziemko (forthcoming) develop a model in which breastfeeding and fertility are jointly determined. Their model can be generalized to allow mothers to use breastfeeding to space births.

uses immunization rates for children in Senegal to show that consumption of “club goods” for children is greater when the children in the house are close in age. Sharing resources with a much younger, less mature, child may also impede intellectual development of an older sibling or lead to sibling rivalries, in which case outcomes for an older sibling would be negatively correlated with spacing (Zajonc, 1976).⁸

4. Effects on Parents

Heckman and Walker (1990) consider the effects of female labor market outcomes on fertility timing and birth spacing and found that higher female wages led to delayed childbearing and greater spacing between children. Troske and Voicu (2009) show that women who delay the birth of a second child reduce their labor force participation by less than women with closely-spaced children, but are more likely to work part-time. If spacing affects women’s labor force participation or earnings, these could in turn affect children’s educational achievement by altering the time and financial resources of the household. The spacing of children might also affect parents’ relationships with their children or with one another (Christensen 1968).

Note that some of the above channels would suggest a positive effect of spacing on test scores, while others suggest the opposite. Whether the effect is positive or negative on net is an empirical question, and the focus of this paper. Also, for some mechanisms (such as physiological effects in the prenatal period) the expected effect is different for the older and younger child in the pair. For this reason, we estimate results separately for each sibling.

⁸ Note that much of the conventional wisdom regarding child spacing would fall into this category. For example, a common idea is that it is best to “have everyone in diapers at the same time” (economies of scale); a contradictory suggestion is that it is best if the first child is old enough to help (complementarities).

Finally, we briefly explore the relative importance of these channels in the discussion section below.

III. Data

The data for this study come from the National Longitudinal Survey of Youth, 1979 (NLSY79). The NLSY79 is a nationally representative panel survey of 12,686 respondents, who were age 14 to 22 in 1979. For women in the sample, detailed fertility histories are available that include how many pregnancies each woman has had, the outcome of each pregnancy, and its timing. For our study, we use women with at least two live births, since we are interested in the spacing between them. Each observation is a sibling pair, where the pair consists of siblings adjacent in birth order.

For each sibling pair, we observe the gap in days between their births. We limit the sample to gaps among the first five live births and to gaps under ten years, and to births before 2001 (since our child outcome measure is typically observed between the ages of 5 and 7). This gives us 5,010 observations from 3,070 mothers.⁹ Figure 1a shows the distribution of the gap for our sample, in integer months. The mean gap is 40.78 and the median is 34. As a check on the reliability of the data in the NLSY79, we compare the data to information on sibling spacing obtained from the 1988 Natality Detail Files. This data set contains birth certificate information for virtually all children born in the United States in 1988, which is the mean year for our younger sibling sample in the NLSY79. We use information on the number of months since the mother's last live birth, for the 1,737,479 children with birth order two through five in the data and with fewer than 10 years since the previous birth. The distribution generated by the Natality

⁹ There were 252 observations with gaps over 10 years. We also exclude twins, for whom the gap is zero.

data is shown in Figure 1b, and the two data sets generate remarkably similar results. In the Natality data, the mean gap is 40.76 and the median is also 34. The null hypothesis that the means for the two samples are the same cannot be rejected ($p=0.47$).

In Table 1, we investigate the correlates of spacing for our sample. For column 1, we regress the time between siblings in months on characteristics of the older child and of the mother. In column 2, the dependent variable is a dummy equal to one if the siblings are less than two years apart. Not surprisingly, women with more total children have smaller gaps between them. Spacing also increases with parity. Beyond that, however, there are few good predictors of spacing. Hispanic women and women who are married at first birth have slightly smaller gaps in months, and women who have never been divorced or who have a college degree are less likely to have gaps under two years. Age, high school degree attainment, and AFQT score are not statistically significant regressors. Child year- and month-of-birth dummies were also included in this regression and do not reveal meaningful patterns in birth spacing.

After constructing the sibling pairs from the NLSY79, we link these observations to information on the siblings obtained from the NLSY79 Child and Young Adult Survey. This data set contains information on the children born to the women of the NLSY79, and allows us to observe outcomes such as test scores for the siblings in each pair. Children are matched to their mothers' fertility histories by unique mother identifiers. We will consider the effects of spacing for the older and younger child in the sibling pair separately.

Table 2 presents summary statistics for the siblings and sibling pairs.¹⁰ About 60% of

¹⁰ The number of observations is different for the older and younger samples because test scores and other information are sometimes missing for the younger child. As long as the gap size can be observed we include these observations in results for the older child. These differences in sample size contribute to small discrepancies in pair characteristics for the older and younger

our observations are for gaps between child one and two; 27% are for gap 2-3; 10% are for gap 3-4; and 3% are for gap 4-5. Test scores are from the Peabody Individual Achievement Test (PIAT), which measures academic achievement of children ages 5 to 18. We use the math and reading recognition tests, which consist of 100 multiple choice questions.¹¹ Raw PIAT scores ranged from 1 to 84 in our data. Test scores are about 0.2 standard deviations better on average for older siblings, consistent with previous research on birth order (Black, Devereux and Salvanes 2007). For all remaining results, test scores will be adjusted for the age at which the child took the test and standardized to have mean zero and standard deviation of one.¹²

The NLSY79 fertility histories also allow us to observe whether any pregnancy occurred between siblings that resulted in an outcome other than a live birth. The histories indicate the timing of the pregnancy, and whether the pregnancy ended in a live birth, miscarriage, stillbirth, or abortion. Out of our 5,010 sibling pairs, a miscarriage or stillbirth occurred between the siblings in 291 cases. The miscarriage data will be useful for our identification strategy, which we summarize in more detail in Section V below.

IV. Estimation: OLS

We begin by estimating the effects of birth spacing on sibling outcomes using OLS. The model to be estimated is:

$$Score_{is} = \beta_0 + gap_i \beta_1 + X_s \beta_2 + Z_i \beta_3 + u_{is}$$

sibling samples. The use of child-specific controls and weights also contributes to these differences.

¹¹ We also produced results using the PIAT reading comprehension scores; results were very similar to results for reading recognition and so we omit them here for brevity.

¹² Nearly 80 percent of the children in our sample took the PIAT for the first time between ages 5 and 7. To age-adjust the scores, we captured the residuals from a regression of scores on the age at which the child first took the exam. We then standardized the residuals.

where the subscript i indexes a sibling pair and s indicates whether the variable describes the older or younger sibling of the pair. In all regressions, the effect of the gap is estimated separately for older and younger siblings. The dependent variable is the standardized, age-adjusted PIAT score in math or reading recognition. The variable gap_i is either a) the spacing between the births of the two siblings, in months; b) the log of spacing, in months; or c) a dummy variable indicating that the spacing was less than two years.¹³ We also consider specifications with a quadratic in spacing. The vector X_s is a set of characteristics specific to child s of the pair, including gender, race, birth order, and a set of year- and month-of-birth dummies. Z_i is a vector of characteristics common to both children in the pair, and includes the mother's age at first birth, number of total children, marital history, highest degree obtained, and adjusted AFQT score; u_{is} is error. Estimates are weighted by NLSY child sampling weights. Because a mother with more than two children will have more than one sibling pair in the data set, standard errors are clustered by mother.

OLS results for older siblings are presented in Table 3, with results for reading in Panel A and for math in Panel B. In the first column, the coefficient is from a simple regression of test score on the gap in months. The correlation is positive but small and statistically insignificant. However, in specification [2] with the above controls included, there is a small statistically significant relationship between spacing and scores. A one-year increase in spacing is associated with an increase in scores of 0.014 SD for reading and 0.025 SD for math. The regressions with

¹³ We choose a point of two years because it is interesting from a policy perspective; programs like those mentioned in the introduction typically advocate spacing of greater than two years. Also, as seen in Figure 1, the mode of the spacing distribution is about two years. We have produced both OLS and IV results using other measures, and results generally accord with intuition. For example, estimates of the effect of spacing under *three* years on test scores for older children are still negative but smaller in magnitude and less precisely estimated than those discussed below.

log or quadratic functional forms have slightly higher R-squared values, suggesting that the relationship might be non-linear; the level of spacing that maximizes predicted test scores is around six years. The coefficient on the dummy indicating spacing of less than two years is -0.08 for reading and -0.14 for math, indicating that especially close spacing has a strong negative association with academic achievement.

