



Perceived instrumental support and children's health across the early life course



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ABSTRACT

A large, venerable literature demonstrates the importance of social relationships and social support for health, though much less research examines whether the benefits of social support to mothers extend to children. This paper examines the relationship between mothers' perceptions of instrumental support and children's health using longitudinal data from the U.S. Fragile Families and Child Wellbeing Study ($N = 4342$), a cohort of American children born in urban areas to mostly unmarried parents. Results suggest mothers' perceptions of instrumental support is positively associated with children's overall health, and this finding persists despite controlling for a host of individual-level characteristics of mothers and children (including a lagged indicator of children's health) and in fixed-effect models. Mothers' economic security and mothers' wellbeing attenuate some, but not all, of the association between perceived instrumental support and children's overall health. In addition, the link between perceived instrumental support and three specific indicators of health – asthma, overweight/obese, and number of emergency room visits – falls to statistical insignificance after accounting for individual-level characteristics, suggesting these associations result from social selection processes. Taken together, these findings suggest the beneficial health consequences of social support may extend to children across the early life course and demonstrate the need to better understand mothers' reports of children's overall health.

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Introduction

A large, venerable body of literature demonstrates the importance of social relationships and social support for health (Berkman, 1995; House, Umberson, & Landis, 1988; Kawachi & Berkman, 2001; Thoits, 2011; Uchino, 2004; Umberson, Crosnoe, & Reczak, 2010). Individuals who create and maintain close relationships with kin members, friends, and neighbors experience positive and lasting benefits of these relationships. Instrumental support – generally considered support that comes in the form of money, time, or in-kind assistance – is the most commonly exchanged form of social support (House, 1981; also see Swartz, 2009). Researchers have documented that instrumental support is linked to health and wellbeing among adults (Harknett, 2006; Henly, Danziger, & Offer, 2005; Lin, Ye, & Ensel, 1999; Uchino, 2004).

But the health benefits of parents' instrumental support may extend to children. First, the association between parents' perceived instrumental support and children's health may be direct. A mother with friends or family members to provide a small loan, for example, may be able to afford a co-payment, prescription or over-the-counter medication, or transportation to a doctor's appointment,

all of which may promote health and wellbeing among children. Second, the relationship between parents' perceived instrumental support and children's health may be indirect, operating through economic security. For parents, especially those with limited economic resources, having a friend or family member available to provide financial or in-kind assistance may be necessary for economic survival (Edin & Lein, 1997). Economic security may allow mothers to purchase high-quality material health inputs (including healthy food, medical care, and housing) and to use these inputs to improve children's physical health (Currie, 2009). Finally, the relationship between parents' perceived instrumental support and children's health may operate through parents' health and wellbeing. Having the potential to activate such assistance may relieve emotional stress among parents (Thoits, 1995), which may enable parents to notice children's health problems as they arise or adhere to treatment regimes for sick children.

Despite reasons to believe instrumental support may affect children's health, little empirical research, especially in developed countries, examines this association (though see Jackson, Brooks-Gunn, Huang, & Glassman, 2000; Leininger, Ryan, & Kalil, 2009; Ryan, Kalil, & Leininger, 2009; Sherraden & Barrera, 1997). Thus, this paper addresses the association between perceptions of instrumental support among mothers and health among children, nearly

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all of whom live with their mothers. The focus on perceived support is advantageous because it captures the support mothers have available to draw upon when needed. This is in contrast to received support, which conflates the availability of and need for support, making it impossible to distinguish between mothers who have unmet support needs and mothers who simply do not need support (Meadows, 2009; Thoits, 2011).

This paper uses data from the Fragile Families and Child Well-being Study, a recent cohort of American children born in urban areas to mostly unmarried parents, to understand the relationship between mothers' perceived instrumental support and children's health. The outcomes of children born to unmarried parents may be especially important, as these children are an increasing demographic group (Hamilton, Martin, & Ventura, 2010) and may be especially vulnerable (Bzostek & Beck, 2011). These data provide an exceptional empirical lens to understand this relationship, and this paper contributes to the literature in the following ways: by using a large, recent, and longitudinal data source; by adjusting for a rich set of covariates (including a lagged dependent variable) and employing a fixed-effects modeling strategy; by detailing the mechanisms linking perceived instrumental support to children's health; and by considering multiple indicators of children's health including overall health, asthma, overweight/obese, and number of emergency room visits.

