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Maternal social status, early health capital, and young adults' economic attainment: Early life course investigation



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ABSTRACT

Using survey data collected from 12,278 adolescents and their mothers over 13 years in a nationally representative National Longitudinal Study of Adolescent Health, this study examined how maternal social status influenced young adults' economic attainment over the early life course. We found that weight at birth and height at adolescence as early health capital mediated the influence of maternal social status on young adults' economic attainment. Also, adolescents' educational attainment and psychological vulnerabilities mediated the relation between early health capital and young adults' economic attainment. These findings highlight the importance of early intervention to prevent the persistent influence of adverse maternal social status on youths' developmental outcomes.

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1. Introduction

An increasing public and professional concern is that the influence of social disadvantages experienced during early life extends to socioeconomic status in young adulthood. These concerns are supported by an exponential growth in empirical studies which show that children raised in disadvantaged environments are less likely to produce successful life outcomes, including educational and economic attainment, compared to children in socioeconomically advantaged environments (Brooks-Gunn et al., 1993; Case et al., 2002; Johnson and Schoeni, 2011; Smith, 2007). However, little is known about the underlying life course processes through which maternal social status influences young adults' economic attainment.

One possible mechanism for explaining the persistent influence of early life experiences can be found in a growing body of research suggesting an association between children's acquisition of health capital, often indexed by birth weight and height, and economic attainment in young adulthood (Black et al., 2005; Currie, 2009; Deaton and Arora, 2009). It has been well established that maternal socioeconomic adversities negatively influence birth weight (Braveman and Barclay, 2009; Johnelle Sparks, 2009), which in turn leads to young adults' developmental failures including heightened risk of disease and low economic status (Barker, 1997; Currie & Moretti, 2003; Eriksson et al., 2001; Johnson and Schoeni, 2011; Peck and Lundberg, 1995; Schultz, 2002). Further, recent studies revealed the effects of birth weight on physical growth which translate into later mental health and academic achievement as well as labor market outcomes. (Osika and Montgomery, 2008; Persico et al., 2004; Rees et al., 2009; Teasdale et al., 1991). Based on the emerging literature on early health indicators and later

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socioeconomic attainment, we expect that height at adolescence followed by birth weight influences young adults' economic attainment through the development of youths' psychosocial resources and vulnerabilities.

To elucidate the early life course processes linking maternal social status and young adults' economic attainment, we use a longitudinal, prospective data from a nationally representative sample (Add Health). As shown in Fig. 1, mothers' social status (i.e., education, age at childbirth, marital status, and racial/ethnicity) is expected to influence early health capital (i.e., birth weight and height). In turn, acquired health capital is expected to influence youths' psychosocial development (i.e., self-esteem, depressive symptoms, and educational attainment), which may have consequences for young adults' economic attainment.

2. Background

2.1. Maternal social status as early life context

A large number of longitudinal studies have documented that the social position of a mother influences her child's health from the very start of life, and these effects unfold over the subsequent stages of life (e.g., Barker, 1997; Kahn et al., 2005). Fetal origin theory provides a strong framework for addressing how the environment of mothers has a long lasting effect on their children's health (Barker, 1998). This theory suggests that the fetal period is critical for later development since poor health can be biologically programmed during this period in which the developing brain is more receptive to a variety of environmental signals (Johnson, 2005). Thus, an adverse intrauterine environment characterized by a mother's chronic stress, which have been associated with the mother's socioeconomic adversity (Wickrama et al., 1999), can cause detrimental health outcomes such as low birth weight and a decreased stature. Numerous studies found that advantageous maternal social status contributes to their children's growth and health (Black et al., 2005; Braveman and Barclay, 2009; Peck and Lundberg, 1995; Starfield et al., 1991).

Ethnic minorities, single status, and low levels of education may affect child health through their associations with limited parental resources such as economic hardship and lack of health insurance. Maternal uninsured status which leads to deficiencies in preventive care may increase the probability of low birth weight, and it may further exert long-lasting impacts on child growth by interfering with catch-up growth from low birth weight (Johnson and Schoeni, 2011). Specifically, maternal education provides expanded social networks and financial rewards for the access to the health-related resources, which in turn, promote child health (Augustine et al., 2009; Mirowsky and Ross, 1998). For example, less educated mothers were less likely to use prenatal care and more likely to smoke, and ultimately increased the incidence of low birth weight (Currie and Moretti, 2003). Mothers who have had unsuccessful marriages also often engage in health risk behaviors, such as smoking and alcohol use (Fleming et al., 2010). As evident in several other studies, babies born to married mothers are heavier than those born to single mothers (Castro-Martin, 2010; McLanahan and Sandefur, 1994).

The relation between maternal age and children's health may be not linear. For example, childbirth at adolescence is more likely to lead to low birth weight in that it is usually accompanied by physiological immaturity and social disadvantages (Geronimus, 1987). Also, pregnancy at an advanced maternal age, defined as 35 years or older, is associated with low birth weight (Salem Yaniv et al., 2011). In regard to racial/ethnic disparities in children's health outcomes, previous studies have documented that African Americans are more likely to experience an infant health disadvantage compared to Whites (Anderson et al., 2004; Johnelle Sparks, 2009). Even if relatively less work has been done on Asian and Native American mothers in comparison to other racial/ethnic groups, some studies show that low birth weight is observed for Asian and Native Americans (Teitler et al., 2007; Rhoades et al., 1992). Height also differs across ethnic groups, and although these

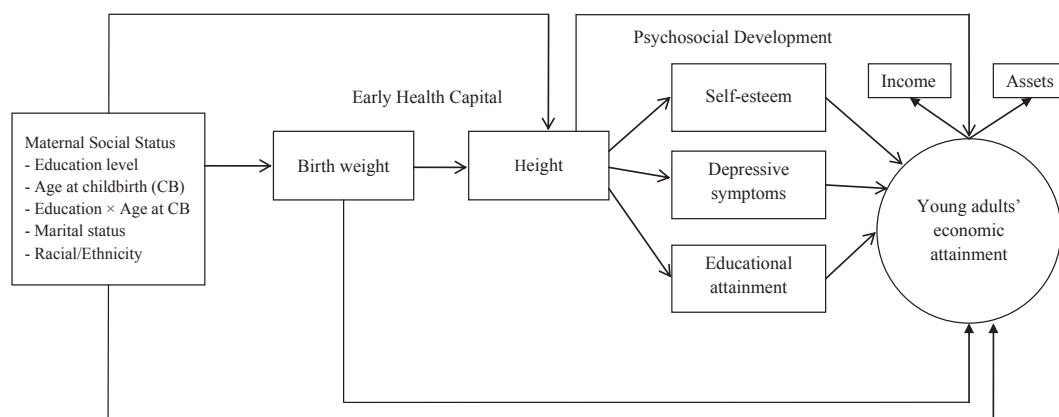


Fig. 1. Theoretical model linking maternal social status and young adults' economic attainment through early health capital and youths' psychosocial development.

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