ARTICLE IN PRESS

Journal of Adolescent Health xxx (2017) 1–7

ELSEVIER

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Original article

A Longitudinal Analysis of Stepfamily Relationship Quality and Adolescent Physical Health

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Article history: Received November 22, 2016; Accepted April 27, 2017
Keywords: Adolescents; Children; Family; Family relationships; Physical health; Stepfamily

A B S T R A C T

Purpose: Approximately one third of youth are estimated to live with a biological parent and stepparent before reaching adulthood. Additional research is warranted whereby stepfamily processes are identified that drive variation in youth adjustment, particularly physical health. We examined stepfather–child, mother–child, and stepcouple relationship quality as predictors of levels and changes in adolescent physical health over time.
Methods: We used a nationally representative sample of 1,233 adolescents living in biological mother–stepfather families from waves I (1994–1995) and II (1996) of the National Longitudinal Study of Adolescent to Adult Health. We incorporated measures of stepfather–child, mother–child, and stepcouple relationship quality, as well as adolescent reports of 10 physical health symptoms at waves I and II. Structural equation modeling was used to examine associations between wave I stepfamily relationships and adolescent physical symptoms at waves I and II. We used a zero-inflated negative binomial model to establish the validity of wave II adolescent physical symptoms as a predictor of an index of diagnosed chronic illnesses by wave IV (ages 26–32 years).
Results: Stepfather–child and mother–child relationship quality were negatively correlated with concurrent levels of adolescent physical symptoms. Stepfather–child relationship quality was negatively associated with change in adolescent physical symptoms over time. Adolescents with higher levels of physical symptoms at wave II were more likely to report chronic illnesses by adulthood.
Conclusions: Stepfather–child relationship quality is a robust predictor of adolescent physical health throughout adolescence and is linked to chronic illness diagnoses in young adulthood. Future research should explore further the mechanisms that underlie this association.
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IMPLICATIONS AND CONTRIBUTION

This longitudinal study examines stepfamily relationship quality as a predictor of adolescent physical health. Findings highlight stepfather–child relationship quality as a robust predictor of levels and change in adolescent physical symptoms over time, with implications for the emergence of chronic illnesses in young adulthood.

Approximately one third of all children in the U.S. are estimated to live in a stepfamily before reaching adulthood [1,2]. Stepfamilies are formed when one or both adults in a committed relationship bring a child or children with them from a previous relationship [3]. Members of stepfamilies often experience unique challenges, including declines in parent–child relationship quality, coparental conflict, stepparenting issues, family role and boundary ambiguity, clashing family cultures, stepcouple disagreements about parenting strategies, loyalty binds, and complex child-custody arrangements [4–8]. Due to these unique challenges, some evidence suggests children residing in stepfamilies are at a heightened risk of experiencing adjustment

Conflicts of Interest: The authors have no conflicts of interest to disclose.

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http://dx.doi.org/10.1016/j.jadohealth.2017.04.015

problems relative to children who do not experience family instability and structural transitions [9].

Family processes are proximal facilitators or inhibitors of child adjustment in the context of family transitions [9,10]. Within the stepfamily literature, relationship quality across key stepfamily dyads has been linked to child adjustment. For example, closeness with a stepfather is associated with declines in externalizing, internalizing, and academic problems among adolescents [11]. High-quality parent–child and stepparent–child relationships are also associated with reductions in stress among individuals who grew up in a stepfamily household [12]. Furthermore, Bzostek [13] found that stepfather engagement was associated with concurrent declines in problem behaviors and increases in general health among a sample of young children.

Little is known about associations between stepcouple relationship quality and adolescent adjustment in stepfamilies [14]. This gap is noteworthy, as couple relationships are a central feature of stepfamily life. Research has also shown links between couple relationship quality and adolescent well-being in nuclear families [15]. Moreover, little is known about the extent to which stepfamily processes influence the physical health of adolescents over time in stepfamilies [10]. Generally, family structure and parental affection have been linked to the manifestation of physical symptomatology in adolescents [16]. Specifically, adolescents residing in nuclear families with two parents report fewer physical symptoms than those residing with one parent, and adolescents who report higher levels of parental affection report fewer physical symptoms than adolescents who report lower levels of parental affection [16]. Others have highlighted the association between supportive parenting in the context of economic hardship and adolescent physical complaints [17].