For the younger siblings, however, there is little association between spacing from the older sibling and test scores (Table 4). The raw correlation is negative for math, but the coefficient is smaller and statistically insignificant when controls are added. It does appear that spacing of less than two years is associated with lower math scores, but the effect is smaller than the effect for older children.

The results in this section show that longer spacing between siblings is associated with higher test scores, though primarily for older siblings. However, our results may be biased if spacing between siblings is correlated with unobservable characteristics of the mother or children. Rosenzweig (1986) and Rosenzweig and Wolpin (1988) show that unobserved heterogeneity across- and within-families biases OLS estimates of the effects of birth spacing on child outcomes. Rosenzweig (1986) finds that when parents have a child with a better endowment, they have the next birth sooner. In this case, OLS estimates of the effect of spacing on the outcomes of the older child would be negatively biased, and may also be negatively biased for the younger child if outcomes are positively correlated across children. However, if families with larger gaps between children are more likely to have planned their births, and planning is correlated with better outcomes, OLS results would have a positive bias. These are just two plausible stories of omitted variable bias; there are likely others. In order to address this problem, we employ an identification strategy that uses miscarriages as exogenous factors that

affect birth spacing.

V. Miscarriages as an Instrumental Variable

A miscarriage is a pregnancy that is lost before the 20th week of gestation.¹⁴ Ten to twenty percent of confirmed pregnancies—and as many as 50 percent of all conceptions—are thought to end in a miscarriage (American College of Obstetricians and Gynecologists, 2002). We use miscarriages that occur between two live births as an instrument for birth spacing. The critical point for our estimation strategy is that a miscarriage between two siblings induces a delay in the birth of the younger child—the next live birth now occurs after the woman miscarries, conceives again, and gives birth. Estimates of average time to conception for women who conceived within one year of a miscarriage range from 17.35 weeks (Goldstein, Croughan, and Robertson, 2002) to 23.2 weeks (Wyss, Biedermann, and Huch, 1994). This would generally increase the average spacing between children by about 6 to 8 months, assuming a mean of around 8 weeks gestation at miscarriage.¹⁵ Figure 2 shows the distribution of birth spacing for women who do and do not have a miscarriage between live births. In the miscarriage sample, the spacing distribution is shifted to the right, and the fraction of births spaced less than two years apart appears to be much lower. In the next section, we use OLS to estimate the effect of a miscarriage on birth spacing for our NLSY79 sample.

Previous studies have used miscarriages as an instrument for the timing of *first* births. In this setting, Hotz, Mullin, and Sanders (1997) show that miscarriage is an appropriate

¹⁴ More than 80 percent of miscarriages occur in the first 12 weeks of pregnancy (Cunningham et al., 2010). Pregnancies that end in a fetal death after 20 weeks are classified as stillbirths. In our sample, about 6% of fetal deaths are stillbirths; these few stillbirths are counted as miscarriages for the purposes of estimation.

¹⁵ Our full sample includes women who conceive more than one year after a miscarriage, so our estimates of the effect of miscarriage on spacing are larger.

instrumental variable for women who experience random miscarriages. They use this instrument to explore the effect of teenage childbearing on teen mothers' outcomes. Building on this work, Hotz, McElroy, and Sanders (2005) use miscarriages to identify the effect of delayed childbearing on teenage mothers' socioeconomic attainment. Miller (2011) uses biological fertility shocks, including miscarriage, to instrument for the age at which a woman bears her first child in her analysis of the effects of delayed childbearing on subsequent earnings. However, the use of this instrument is not without its challenges. We now address four significant threats to this identification strategy.

First, Lang and Ashcraft (2006) have criticized using miscarriage as an instrument because some miscarriages may prevent abortions that would have taken place (so that the miscarriages were "latent abortions"), while other miscarriages would have occurred in pregnancies that were aborted. However, we believe that this is less of a concern in our case, where all women have a live birth on either side of the miscarriage. This should mean that they are less likely to be latent abortion-types than women who miscarry in the first pregnancy. Among women in the NLSY79, only 3.3% report having an abortion between their first and second live birth, while 7.9% of women report having an abortion in their first pregnancy.¹⁶

These numbers raise a second concern, however, which is that miscarriages are underreported in the NLSY79. Systematic misreporting of miscarriage among women who intentionally aborted would bias our estimates (Wilde, Batchelder, and Ellwood, 2010). Using a similar sample of women with children in the NLSY79, Miller (2011) finds that miscarriage is unrelated to religious beliefs, a likely correlate of misreporting. We follow Hotz, Mullin, and Sanders (1997) and assume that underreporting of miscarriages is random with respect to child

¹⁶ To further alleviate concerns that miscarriages are latent abortions, we have omitted women with an abortion after the first live birth.

outcomes; to the extent that women underreport miscarriages randomly, this would bias our estimates downward.

Third, the IV estimates would be invalid if miscarriages are correlated with unobservable characteristics of the mother or child. Chromosomal abnormality in the fetus is the most common reason for a miscarriage, accounting for over 50 percent of miscarriages in known pregnancies during the first 13 weeks (American College of Obstetricians and Gynecologists, 2002; Cunningham et al., 2010). In most instances, the abnormality is a random occurrence and is not associated with higher risk of miscarrying in the future; we omit women with more than one miscarriage after her first live birth. There are known risk factors for miscarriage, including maternal age, multiple births, maternal illness or trauma, hormonal imbalances, and other reproductive issues (American College of Obstetricians and Gynecologists, 2002; Cunningham, et al., 2010). Behaviors such as drug use, alcohol abuse, and smoking are also correlated with miscarriage, as are community-level risk factors (Fletcher and Wolfe, 2009; Mullin, 2005).¹⁷ Finally, women are more likely to miscarry after having a boy, possibly due to immune responses of the mother (Nielsen et al. 2008).

To explore the extent to which miscarriages might be associated with observable characteristics, Table 5 presents marginal effects from a probit regression of a dummy for a miscarriage between births on pre-determined characteristics of the mother and birth.¹⁸ The only

¹⁷ We can control for alcohol use and smoking for a subset of our sample, and results are not affected by their inclusion.

¹⁸ An alternative way to address concerns that miscarriages are correlated with unobservable characteristics *across* families is to include mother fixed effects in our specifications. However, this is only feasible for women with at least two gaps (or three children). Fewer than half of the women in our sample have more than two children, and we were unable to obtain precise estimates using this method. We have also added the miscarriage variable to our OLS regressions of the effects of spacing in Tables 4 and 5, and in all but one case (with $p = 0.097$)

characteristics that appear to be associated with the risk of a later miscarriage are mother's race and indicators for gap 2-3 and gap 3-4. All other variables are statistically insignificant, and the null hypothesis that all covariates are jointly zero cannot be rejected ($p = 0.1505$).¹⁹

Nevertheless, in all results below we add them as controls. As a robustness check, we have reproduced our 2SLS results omitting black women from the sample; the estimated coefficients are very similar but are less precisely estimated.²⁰

Finally, we are concerned that the miscarriage itself could have a direct effect on children's outcomes, in particular through its impact on the mother's mental and physical well-being. A number of studies show that women who experience a miscarriage are more likely to suffer from depression and anxiety (Armstrong, 2002; Armstrong and Huttu, 1998; Neugebauer et al., 1992). However, previous research also suggests that these symptoms decrease over time and usually disappear 12 months after a miscarriage (Thapar and Thapar, 1992; Janssen et al.,

we failed to reject the null hypothesis that miscarriages have no *ceteris paribus* effect on test scores at the 10% level.

¹⁹ Miller (2011) conducts a similar exercise, in which she shows that a woman's characteristics at age 14 do not predict miscarriages in the first pregnancy. Because she has multiple instruments, she is also able to perform an over-identification test, and fails to reject the exogeneity of the miscarriage instrument. Hotz, McElroy, and Sanders (2005) find no statistically significant differences in measures of socioeconomic status or family background for their miscarriage and non-miscarriage samples, with the exception of higher family income for the latter.

²⁰ Related to the issue of nonrandom miscarriage is the concern that women who miscarry and go on to conceive again might be different from women who miscarry and stop, which could lead to selection bias. For example, women who miscarry and conceive again might have a stronger preference for children. We use information on the wantedness of live births, and show that women who have a miscarriage between live births were no more likely to say that their *first* child was wanted than women who never have a miscarriage—the means were 0.615 and 0.613, respectively, and the p -value for the null hypothesis that the means are the same is 0.96.

