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Socioeconomic background and high school completion: Mediation by health and moderation by national context

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ABSTRACT

This study uses longitudinal data from the Norwegian Health Study linked with registry data ($n = 13262$) and the U.S. National Longitudinal Survey of Youth 1997 ($n = 3604$) to examine (1) whether adolescent health mediates the well-established relationship between socioeconomic background and successful high school completion, and (2) whether this mediated pathway of influence varies by national context. Adolescents from lower educated and lower income families reported poorer health, which negatively impacted their likelihood of graduating from high school. The partial mediational effect of adolescent health was stronger in the U.S. than in Norway. These results suggest that policies aimed at preventing high school dropout need to address adolescent health, in addition to the unequal opportunities derived from socioeconomic disadvantage.

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High school credentials are important for social mobility as well as adult health (Montez & Friedman, 2015). A large evidence-base has documented that adolescents from lower socioeconomic backgrounds are likely to lag behind their more advantaged peers in educational attainment (Breen & Jonsson, 2005). A more limited, albeit growing body of research has shown that adolescent health has an effect on educational outcomes, including high school completion (Brekke & Reisel, 2015; Ding, Lehrer, Rosenquist, & Audrain-McGovern, 2006; Haas & Fosse, 2008; Haas, 2006; Jackson, 2009; Lê, Diez Roux, & Morgenstern, 2013; Sagatun, Heyerdahl, Wentzel-Larsen, & Lien, 2014; Suhrcke & de Paz Nieves, 2011; Sznitman, Reisel, & Romer, 2011). Indeed, poor health can have a direct effect on successful high school completion because it may lead to illness-related absences, or render adolescents less physically or psychologically able to complete assignments and exams or concentrate in class (Basch, 2011).

While the effects of socioeconomic background and health are often examined empirically as separate factors for determining educational attainment (Haas, 2006), it is possible that there is a synergistic relationship between them that is not captured in conventional analyses (Basch, 2011). Indeed, adolescent health disparities are often *educationally relevant health disparities* (e.g. vision, asthma, teen pregnancy, aggression and hyperactivity), meaning that they do not only disproportionately affect socioeconomically disadvantaged youth, they also have consequences relevant to educational attainment because they obstruct motivation and ability to learn and thus succeed in school (Basch, 2011).

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As such, it is plausible that adolescent health functions as a mediator in the relationship between socioeconomic background and educational attainment. Yet, the extant literature is limited. Haas and Fosse (2008) found that when adolescent health is taken into account, the relationship between household income and high school completion is reduced, but remains significant. Although not formally tested, this finding suggests a partial mediation by adolescent health. A stronger mediation research design was conducted by Haas (2006), with robust evidence that disadvantaged social background leads to poorer childhood health, which in turn results in lower levels of completed education. Despite its strong design, childhood health was based on a retrospective account of perceived health from childhood to adolescence, which may be subject to recall bias.

In addition to a potential mediating effect of adolescent health, the synergistic relationships in question may be affected by broad policy factors (Peter, Edgerton, & Roberts, 2010; Rathmann et al., 2015). Therefore, it is possible that the relative strength of the relationships between socioeconomic background, adolescent health and educational outcomes vary by national context. For instance, countries that provide universal health care may be able to mitigate some of the negative effect of health on educational outcomes by providing better access to health care services (Courtemanche & Zapata, 2012; Freeman, Kadiyala, Bell, & Martin, 2008; Hadley, 2003; Institute of Medicine, 2009). Further, research has shown that the slope of the curve describing the relationship between socioeconomic background and education varies across nations, with a steeper slope found in the U.S. as compared to European countries (Brooks-Gunn, Duncan, & Britto., 1999). Some research has, however, found less of a stark difference across countries; a study comparing educational inequality in Norway and the U.S. found more similarities than differences in the extent to which parental resources correlated with children's educational attainment (Reisel, 2011). Yet, very little research has been conducted outside the United States on the relationship between socioeconomic background, adolescent health and educational attainment (Suhrccke & de Paz Nieves, 2011).

1. The present study

The purpose of this study is twofold: to examine (1) whether adolescent health mediates the relationship between socioeconomic background and successful high school completion; and (2) whether this mediated pathway of influence varies by national context (Norway vs. U.S.). To this end, we examine the direct, indirect and conditional indirect effects of socioeconomic background on high school completion (see Fig. 1 for a graphical illustration).

A comparison of the U.S. and Norway makes it possible to evaluate whether the relationship between adolescent health and educational attainment holds across divergent contexts and to theorize about how SES and welfare policies shape disparities. Indeed, as shown in previous research (Olafsdottir, 2007), comparing two capitalist societies that differ in levels of social and welfare policies is a useful way to reach an understanding of how the relationship between SES, health and

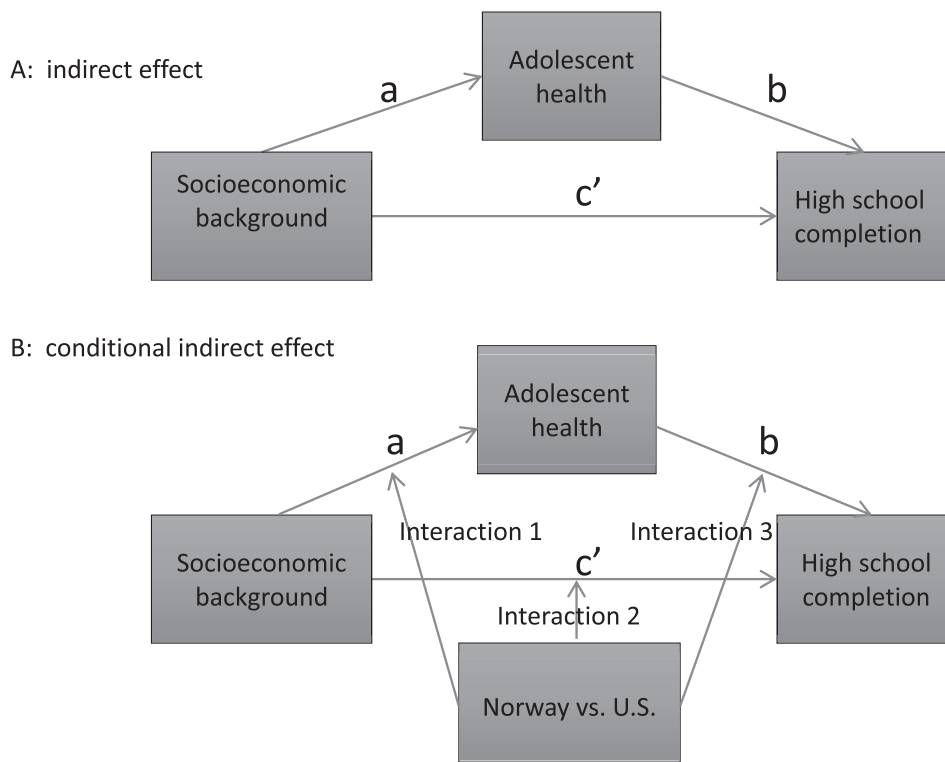


Fig. 1. Hypothesized models showing direct, indirect, and conditional indirect effect.

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