

Ingrid van Dijk (Lund) & Matthias Rosenbaum-Feldbrügge (Federal Institute for Population Research Germany)

‘Short lives, the impact of parental death on early life mortality, and height in the Netherlands, 1850-1940’

Parental death in childhood is a dramatic event which has been associated with decreasing living standards and a decline in access to parental care and socioeconomic resources. Especially in a historical context, parental death could have detrimental consequences for children’s health and survival. In the current work, we investigate how the death of a parent early in life affects boys’ health by analyzing two distinct measures: mortality before age 20 and height in young adulthood. This enables us to identify critical age periods when sudden childhood adversities were most harmful and to gain more insights into the biodemographic processes and mechanisms at play. We use nationally representative data for the period 1850-1922 using an established database, the Historical Sample of the Netherlands, and employ survival methods (mortality) and linear regression models (height), studying 17,330 and 4,166 cases, respectively. Results reveal that height is mainly affected by parental death taking place within the ages 5 and 12. Maternal death and paternal death in this age period are both related to increased mortality, with strong effects of parental loss in infancy and sustained negative effects on survival specifically for paternal loss at a young age. Paternal loss remains of influence for child survival to higher ages than maternal loss, as paternal death between the ages 5 and 12 is associated with elevated mortality risks in the age group 12-20. Still we find a positive effect of paternal death on height for the age group between 5 and 12. Our results show that mortality and height measure different aspects of health that are affected in different age periods. Moreover, maternal loss is generally more harmful to children’s well-being than paternal loss, thereby indicating that the loss of resources and care traditionally provided by mothers is worse than the loss of resources and care provided by fathers.