We also compare observable characteristics of women who have a miscarriage and no further children to those that have a subsequent birth, and find that the “stoppers” are more educated and have higher AFQT scores and incomes than those who continued. This would suggest that our sample with a miscarriage between live births is, if anything, negatively selected, which would bias us against finding a beneficial effect of spacing.

1996; Hughes, Turton, and Evans, 1999). Women who have a healthy pregnancy following a miscarriage or stillbirth might also be at decreased risk for depressive symptoms (Swanson, 2000; Theut et al., 1989). Other evidence suggests that women are less attached to children born after a stillbirth, which could lead to later developmental problems (Hughes et al., 2001) but miscarrying appears to have no effect on investment in subsequent children (Armstrong, 2002; Theut et al., 1992).²¹ Miscarriage might also have a direct effect on the development of the fetus in subsequent births. Swingle et al. (2009) find that women are at greater risk of having a preterm birth following a miscarriage, though Wyss, Biedermann, and Huch (1994) show that women who had already given birth to a child prior to a miscarriage are at lower risk of delivering prematurely than those who had not previously given birth.

Importantly, the vast majority of the evidence on the effects of miscarriage would lead us to conclude that miscarriage would have, if anything, a *negative* effect on the well being of the mother or her children.²² If that is the case we would expect our 2SLS estimates to be biased against finding a beneficial effect of spacing, which works in opposition to our findings below that increased spacing has *positive* effects on child outcomes.

VI. Results

Table 6 shows the first-stage effect of miscarriage on our measures of spacing. We control for demographic characteristics of the mother, for child gender and birth order, and for

²¹ Women in our sample were actually less likely to say that a child born after a miscarriage was wanted (which would again bias us against finding a beneficial effect of spacing), though the difference is statistically insignificant ($p=0.373$).

²² We know of only one study that has found a positive effect of past miscarriage on subsequent children. Todoroff and Shaw (2000) find evidence that women whose immediate past pregnancy ended in a miscarriage have a slightly lower risk of neural tube defect (NTD) than those whose past pregnancy ended in a live birth, which has been associated with low birth weight, preterm birth, and neonatal death.

year- and month-of-birth dummies. For older children, a miscarriage before the birth of the next child is associated with an increase in spacing of 8.34 months, or an increase of about 24% using the logged dependent variable.²³ Miscarriage also decreases the likelihood that the spacing is under two years by 19 percentage points. This is a large change relative to the mean (0.26), which indicates that most women who would have had spacing of less than two years but miscarry are pushed past the two year mark by the event. For the sample of younger siblings, the estimated effect is slightly smaller and also statistically significant. The F-statistics are well above 10 in all cases, alleviating concerns about a weak instrument.

The 2SLS results are in Table 7, with results for older siblings in Panel A. The effect of spacing in months is positive for both subjects, though only marginally significant for math ($p=0.110$). For reading, the coefficient is 0.0145, indicating that a one-year increase in spacing increases test scores by 0.174 SD. The estimated magnitude from the log specification is comparable; a 10% increase in spacing (which is about four months at the mean) increases scores by 0.05 SD.²⁴ There is a large negative effect of spacing of less than two years on both math and reading scores. The coefficient for math scores is -0.60, and for reading is -0.66. We find no statistically significant effects of spacing on test scores for younger siblings (Panel B). For both subjects and for all specifications, the coefficients are statistically insignificant and much smaller in magnitude than the results for older siblings.

While the OLS estimates in Table 3 also suggested a positive relationship between spacing and test scores for older siblings, the coefficients from the 2SLS specification are much larger. For example, the 2SLS estimate of the effect of an additional month of spacing is an

²³ A 23.6% increase in spacing at the mean of 41.34 months would represent an increase of 9.76 months—comparable to the effects from the level specification.

²⁴ Note that because we only have one instrument, we were unable to estimate a 2SLS specification with a quadratic functional form.

order of magnitude larger than the comparable 2SLS estimate (0.0145 vs. 0.0012). The 2SLS estimate of the effect of spacing under two years is also much bigger (-0.6625 vs. -0.0784). This suggests that the OLS results are biased against finding a beneficial effect of spacing, as Rosenzweig and Wolpin (1988) hypothesized.²⁵ We calculated bootstrapped estimates for a Hausman test of the null hypothesis that birth spacing is exogenous, and the p-values do not allow us to reject the null at conventional levels.²⁶ But taken together with the economically meaningful differences in the coefficients, we believe there is convincing evidence that the 2SLS estimates should be the preferred estimates.²⁷

VIII. Discussion

Recall from our discussion in Section II that the predicted effect of spacing on test scores is ambiguous. Our 2SLS results indicate that greater spacing increases academic achievement for older siblings; one potential explanation that would generate this result is that spacing allows parents to spend more time with older children. If this is the case, we might expect the benefits of spacing to be especially strong for first-born children, who reap the benefits of a longer period as an only child when spacing is large—as Price (2010) suggests. In Panel A of Table 8, we show 2SLS estimates of the effects of spacing under two years, for first- and later-born older siblings. While we cannot reject that the coefficients are the same, the magnitudes are in fact larger for first-born children and are statistically insignificant for higher order births.

²⁵ The authors examine the effect of spacing on birth weights, and conclude that failing to account for the endogeneity of birth spacing will cause researchers to understate the effects of spacing.

²⁶ For the six specifications in Table 7, p-values for the null hypothesis that the spacing variable is exogenous ranged between 0.2098 and 0.1164.

²⁷ Also, recall that measurement error, selection bias, and the potential negative direct effect of a miscarriage would all bias our 2SLS estimates against finding a beneficial effect of spacing.

A related explanation is that greater spacing allows for greater *financial* investment in older children, so we might expect the benefit of spacing to be greater for families that are financially constrained (Powell and Steelman 1995). In Table 8 we also show results for children from families above and below median family income for the sample.²⁸ We find that the negative effects of close spacing for older siblings are in fact larger for the low-income group, and are not statistically significant for those with high incomes. However, an important caveat is that income may be endogenous to spacing (Troske and Voicu 2009). In Panel B, we show results analogous to those in Panel A but for younger siblings, and we continue to find no effect of spacing on test scores for younger siblings.

To further explore the relative importance of key mechanisms discussed in Section II, we add a series of controls to the models in Table 7. The controls are chosen to proxy for channels through which spacing might affect test scores. For brevity, we show the results for the effect of spacing under two years on reading scores for older siblings. Each column in Table 9 represents a separate regression, and for all specifications the sample is restricted to observations with non-missing control variables. The first column includes no controls. Next, we control for the child's birth weight to test for any adverse physiological effects of close spacing. Note that random variation in spacing should not affect the birth weight of the older child, and the inclusion of this control has very little effect on the coefficient on the spacing dummy. We then control for breastfeeding, and add proxies for parental time investments (time spent reading and watching television), financial investments (more than 10 books in the household), and effects on

²⁸ To construct income groups, we use total net family income and poverty status in the first year following the birth of the younger child in a sibling pair. When the younger child was born before 1977, we use total net family income in 1979. In cases where total net family income is not available within two survey years of the birth of the younger child but poverty status is available, we impute an income of zero for families below the poverty line and the maximum income value for families above the poverty line. Median income in our sample is \$31,772.

the parents (mothers' weeks of total experience and marital status). None of the controls individually have a large effect on the spacing coefficient; the full set of controls reduces the spacing coefficient by about 15%. This is a small reduction in the estimated effect, though our controls are certainly weak proxies for the hypothesized mechanisms.

Finally, the results in Table 7 showed that greater spacing increases mean test scores; one might also be interested in how spacing changes the test score distribution. To address this question, we use techniques developed by Abadie, Angrist, and Imbens (2002) and by Frölich and Melly (2010) for the estimation of quantile treatment effects (QTEs). We use miscarriages as an instrument to estimate unconditional QTEs of spacing under two years.²⁹ These results are in Table 10. First, for comparison, in Panel A we show the quantile analogs of the OLS results in Table 3. For older siblings, it appears that close spacing is associated with a downward shift in the test score distribution, particularly at lower quantiles. However, the QTE results in Panel B do not suggest this pattern—if anything, close spacing has the largest effect on the highest quantile. But our QTE estimates are imprecise; we conclude only that there is no evidence that the negative effects of close spacing are confined to any particular part of the distribution.³⁰

²⁹ We used STATA and the *ivqte* command to produce these estimates, and the command does not allow us to include child weights or to cluster the standard errors by mother. For comparability, the OLS and 2SLS results in Table 10 are calculated the same way; comparing these results to their analogs in Tables 3 and 7, it appears that these modifications have little effect.