Background

Importance of understanding children's health

Children's health and wellbeing plays an important role in the intra-generational process of stratification (Palloni, 2006). Poor health in childhood is associated with low educational attainment (Case & Paxson, 2010), low socioeconomic status (Case & Paxson, 2010; Palloni, 2006), and health problems (Case & Paxson, 2010; Haas, 2007; Smith, 2009) in adulthood, which suggests understanding the social determinants of children's health is important. Indeed, children's health and wellbeing is not randomly distributed across the population and considerable disparities begin as early as infancy (Bloom, Cohen, & Freeman, 2009; Reichman, Hamilton, Hummer, & Padilla, 2008).

Why would we expect mothers' perceived support to influence children's health?

The association between perceived instrumental support and children's health may be direct. As noted above, having friends or family members to provide a small loan, for example, may enable a mother to afford a co-payment, prescription or over-the-counter medication, or transportation to a doctor's appointment, all of which may promote health and wellbeing among children. Similarly, the provision of emergency child care may allow a mother to take a sick child to a doctor or emergency room without his or her siblings (thus preventing siblings from exposure to illness). Having someone to provide a place to live in an emergency may mean children are protected against unexpected stints of homelessness and have a respite from exposure to environmental allergens.

It is also possible perceived instrumental support indirectly benefits children's health through its broader benefits to mothers. Mothers' increased economic security may be one mechanism underlying the relationship between mothers' perceived instrumental support and children's health. Available social support may help supplement earnings, assist in procuring employment, or reduce material hardship. Large amounts of financial assistance may buffer against economic hardship in the face of an unexpected shock such as job loss, divorce, or eviction. Indeed, among low-income

families, perceived instrumental support is associated with greater employment, less perceived material hardship, and a reduced likelihood of living in poverty (Harknett, 2006; Henly et al., 2005). Increased economic security, in turn, may allow mothers to purchase healthy food for children, engage in health-promoting activities or preventive care, and purchase necessary medication. Indeed, employed mothers have healthier children than their counterparts (Osborne & Knab, 2007), and household income is positively associated with children's health (Bloom et al., 2009).

An additional mechanism linking perceived instrumental support and children's health may be mothers' improved health and wellbeing. Perceiving available support may lead to both physical and mental health advantages by mitigating against stress and strengthening a mother's coping capacity (Lin et al., 1999; Uchino, 2004). Empirical literature suggests parental physical and mental health problems are associated with poorer health in children (Angel & Worobey, 1988; Hogan, Shandra, & Msall, 2007; Minkovitz, O'Campo, Chen, & Grason, 2002). Maternal depression, for example, is associated with lower overall health in children, health conditions such as asthma, and less preventive care (Turney, 2011).

Empirical evidence linking mothers' instrumental support and children's health

Despite conceptual frameworks suggesting mothers' perceived instrumental support may improve children's health, as well as frameworks highlighting the importance of examining social relationships and health across the life course (Umberson et al., 2010), relatively little empirical research considers the association between social support and children's health. These existing empirical findings suggest a positive association between support and children's health in developed countries (Drukker, Buka, Kaplan, McKenzie, & Van Os, 2005; Leininger et al., 2009; Ryan et al., 2009; Sherraden & Barrera, 1997), though support is rarely operationalized across studies and few studies consider measures of perceived instrumental support. One study of U.S. mothers enrolled in welfare-to-work programs found that children of mothers lacking social support – especially socially isolated mothers – were more likely than their counterparts to experience an accident or injury (Leininger et al., 2009). Perceived instrumental support is also associated with fewer behavior problems in children of low-income mothers (Ryan et al., 2009).

Additional research examines the consequences of social support for children in less developed countries (Adams, Madhavan, & Simon, 2002; Carter & Maluccio, 2003; De Carvalho, Benicio, & Barros, 2005; Harpham, De Silva, & Tuan, 2006; Surkan, Ryan, Vieira, Berkman, & Peterson, 2007). For example, higher levels of financial and emotional support are associated with a reduced likelihood of mother-reported fair or poor child health in Mexico (Kana'iaupuni, Donato, Thompson-Colon, & Stainback, 2005). Similarly, social support is positively associated with children's nutritional status in South Africa (Carter & Maluccio, 2003) and adequate growth in Brazil (Surkan et al., 2007). Support is negatively associated with child mortality in Mali (Adams et al., 2002) and with children's health problems in Vietnam (Harpham et al., 2006).

It is possible that observed associations between instrumental support and children's health are not causal and instead result from social selection processes. There may be unobserved differences between mothers with high and low perceived instrumental support that render this association spurious. Much previous research does not rule out a spurious relationship, as most studies include relatively few control variables, utilize cross-sectional data, and/or rely on traditional regression models that do not account for unobserved heterogeneity. Two noteworthy exceptions include

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