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## Childhood socioeconomic status and suicide mortality in early adulthood among Norwegian men and women. A prospective study of Norwegians born between 1955 and 1965 followed for suicide from 1990 to 2001

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## Abstract

Even though the causes of suicide may be rooted in childhood, it is unknown how socioeconomic position (SEP) in childhood is related to suicide in adulthood. We describe the association between childhood SEP and suicide mortality in adulthood in Norway using registry data on 613 807 Norwegians born in 1955–1965. Data on 1 013 suicide deaths between 1990 and 2001 were linked to data on SEP indicators, using Cox regression. Suicide mortality was higher among women with high childhood SEP than among women with low childhood SEP. This association was explained in part by family situation in adulthood, but not by adult SEP. For males, after adjustment for adult SEP, we observed a similar but weaker association between suicide and childhood SEP. We discuss several mechanisms which may explain the direct positive association of childhood SEP with suicide mortality in adulthood, especially among females. These are downward mobility, not meeting high demands set by highly educated parents, psychological distress, mental disorder, gender differences and social networks and norms.

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## Introduction

According to WHO estimates, approximately 1 million people died from suicide worldwide in the year 2000. In most countries, suicide is now one of the three leading causes of death among people aged 15–34 years. Until recently, suicide was predomi-

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nating among the elderly, but now suicide is equally high in younger age groups (WHO, 1999).

Elevated suicide mortality has previously been found to be associated with lower income levels, lower occupational class, unemployment, lower educational position and family status (Lorant, Kunst, Huisman, Bopp, & Mackenbach, 2005;Lorant, Kunst, Huisman, Costa, & Mackenbach, 2005;Pensola & Valkonen, 2002;Pensola & Martikainen, 2003b;Pritchard, 1992; Yamasaki, Sakai, & Shirakawa, 2005), but few studies have reported separately on associations of childhood socioeconomic position with risk of suicide in

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adulthood (Galobardes, Lynch, & Davey Smith, 2004). This partly reflects limitations of available data sources. In addition to mental illnesses (Allebeck, Allgulander, & Fisher, 1988; Mortensen, Agerbo, Erikson, Qin, & Westergaard-Nielsen, 2000; Qin, Agerbo, Westergard-Nielsen, Eriksson, & Mortensen, 2000), suicide is related to culture, social norms and personality traits (Kral, 1994; Webster Rudmin, Ferrada-Noli, & Skolbekken, 2003), and the construction of identity and cultural influence starts in childhood. Thus, it is important to look at suicide mortality in relation to childhood socioeconomic position.

In this paper we analyse a large cohort of Norwegian men and women to investigate the impact of socioeconomic position in early life on suicide mortality in young adult life. For the study we had access to Norwegian registry data on parents' education, fathers' occupation and childhood household income as well as subject's own education, adult household income and adult family status for all Norwegians born in 1955–1965. The sample was followed for mortality from 1990 to 2001, it is nationally representative, has large power, and only a very small number of missing observations.

Our key research question is how childhood socioeconomic position influences suicide mortality during early adulthood, and to what extent this association is mediated by adult socioeconomic position and family status. Is there an indirect association only, in which the high position of parents establishes a pathway towards a favourable social career for young adult offspring, thereby lowering the suicide mortality, or is there a direct association from childhood position to adult suicide as well (see Fig. 1)?

## Methods

Data were compiled by Statistics Norway, and are based on register data and census records from 1970 and 1990 for men and women born in the years 1955–1965, and who were living in Norwav at the time of both censuses. Suicide death records for 1990-2001 and information on social class in 1970 and 1990 were linked to the census data by means of personal identification numbers. The cohort born in 1955-1965 was chosen because in 1970 they were children aged 5-15 years and mostly living with their parents. By the time of the 1990 census the cohort members had largely finished their own education. Parents' education, parent's household income and father's occupation were linked to the household members by a household code, where all household members shared the same unique code.

Our analyses were restricted to private households in 1970 consisting of a married couple and the couple's unmarried children living at home, the children's age 5-15 years. This restriction captured 94% of the 5-15 year olds in private households in 1970, and did not include children living with lone parents. Single parent households were excluded because information on fathers' education was not available for most of the households. Growing up in single parent households is found to be a risk factor for suicide in previous studies (Agerbo, Nordentoft, & Mortensen, 2002; Allebeck et al., 1988). We found support for this in our study (results not shown), but we did not study this association in detail here as our analysis aimed to focus on the role of broad socioeconomic factors.

Education was classified into four groups: higher education (at least 13 years of education), higher

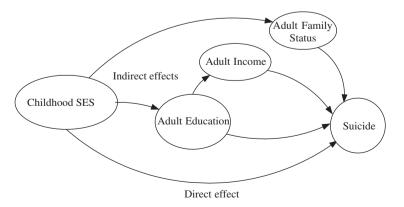


Fig. 1. Direct and indirect effects of childhood and adult SEP on suicide in adulthood.

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