³⁰ We also considered whether there might be heterogeneous treatment effects by estimating our results for certain subsamples (beyond those in Table 8). We did find that the negative effects of close spacing were larger for women who were not married to the same person for all births, though we are concerned that marital status is endogenous to spacing. We also found that the benefits of spacing for older children on reading scores only were larger when the younger sibling was a boy.

VII. Conclusion

In this paper, we have examined the relationship between an important component of family structure—birth spacing—and academic achievement. Because we are concerned that unobserved within- and across-family heterogeneity might bias OLS estimates, we use miscarriages that occur between live births as an instrument for child spacing. We find a beneficial effect of spacing for older siblings, and the magnitude of the effect is much larger than that estimated with OLS. A one-year increase in spacing improves reading scores for older children by 0.17 SD—an effect comparable to estimates of the effect of birth order, and three times the effect of increasing annual family income by \$1,000 (Dahl and Lochner 2010). Spacing of less than two years decreases scores by 0.66 SD. We find no effect of spacing on test scores for younger siblings.

This evidence of an effect of birth spacing on child outcomes is an important contribution to the literature on the effects of family structure. In particular, Price (2008, 2010) suggests that the birth order premium may be a result of differences in parental time investments. Our finding that spacing improves outcomes for older children is consistent with this hypothesis. We present some evidence that the benefits of spacing are greater for first-born children, and adding very weak controls for parental time attenuates our result.

Further, our results indicate that spacing could be an important channel through which parents can improve child outcomes. We only find a beneficial effect of spacing on the academic achievement of older siblings, but since there is no evidence of a *negative* effect for younger siblings, parents may be able to improve outcomes for the former without harming the latter. Finally, our findings suggest that public policies that encourage greater interpregnancy intervals for health reasons could have other unanticipated benefits. An important caveat is that

our sample only included children in the United States; further research is required to determine whether spacing is a means to improve later-life outcomes in developing or high-fertility societies.

Last, we have considered only one important outcome for children—academic achievement. The test with which achievement was assessed was typically administered between the ages of five and seven, so future work should consider whether these effects persist. Also, as the children in the NLSY79 Child and Young Adult Survey age, we hope to be able to consider other outcomes like health, educational attainment, and the likelihood of engaging in risky behaviors. An additional question for future research is whether birth spacing affects the well-being of parents (beyond maternal health).

References

- Abadie, Alberto, Joshua Angrist, and Guido Imbens. 2002. "Instrumental variables estimates of the effect of subsidized training on the Quantiles of Trainee Earnings." *Econometrica*, 70(1): 91-117.
- American College of Obstetricians and Gynecologists. 2002. *Early pregnancy loss: Miscarriage and molar pregnancy*. Washington, DC: American College of Obstetricians and Gynecologists. Accessed 26 February 2010 at http://www.acog.org/publications/patient_education/bp090.cfm.
- Armstrong, Deborah Smith. 2002. "Emotional Distress and Prenatal Attachment in Pregnancy After Perinatal Loss." *Journal of Nursing Scholarship*, 34(1): 339-345.
- Armstrong, Deborah, and Marianne Hutti. 1998. "Pregnancy after perinatal loss: The relationship between anxiety and prenatal attachment." *Journal of Obstetric, Gynecologic, and Neonatal Nursing*. 27(2):185-189.
- Bjerkedal, Tor, Petter Kristensen, Geir A. Skjeret, and John I. Brevik. 2007. "Intelligence test scores and birth order among young Norwegian men (conscripts) analyzed within and between families." *Intelligence*, 35(5): 503-514.
- Black, Sandra, Paul Devereux, and Kjell Salvanes. 2005. "The More the Merrier? The Effect of Family Size and Birth Order on Children's Education." *Quarterly Journal of Economics*, 120(2): 669-700.
- Black, Sandra, Paul Devereux, and Kjell Salvanes. 2007. "From the Cradle to the Labor Market: the Effect of Birthweight on Adult Outcomes." *Quarterly Journal of Economics*, 122(1): 409-439.
- Black, Sandra, Paul Devereux, and Kjell Salvanes. 2007. "Older and Wiser? Birth Order and IQ

- of Young Men.” IZA Working Paper #3007.
- Black, Sandra, Paul Devereux, and Kjell Salvanes. 2010. “Small Family, Smart Family? Family Size and the IQ Scores of Young Men.” *Journal of Human Resources*, 45(1): 33-58.
- Broman, Sarah H., Paul L. Nichols, and Wallace A. Kennedy. 1975. *Preschool IQ: Prenatal and early developmental correlates*. Hillsdale, N.J.: L. Erlbaum Associates.
- Butcher, Kristin F. and Anne Case. 1994. “The Effect of Sibling Sex Composition on Women's Education and Earnings.” *The Quarterly Journal of Economics*, 109(3): 531-563.
- Cheslack-Postava, Keely, Kayuet Liu, and Peter S. Bearman. 2011. “Closely Spaced Pregnancies Are Associated With Increased Odds of Autism in California Sibling Births.” *Pediatrics*, 127(2): 246-253
- Christensen, Harold. 1968. “Children in the Family: Relationship of Number and Spacing to Marital Success.” *Journal of Marriage and Family*, 30(2): 283-289.
- Cicirelli, Victor G. 1973. “Effects of Sibling Structure and Interaction on Children's Categorization Style.” *Developmental Psychology*, 9(1): 132-139.
- Conde-Agudelo, Agustin, Anyeli Rosas-Bermudez, Ana Cecilia Kafury-Goeta. 2006. “Birth Spacing and Risk of Adverse Perinatal Outcomes.” *Journal of the American Medical Association*, 295(15): 1809-1823.
- Conley, Dalton. 2000. “Sibling Sex Composition: Effects on Educational Attainment.” *Social Science Research*, XXIX: 441–457.
- Contra County Health Services. 2007. “Campaign to Encourage Spacing Babies Launched.” Press Release, August 27. Accessed 20 May 2011 at http://cchealth.org/press_releases/birth_spacing_campaign_2007_08.php.
- Cunningham, F. Gary, Kenneth J. Leveno, Steven L. Bloom, John C. Hauth, Dwight J. Rouse,

- Catherine Y. Spong. 2010. *Williams Obstetrics, Twenty-Third Edition*. The McGraw-Hill Companies, Inc. Accessed 28 February 2010 at <http://www.accessmedicine.com/content.aspx?aID=6053140>.
- Currie, Janet, and Rosemary Hyson. 1999. "Is the Impact of Health Shocks Cushioned by Socioeconomic Status? The Case of Low Birth Weight." *American Economic Review*, 89(2): 245-250.
- Dahl, Gordon, and Lance Lochner. 2010. "The Impact of Family Income on Child Achievement: Evidence from the Earned Income Tax Credit." NBER Working Paper 14599.
- Dahl, Gordon, and Enrico Moretti. 2008. "The Demand for Sons." *Review of Economic Studies*, 75(4): 1085-1120.
- Deschenes, Olivier. 2007. "Estimating the Effect of Family Background on the Return to Schooling." *Journal of Business and Economic Statistics*, 25(3): 265-277
- Fletcher, Jason, and Barbara Wolfe. 2009. "Education and Labor Market Consequences of Teenage Childbearing: Evidence Using the Timing of Pregnancy Outcomes and Community Fixed Effects." *Journal of Human Resources*, 44: 303-325.
- Frölich, Markus and Blaise Melly. 2010. "Estimation of quantile treatment effects with Stata." *Stata Journal*, 10(3): 423-425.
- Galbraith, Richard C. 1982. "Sibling spacing and intellectual development: A closer look at the confluence models." *Developmental Psychology*, 18(2): 151-173.
- Goldstein, Rachel R., Mary S. Croughan, and Patricia A. Robertson . 2002. "Neonatal Outcomes in Immediate Versus Delayed Conceptions After Spontaneous Abortion: A Retrospective Case Series." *American Journal of Obstetrics and Gynecology*, 186(6), 1230-1235.