Another important question centers on which stepfamily processes may be most influential in terms of adolescent physical health. Emotional security theory (EST) posits that child adjustment is promoted by family relationships marked by emotional availability, warmth, and responsiveness [18]. EST emphasizes the salience of interparental relationships in predicting youths' emotional security and stress. Interparental conflict is negatively associated with youth adjustment, and couples in stepfamilies are more likely to experience conflict than their counterparts in continuously intact nuclear families due to the challenges listed earlier [14]. Youths' emotional security is linked to youths' physiological responses in terms of cortisol reactivity, adrenocortical reactivity, salivary alpha-amylase, skin conductance levels, and respiratory sinus arrhythmia [19]. Thus, the quality of relationships in stepfamilies has important implications for youths' levels of stress, physiological responses, and subsequent physical well-being.

The Family Adjustment and Adaptation Response model [20] posits that a family's ability to adjust over time is a function of a family's capabilities (i.e., psychosocial and tangible resources) and demands (i.e., daily hassles, ongoing strain, acute stressors). High-quality stepfamily relationships may represent psychosocial resources that stepfamilies can use to combat the demands of stepfamily life [20]. One key indicator that a family is adjusting well is the extent to which the family fulfills key functions, including the promotion of children's psychological, social, and physical health [20].

Together, EST and the Family Adjustment and Adaptation Response model emphasize the importance of all residential family relationships, including couple, parent–child, and stepparent–child relationships. A focus on all key stepfamily subsystems as antecedents to adolescent adjustment is also consistent with a family systems perspective, as individual family members can be influenced by dynamics within each family subsystem and within the family system as a whole [21]. Thus, we focus on stepcouple, parent–child, and stepparent–child relationships in the current study.

When examining child adjustment, particularly in the context of family transitions, it is important to consider the sex, age, and developmental stage of the child [9]. Adolescence is a dynamic life phase in which key changes in physical, social, and emotional development occur [22]. Adolescence is also marked by ongoing social learning, the pursuit of greater autonomy, and sensitivity to social determinants of health [22,23]. Thus, adolescence is a crucial developmental stage in the life course for which the study of familial environments and processes, and their influence on contemporaneous and subsequent adjustment, is warranted.

To date, much of the research focused on family structure and youth outcomes has been based on a between-group analytic approach by which children in non-nuclear families are contrasted with children in nuclear families across indicators of well-being. Although between-group analyses have helped to identify possible adjustment differences among children in various family structures, scholars have advocated for within-group analyses, or a normative-adaptive approach, by which variation in child adjustment within a single family type is explored [24]. This approach is warranted on several fronts. For one, researchers have noted that adjustment outcomes vary substantially among youth in stepfamilies [25]. Moreover, identifying mechanisms that explain variation in child adjustment within a specific familial context (e.g., stepfamilies) has meaningful implications for policy-making, interventions, and prevention efforts aimed at supporting the adjustment of youth who experience particular family transitions.

Building on past research and theory, we sought to fill in notable gaps in the literature by (1) focusing specifically on a family context in which a sizable proportion of children in the Unites States will reside (i.e., stepfamilies); (2) examining several key dyadic relationships as antecedents to adolescent well-being in stepfamilies; (3) examining specific physical health symptoms as our key outcome of interest; and (4) using a longitudinal design, allowing us to control for prior levels of the outcome when modeling the influence of stepfamily relationships on adolescent physical health over time.

The following was our overarching research question: to what extent does stepfather–child, mother–child, and stepcouple relationship quality influence adolescent physical health concurrently and over time? We hypothesized that high-quality stepfather–child, mother–child, and stepcouple relationships would each be associated with fewer adolescent physical symptoms. We expected these associations to exist concurrently, yet, given the paucity of research in this area, we offer no explicit hypotheses about which relationships would exert influence on adolescent physical symptoms over time, net the influence of other relationships, and after controlling for previous levels of physical symptoms. To assess the predictive validity of adolescent physical symptoms, we also examined the extent to which physical symptoms in adolescence predicted subsequent chronic illness diagnoses later in young adulthood.

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