

in brief...



# What girls study influences their offspring's health at birth

Educational reform can have a powerful impact on people's health with benefits for the next generation. **Pilar Cuevas-Ruiz, Cristina Borra and Almudena Sevilla** show how.

Better health at birth is linked to better long-term outcomes, such as higher educational attainment, better earnings and lower risk of disability. While prior research has identified several factors that influence health at birth – including mothers' years of education, behaviour, access to resources, and mental and physical health – there has been limited research investigating the effect of the specific educational curriculum studied by the mother on infant health.

To address this gap, we analysed the effects of an educational policy reform in Spain. The reform postponed pupils' choice between academic and vocational tracks from the age of 14 until 16, requiring all young people to complete a broader, two-year general curriculum. The implementation of the new course of study was staggered across Spanish provinces over a 10-year transition period from 1990, in which the old and new school systems co-existed.

To identify the effects of more general education on children's outcomes, we constructed an index of exposure to the policy using manually collected data on the share of 14-year-old pupils under each system during the transition period and compared the health outcomes of children born to mothers with varying levels of exposure to the policy. The study focused on the health outcomes of first-born children of mothers aged between 25 and 33 who were themselves born between 1975 and 1985, and so were at school during the time the curriculum changed.

Our findings reveal that children whose mothers were exposed to the broader educational curriculum had improved health outcomes at birth. We assessed the health of newborns based on several indicators, including very low birth-weight (less than 1,500 grams), and very pre-term birth (less than 33 weeks). In the study, approximately 1% of newborns had very low birth-weight and 1% were very pre-term.

The analysis shows a 27.14% decrease in the likelihood of very low birth-weight and a 27.5% decrease in very pre-term birth. These figures imply that there were 305 fewer children born with a very low birth-weight and 480 fewer very pre-term births.

We also explored several underlying channels through which the increase in general schooling for girls could have later positively affected their children's health. Our results suggest that the effect is primarily driven by women's increased participation in the workforce and improved family planning, rather than their increased ability to avoid risky behaviours or increased earnings through different job choices or partner selection.

The comprehensive educational reform in Spain successfully provided broader knowledge and learning skills to women without affecting the completion of different educational programmes or years of schooling. The increase in the share of women enrolled in the new comprehensive system demonstrates the success of the reform. But it did not significantly affect the proportion of women with a high school diploma or college degree, indicating that the consequences of the reform were primarily driven by the change in what the mothers learned as teenagers, rather than being due to more or different higher educational attainment.

Our research emphasises the potential benefits of integrating a broader and more general educational curriculum into schools and underscores the importance of considering the impact of educational policies on health outcomes. Our findings urge policymakers to prioritise the quality of education, alongside its quantity, to pave the way for improved health outcomes for future generations.

This article summarises 'The Causal Impact of Maternal Educational Curricula on Infant Health at Birth' by Cristina Borra, Pilar Cuevas-Ruiz and Almudena Sevilla, CEP Discussion Paper No. 1915 (<https://cep.lse.ac.uk/pubs/download/dp1915.pdf>).

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