- Guilkey, David K., and Susan Jayne. 1997. "Fertility Transition in Zimbabwe: Determinants of Contraceptive Use and Method Choice." *Population Studies*, 51(2): 173-189.
- Hanushek, Eric A. 1992. "The Trade-off between Child Quantity and Quality," *Journal of Political Economy*, 100(1): 84–117.
- Hauser, Robert M., and Hsiang-Hui Daphne Kuo. 1998. "Does the Gender Composition of Sibships Affect Women's Educational Attainment?" *Journal of Human Resources*, XXXIII: 644–657.
- Heckman, James, and James Walker. 1990. "The Relationship Between Wages and Income and the Timing and Spacing of Births: Evidence from Swedish Longitudinal Data." *Econometrica*, 58(6): 1411.
- Hotz, V. Joseph, Susan Williams McElroy, and Seth G. Sanders. 2005. "Teen Childbearing and Its Life Cycle Consequences." *Journal of Human Resources*, 45(3): 683-715.
- Hotz, V. Joseph, Charles Mullin, and Seth Sanders. 1997. "Bounding Causal Effects Using Data from a Contaminated Natural Experiment: Analyzing the Effects of Teenage Childbearing." *Review of Economic Studies*, 64(4):575–603.
- Hughes, Patricia M., Penelope Turton, and Chris D.H. Evans. 1999. "Stillbirth as risk factor for depression and anxiety in the subsequent pregnancy: cohort study." *British Medical Journal*, 318(7200): 1721-1724.
- Hughes, Patricia M., Penelope Turton, Elizabeth Hopper, Gill A. McGauley, and Peter Fonagy. 2001. "Disorganised Attachment Behaviour among Infants Born Subsequent to Stillbirth." *Journal of Child Psychology and Psychiatry*, 42(6): 791-801.
- Janssen, Hettie, Marianne Cuisinier, Kees Hoogduin, Kees de Graauw . 1996. "Controlled prospective study on the mental health of women following pregnancy loss." *American*

- Journal of Psychiatry*, 153: 226–23.
- Jayachandra, Seema and Ilyana Kuziemko. Forthcoming. “Why Do Mothers Breastfeed Girls Less than Boys? Evidence and Implications for Child Health in India.” *Quarterly Journal of Economics*.
- Jones, Kelly M. 2011. “Growing Up Together: Cohort Composition and Child Investment.” University of California, Berkeley. Mimeo.
- Kaestner, Robert. 1997. “Are Brothers Really Better? Sibling Sex Composition and Educational Achievement Revisited.” *Journal of Human Resources*, 32(2): 250-284
- Kessler, Daniel. 1991. “Birth Order, Family Size, and Achievement: Family Structure and Wage Determination.” *Journal of Labor Economics*, 9(4): 413-426.
- Lang, Kevin and Adam Ashcraft. 2006. “The Consequences of Teenage Childbearing.” NBER Working Paper 12485.
- Levine, Ruth, Ana Langer, Nancy Birdsall, Gaverick Matheny, Merrick Wright, and Angela Bayer. 2006. "Contraception." *Disease Control Priorities in Developing Countries (2nd Edition)*, ed. New York: Oxford University Press, 1,075-1,090. DOI: 10.1596/978-0-821-36179-5/Chpt-57.
- Miller, Amalia R. 2011. “The Effects of Motherhood Timing on Career Path.” *Journal of Population Economics*, 24(3): 1071–1100.
- Mullin, Charles. 2005. “Bounding Treatment Effects with Contaminated and Censored Data: Assessing the Impact of Early Childbearing on Children.” *Advances in Economic Analysis & Policy*, 5(1), Article 8.
- Neugebauer R., J. Kline, P. O’Connor, P. Shrout, J. Johnson, A. Skodol, J. Wicks, M. Susser 1992. “Determinants of depressive symptoms in the early weeks after miscarriage.”

- American Journal of Public Health*, 82(10): 1332–1339.
- Nielsen, Henriette Svarre, Anne-Marie Nybo Andersen, Astrid Marie Kolte, Ole Bjarne Christiansen. 2008. "A firstborn boy is suggestive of a strong prognostic factor in secondary recurrent miscarriage: a confirmation study." *Fertility and Sterility*, 89(4): 907-911.
- Olukoya, A.A. 1986. "Traditional child spacing practices of women: Experiences from a primary care project in Lagos, Nigeria." *Social Science and Medicine*, 23(3): 333-336.
- Powell, Brian and Lala Carr Steelman. 1993. "The Educational Benefits of Being Spaced Out: Sibship Density and Educational Progress." *American Sociological Review*, 58: 367-381.
- Powell, Brian and Lala Carr Steelman. 1995. "Feeling the Pinch: Age Spacing and Economic Investments in Children." *Social Forces*, 73:1465-1486.
- Price, Joseph. 2008. "Parent-Child Quality Time: Does Birth Order Matter?" *Journal of Human Resources*, 43(1): 240-265.
- Price, Joseph. 2010. "The Effect of Parental Time Investments: Evidence from Natural Within-Family Variation." Working Paper. Accessed 14 July 2010 at http://byuresearch.org/home/downloads/price_parental_time_2010.pdf.
- Rosenberg, Benjamin George, and Brian Sutton-Smith. 1969. "Sibling age spacing effects upon cognition." *Developmental Psychology*, 1(6), 661-668.
- Rosenzweig, Mark R. 1986. "Birth Spacing and Sibling Inequality: Asymmetric Information Within the Household." *International Economic Review*, 27: 55-76.
- Rosenzweig, Mark R., and Kenneth I. Wolpin. 1988. "Heterogeneity, Intrafamily Distribution and Child Health." *Journal of Human Resources*, 23(4): 437-461.
- Smits, Luc J., and Gerard G. Essed. 2001. "Short interpregnancy intervals and unfavourable

- pregnancy outcome: role of folate depletion.” *Lancet*, 358(9298): 2074 –2077.
- Steelman, Lala Carr, Brian Powell, Regina Werum, and Scott Carter. 2002. “Reconsidering the Effects of Sibling Configuration: Recent Advances and Challenges.” *Annual Review of Sociology*, 28: 243-269.
- Swanson, Kristen M. 2000. “Predicting Depressive Symptoms after Miscarriage: A Path Analysis Based on the Lazarus Paradigm.” *Journal of Women's Health & Gender-Based Medicine*, 9(2): 191-206.
- Swingle, Hanes M., Tarah T. Colaizy, M. Bridget Zimmerman, and Frank H. Morriss, Jr. 2009. “Abortion and the risk of subsequent preterm birth.” *Journal of Reproductive Medicine*. 54: 95-108.
- Thapar, Ajay K., and Anita Thapar . 1992. “Psychological sequelae of miscarriage: a controlled study using the General Health Questionnaire and the Hospital Anxiety and Depression Scale.” *British Journal of General Practice*, 42:94– 6.
- Theut, Susan K., Frank A. Pedersen, Martha J. Zaslow, Richard L. Cain, Beth A. Rabinovich, and John M. Morihisa. 1989. “Perinatal loss and parental bereavement.” *American Journal of Psychiatry*, 146: 635–639.
- Theut, Susan K., Frank A. Pedersen, Martha J. Zaslow, Beth A. Rabinovich, Lara Levin, John J. Bartko. 1992. “Perinatal loss and maternal attitudes toward the subsequent child.” *Infant Mental Health Journal*, 13(2): 157–166.
- Todoroff, Karen, and Gary M. Shaw. 2000. “Prior Spontaneous Abortion, Prior Elective Termination, Interpregnancy Interval, and Risk of Neural Tube Defects.” *American Journal of Epidemiology*, 151(5): 505-511.

- Troske, Kenneth, and Alexandru Voicu. 2009. "The Effect of the Timing and Spacing of Births on the Level of Labor Market Involvement of Married Women." *IZA Discussion Paper No. 4417*.
- United States Agency for International Development. 2006. "Healthier Mothers and Children Through Birth Spacing." Issue brief, June. Accessed 20 May 2011 at http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/healthy_birthspacing.pdf.
- Van Eijdsden, Manon, Luc J.M. Smits, Marcel F. van der Wal, and Gouke J. Bonsel. 2008. "Association between short interpregnancy intervals and term birth weight: the role of folate depletion." *American Journal of Clinical Nutrition*, 88(1):147–153.
- Wilde, Elizabeth Ty, Lily Batchelder, and David T. Ellwood. 2010. "The mommy track divides: the impact of childbearing on wages of women of different skill levels." NBER Working Paper 16582.
- Wineberg, Howard, and James McCarthy. 1989. "Child Spacing in the United States: Recent Trends and Differentials." *Journal of Marriage and Family*, 51(1): 213-228.
- Wyss Pius, Kurt Biedermann, and Albert Huch. 1994. "Relevance of the miscarriage-new pregnancy interval." *Journal of Perinatal Medicine*, 22: 235–241.
- Zajonc, Robert B. 1976. "Family Configuration and Intelligence." *Science, New Series*, 192(4235): 227-236.
- Zajonc, Robert B., and Gregory B. Markus. 1975. "Birth Order and Intellectual Development." *Psychological Review*, 82(1): 74-88.
- Zhu Bao-Ping, Robert T. Rolfs, Barry E. Nangle, John M. Horan . 1999. "Effect of the interval between pregnancies on perinatal outcomes." *New England Journal of Medicine*, 340(8): 589-594.

Figure 1a: Distribution of Gap for NLSY79 Sample

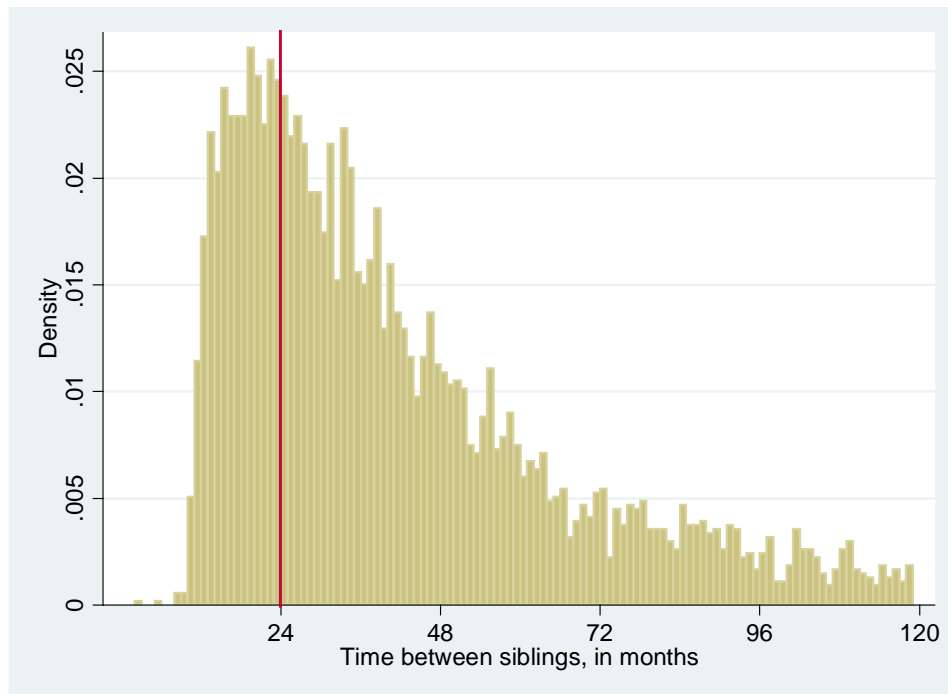
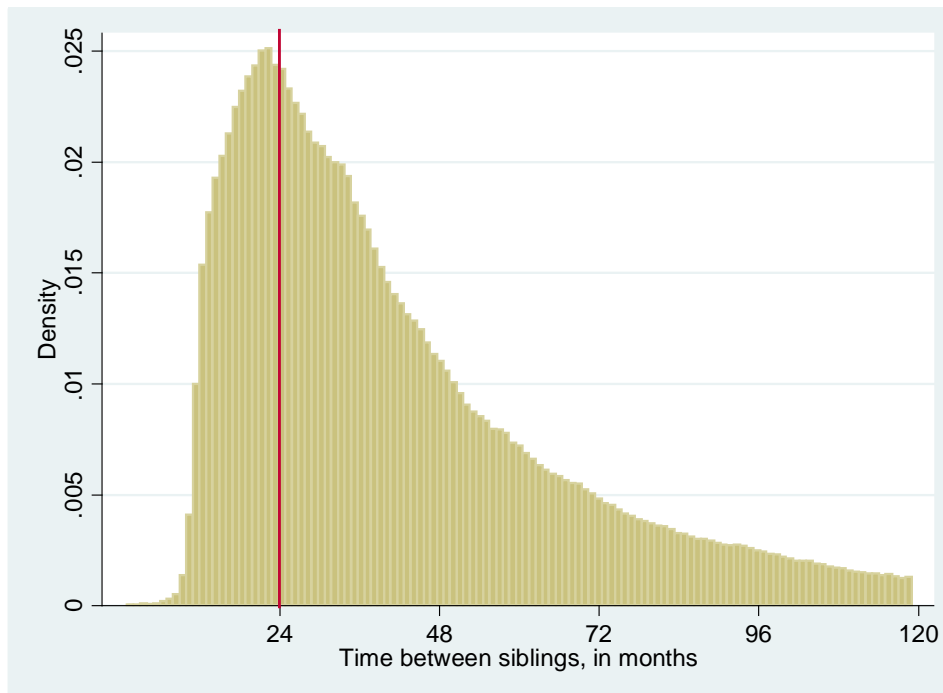
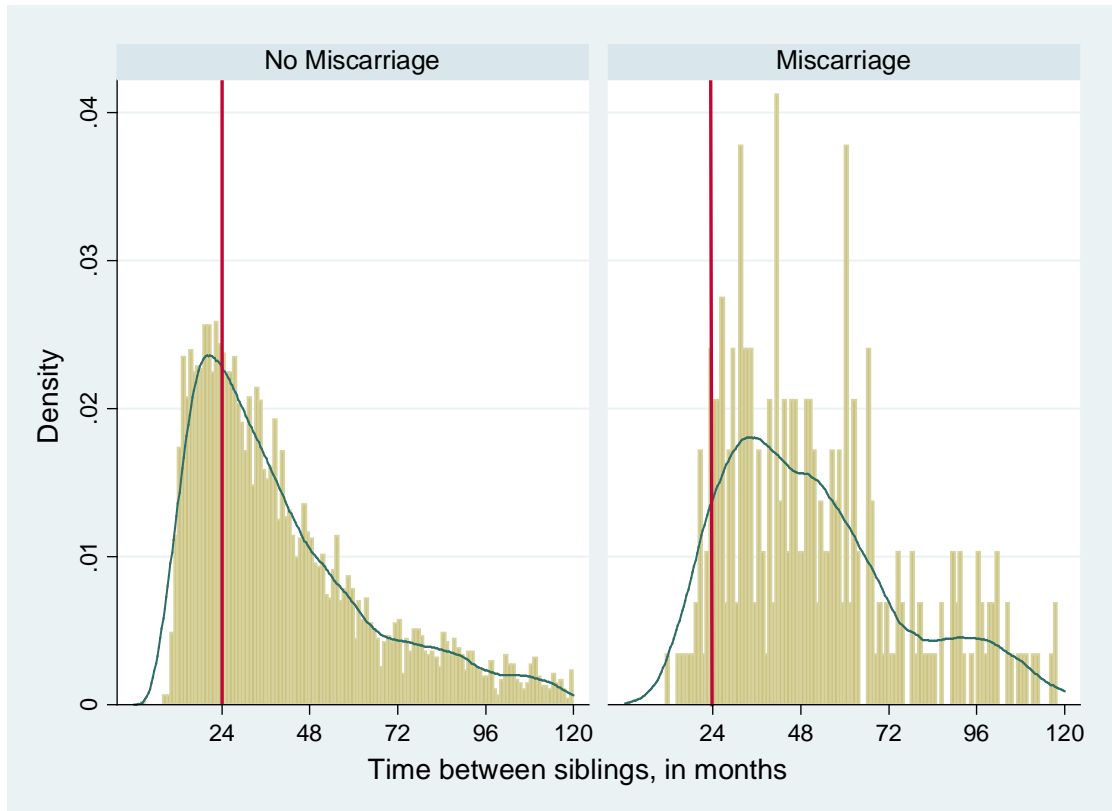


Figure 1b: Distribution of Gap for Comparable 1988 Natality Detail File Sample



Samples are restricted to intervals less than 10 years, and to intervals through the fifth child. The NLSY sample has 5,004 observations, and the Natality sample has 1,737,479 observations. For the NLSY sample, child weights are used. The mean and median for the two samples are 40.8 and 34 months, respectively, and the null hypothesis that the means are the same for the two samples cannot be rejected at the 10% level.

Figure 2: Distribution of Birth Spacing in NLSY79, by Miscarriage



Samples are restricted to intervals less than 10 years, and to intervals through the fifth child. The distribution on the left includes the 4,719 intervals with no miscarriage; the one on the right includes the 291 intervals with a miscarriage between the births. The kernel density estimate is also shown.

Table 1: OLS Regressions of Spacing on Characteristics of Mother and Older Child

	Dependent Variable	
	Gap in Months	Gap < 2 Years
Older Child is Female	0.4251 (0.7779)	-0.0052 (0.0147)
Hispanic	2.3359* (1.2089)	0.0176 (0.0221)
Black	1.7192 (1.2489)	0.0157 (0.0224)
Total Number of Children, by 2006	-4.9506** (0.4521)	0.0861** (0.0099)
Age at First birth	-0.0006 (0.0024)	0.0000 (0.0001)
Age at First Birth^2	0.0000 (0.0000)	0.0000 (0.0000)
Gap Between Child 2 and Child 3	3.9188** (1.1196)	-0.0412** (0.0205)
Gap Between Child 3 and Child 4	6.0873** (1.8446)	-0.0938** (0.0362)
Gap Between Child 4 and Child 5	7.3444** (2.8962)	-0.1915** (0.0595)
Never Divorced/Separated	-0.9403 (0.8537)	-0.0422** (0.0167)
Married at First Birth	-2.1642* (1.1859)	-0.0049 (0.0213)
High School Degree	1.7656 (1.1618)	-0.0314 (0.0217)
College Degree	1.3164 (1.6057)	-0.0608* (0.0340)
AFQT	0.0015 (0.0193)	-0.0003 (0.0004)
Observations	4,821	4,821
R-squared	0.0638	0.0670
Dependent Variable Mean [Std. Dev.]	41.34 [23.97]	0.2598 [.4386]

**, * Denote significance at 5% and 10% respectively. Data are from the NLSY79, and each observation is a sibling pair. Results are from separate OLS regressions, where the dependent variable is either spacing in months or a dummy indicating spacing under 2 years. Regressions also include child month- and year-of-birth dummies. Child weights are used, and standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years.

Table 2: Summary Statistics for Children in Sample

	Older Sibling	Younger Sibling
Birth Year	1985.39 (5.75)	1988.54 (5.60)
Female	0.4867 (0.4999)	0.4841 (0.4998)
Hispanic	0.0871 (0.2820)	0.0817 (0.2739)
Black	0.1916 (0.3936)	0.1824 (0.3862)
Total Number of Children, by 2006	3.16 (1.19)	3.17 (1.19)
Age of Mother at First Birth	23.16 (5.04)	22.98 (4.84)
PIAT Score, Reading	23.26 (12.99)	20.53 (11.15)
PIAT Score, Math	20.94 (11.73)	19.03 (10.19)
Gap Between Child 2 and Child 3	0.2704	0.2705
Gap Between Child 3 and Child 4	0.1028	0.0988
Gap Between Child 4 and Child 5	0.0288	0.0290
Observations	5,010	4,868
Mean Months Between		41.34 (23.97)
Median Months Between		34.50
Fraction <2 Years Apart		0.2598 (0.4386)
Miscarriage Between Siblings		0.0635 (0.2438)

Data are from the NLSY79 and the NLSY79 Child and Young Adult Survey. Each observation is a sibling pair. Standard deviations are in parenthesis. Child weights are used, and the sample is restricted to intervals less than 10 years.

Table 3: OLS Estimates of Effect of Spacing on Test Scores of OLDER Siblings

Panel A: PIAT-Reading					
Spacing Measure:	[1]	[2]	[3]	[4]	[5]
Gap in Months	0.0002 (0.0008)	0.0012* (0.0007)	0.0059** (0.0027)		
Gap in Months ²			-0.0000* (0.0000)		
ln(Gap in Months)				0.0684** (0.0312)	
Gap < 2 Years					-0.0784* (0.0405)
R-squared	0.0000	0.1923	0.1931	0.1929	0.1926
Additional Controls		x	x	x	x
Panel B: PIAT-Math					
Spacing Measure:	[1]	[2]	[3]	[4]	[5]
Gap in Months	0.0006 (0.0007)	0.0021** (0.0006)	0.0087** (0.0026)		
Gap in Months ²			-0.0001** (0.0000)		
ln(Gap in Months)				0.1118** (0.0283)	
Gap < 2 Years					-0.1420** (0.0388)
R-squared	0.0002	0.2108	0.2124	0.2121	0.2120
Additional Controls		x	x	x	x

**, * Denote significance at 5% and 10% respectively. Each column is from a separate regression and gives the coefficient on the spacing measure for the indicated specification. Each observation is a sibling pair, and child weights are used. The dependent variable is the age-adjusted, standardized test score in math or reading, for the older sibling in the pair. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years; there are 4,403 observations in each regression.

Table 4: OLS Estimates of Effect of Spacing on Test Scores of YOUNGER Siblings

Panel A: PIAT-Reading					
Spacing Measure:	[1]	[2]	[3]	[4]	[5]
Gap in Months	0.0001 (0.0008)	-0.0004 (0.0008)	-0.0031 (0.0026)		
Gap in Months ²			0.0000 (0.0000)		
ln(Gap in Months)				-0.0240 (0.0337)	
Gap < 2 Years					0.0020 (0.0415)
R-squared	0.0000	0.2015	0.2018	0.2015	0.2014
Additional Controls		x	x	x	x
Panel B: PIAT-Math					
Spacing Measure:	[1]	[2]	[3]	[4]	[5]
Gap in Months	-0.0014** (0.0007)	-0.0005 (0.0009)	0.0022 (0.0026)		
Gap in Months ²			0.0000 (0.0000)		
ln(Gap in Months)				0.0027 (0.0351)	
Gap < 2 Years					-0.0900** (0.0399)
R-squared	0.0012	0.2252	0.2255	0.2250	0.2264
Additional Controls		x	x	x	x

**, * Denote significance at 5% and 10% respectively. Each column is from a separate regression and gives the coefficient on the spacing measure for the indicated specification. Each observation is a sibling pair, and child weights are used. The dependent variable is the age-adjusted, standardized test score in math or reading, for the younger sibling in the pair. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years; there are 4,073 observations in each regression.

Table 5: Marginal Effects from a Probit Regression of Miscarriage on Pre-Characteristics

Older Child is Female	-0.0618 (0.0705)
Hispanic	-0.0708 (0.0959)
Black	-0.1995** (0.0959)
Age at First birth	0.0001 (0.0002)
Age at First Birth ²	0.0000 (0.0000)
Gap Between Child 2 and Child 3	-0.2571** (0.0922)
Gap Between Child 3 and Child 4	-0.3516** (0.1467)
Gap Between Child 4 and Child 5	-0.1535 (0.2172)
Married at First Birth	-0.1092 (0.0891)
High School Degree	0.0395 (0.0934)
College Degree	-0.0798 (0.1511)
AFQT	0.0006 (0.0018)
Older Child's Birth Weight (ounces)	-0.0007 (0.0017)
Observations	4,608
Pseudo R-squared	0.0206
Wald Chi-squared	31.11
p-value for Wald	0.1505
Mean Miscarriages	0.0634
Std. Dev.	(0.2438)

**, * Denote significance at 5% and 10% respectively. Results are marginal effects from a probit regression where the dependent variable is equal to one if the mother miscarried between the births and zero otherwise. Each observation is a sibling pair, and child weights are used. Child month- and year-of-birth dummies are also included. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years.

Table 6: First Stage Estimates of Effect of Miscarriage on Spacing

Panel A: Older Siblings

	Dependent Variable		
	Gap in Months	ln(Gap in Months)	Gap <2 Years
Miscarriage = 1	8.3431** (1.5472)	0.2359** (0.0319)	-0.1877** (0.0217)
F-Statistic	29.08	54.53	74.80
Dep. Variable Mean	41.34	3.56	0.26

Panel B: Younger Siblings

	Dependent Variable		
	Gap in Months	ln(Gap in Months)	Gap <2 Years
Miscarriage = 1	7.8622** (1.4399)	0.2177** (0.0305)	-0.1643** (0.0231)
F-Statistic	29.82	50.79	50.62
Dep. Variable Mean	41.74	3.57	0.26

** , * Denote significance at 5% and 10% respectively. Each entry is from a separate regression and gives the coefficient on the indicator for miscarriage, where the dependent variable is the indicated measure of spacing. Each observation is a sibling pair, and child weights are used. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years; there are 4,821 observations in the older sample and 4,683 in the younger sample.

Table 7: 2SLS Estimates of Effect of Birth Spacing on Test Scores

Panel A: Older Siblings

Spacing Measure:	PIAT-Reading			PIAT-Math		
	Gap in Months	ln(Gap in Months)	Gap <2 Years	Gap in Months	ln(Gap in Months)	Gap <2 Years
Coefficient	0.0145*	0.5169*	-0.6625*	0.0131	0.4647	-0.5957*
(std. error)	(0.0085)	(0.2927)	(0.3634)	(0.0082)	(0.2838)	(0.3563)
R-squared	0.1038	0.1370	0.1343	0.1485	0.1763	0.1757

Panel B: Younger Siblings

Spacing Measure:	PIAT-Reading			PIAT-Math		
	Gap in Months	ln(Gap in Months)	Gap <2 Years	Gap in Months	ln(Gap in Months)	Gap <2 Years
Coefficient	0.0023	0.0850	-0.1170	-0.0045	-0.1674	0.2303
(std. error)	(0.0093)	(0.3462)	(0.4759)	(0.0085)	(0.3151)	(0.4360)
R-squared	0.1981	0.1985	0.1986	0.2190	0.2185	0.2087

* Denotes significance at 10%. Each entry is from a separate 2SLS regression and gives the coefficient on the indicated measure of spacing, where miscarriage is used as an instrument. The dependent variable is the age-adjusted, standardized test score. Each observation is a sibling pair, and child weights are used. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years; there are 4,821 observations in the older sample and 4,683 in the younger sample.

Table 8: 2SLS Estimates of Effect of Birth Spacing on Test Scores, for Selected Subsamples

Panel A: Older Siblings				
	Sample			
	First-Born	Later-Born	Below-Median Income	Above-Median Income
PIAT-Reading	-0.7757*	-0.6132	-1.2314**	-0.1677
	(0.4132)	(0.7530)	(0.4833)	(0.5909)
	2,631	1,767	2,110	2,057
PIAT-Math	-0.7713*	-0.2348	-0.9807**	-0.3597
	(0.4084)	(0.6488)	(0.4761)	(0.6276)
	2,637	1,766	2,112	2,060

Panel B: Younger Siblings				
	Sample			
	Second-Born	Later-Born	Below-Median Income	Above-Median Income
PIAT-Reading	-0.4644	0.5067	-0.2914	0.3084
	(0.5717)	(0.6821)	(0.6104)	(0.7798)
	2,434	1,640	1,965	1,909
PIAT-Math	0.2563	0.0993	-0.1052	0.9707
	(0.5561)	(0.6435)	(0.5556)	(0.7458)
	2,433	1,640	1,962	1,911

**, * Denote significance at 5% and 10% respectively. Each entry is from a separate 2SLS regression for the indicated sample, where miscarriage is used as an instrument for spacing under two years. See text for details on how median income is calculated. The dependent variable is the age-adjusted, standardized test score. Each observation is a sibling pair, and child weights are used. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are clustered by mother (in parenthesis); number of observations is given below the standard error. Sample is restricted to intervals under 10 years.

**Table 9: 2SLS Estimates of Effect of Spacing Under Two Years on Reading Scores for Older Children,
With Controls for Possible Mechanisms**

	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
Gap < 2 Years	-0.6126*	-0.6169*	-0.5765*	-0.5472	-0.5884*	-0.6117*	-0.6138*	-0.5229
	(0.3480)	(0.3478)	(0.3410)	(0.3518)	(0.3476)	(0.3495)	(0.3485)	(0.3452)
Birth Weight (oz)		0.0022**						0.0022**
		(0.0009)						(0.0009)
Child Breastfed			0.0577					0.0427
			(0.0427)					(0.0438)
Read at Least Once/Week				0.0261				0.0283
				(0.0616)				(0.0618)
Read About 3 Times/Week				0.0284				0.0244
				(0.0555)				(0.0564)
Read Every Day				0.1288*				0.1169*
				(0.0680)				(0.0688)
Hours of TV per Weekday				-0.0343**				-0.0356**
				(0.0173)				(0.0171)
Hours of TV ²				0.0011				0.0011
				(0.0008)				(0.0008)
At Least 10 Books in Household					0.0515			0.0411
					(0.0522)			(0.0533)
Mother's Experience (Weeks)						0.0001		0.0001
						(0.0003)		(0.0003)
Mother's Experience ²						-0.0000*		-0.0000*
						(0.0000)		(0.0000)
Never Divorced							-0.0266	-0.0307
							(0.0443)	(0.0448)
R-squared	0.1387	0.1396	0.1459	0.1541	0.1440	0.1431	0.1386	0.1643

**, * Denote significance at 5% and 10% respectively. Each entry is from a separate 2SLS regression; in addition to the controls included in the table, all regressions include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. We also include dummies for missing values for breastfeeding information, reading time, and number of books. The dependent variable is the age-adjusted, standardized reading score. Each observation is a sibling pair, and child weights are used. Standard errors are clustered by mother (in parenthesis). Sample is restricted to intervals under 10 years, and is limited to observations for which the full set of controls are available. There are 4,198 observations in each regression.

Table 10: Estimates of Effect of Spacing on Test Score Distribution

Panel A: Quantile Regression and OLS Estimates

	OLS	Quantile				
		0.1	0.25	0.5	0.75	0.9
<u>Older Sibling</u>						
PIAT-Reading	-0.0990** (0.0323)	-0.1006* (0.0555)	-0.1244** (0.0421)	-0.0372 (0.0312)	-0.0501 (0.0514)	-0.0991 (0.1050)
PIAT-Math	-0.1476** (0.0314)	-0.2399** (0.0524)	-0.1378** (0.0427)	-0.1326** (0.0436)	-0.0716 (0.0531)	-0.1379 (0.0888)
<u>Younger Sibling</u>						
PIAT-Reading	-0.0145 (0.0311)	0.0000 (0.0567)	0.0131 (0.0467)	0.0873** (0.0382)	0.0000 (0.0508)	-0.0372 (0.0909)
PIAT-Math	-0.0882** (0.0323)	0.0000 (0.0551)	-0.0716 (0.0483)	-0.1021** (0.0462)	-0.1021* (0.0611)	-0.1020 (0.0883)

Panel B: Quantile Treatment Effects and 2SLS Estimates

	2SLS	Quantile				
		0.1	0.25	0.5	0.75	0.9
<u>Older Sibling</u>						
PIAT-Reading	-0.7238** (0.2966)	-0.6351 (0.7204)	-0.5850 (0.4102)	-0.4606 (0.5640)	-0.5720 (0.7682)	-1.0456 (1.1057)
PIAT-Math	-0.7146** (0.2871)	-0.6229 (0.7918)	-0.5514 (0.5518)	-0.5514 (0.5281)	-0.6635 (0.6689)	-0.8628 (0.8547)
<u>Younger Sibling</u>						
PIAT-Reading	-0.0040 (0.2863)	0.1746 (0.4769)	-0.1506 (0.4682)	0.0873 (0.3062)	-0.0501 (0.5127)	-0.1745 (0.9514)
PIAT-Math	0.1373 (0.3000)	-0.2041 (0.6173)	-0.1736 (0.4045)	-0.1736 (0.4086)	-0.1378 (0.4966)	-0.1786 (0.9337)

**,* Denote significance at 5% and 10%, respectively. Results in Panel A are from quantile regressions; results in Panel B are estimates of unconditional quantile treatment effects (following Frölich and Melly (2010)), where miscarriage is used as an instrument for spacing. Each entry is the coefficient on an indicator for spacing under two years. The dependent variable is the age-adjusted, standardized test score. Each observation is a sibling pair. Additional controls include child gender and mother's race, age, education, number of children, marital status, AFQT score, and child month- and year-of-birth dummies. Standard errors are in parenthesis. Sample is restricted to intervals under 10 years. For older siblings, there are 4,403 observations for math and 4,398 for reading; for younger, there are 4,073 for math and 4,074 for reading.