

Millennium Cohort Study

PARENTAL HEALTH AND WELLBEING



Taken from Chapter 8 of *Millennium Cohort Study Second Survey: A User's Guide to Initial Findings*

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The Survey

The Millennium Cohort Study (MCS) offers groundbreaking large-scale information about children born into the new century and the families who are bringing them up in all four countries of the United Kingdom. It lays the foundation for a major new research resource.

For the first survey, conducted in 2001-2002, we interviewed the families of nearly 19,000 children aged nine months. A disproportionate number of these children came from families living in areas of high child poverty, and, in England, from areas with relatively high minority-ethnic populations¹. This survey looked at the circumstances of pregnancy and birth, as well as the social and economic background of the families into which these children were born.

The second survey marks the beginning of a series of follow-up surveys. Conducted in 2003-2005, it records how nearly 16,000 cohort children are developing at the age of three. For the first time, researchers have been able to chart the changing circumstances of families and relate children's outcomes at age three to earlier circumstances and experiences.

Introduction

The health of parents matters in our account of the millennium children's lives as it forms an important part of the context in which children grow up. The second sweep of the MCS collected data on health and related behaviours, including general self-rated health, longstanding illnesses, cigarette smoking, alcohol and recreational drug use, psychological morbidity, life satisfaction and height and weight. In this briefing, each of these is considered for mothers and fathers in relation to age, country of residence, ethnicity, occupation, educational qualifications, family structure and employment status.

Self-rated health

One in six of the 15,229 mothers rated their health as fair or poor.

- White mothers reported the lowest percentage of fair/poor health (17 per cent) and Pakistani mothers the highest (29 per cent).
- Mothers in less skilled occupations were twice as likely to report fair/poor health (18 per cent) as mothers in the most skilled occupations (10 per cent).
- There was a large disparity between the reporting of fair/poor health by mothers in households where both partners were employed, and mothers where both partners were not working (12 and 37 per cent respectively).

About one in seven of the 10,256 fathers interviewed rated their health as fair or poor, with similar variations to those observed with mothers.

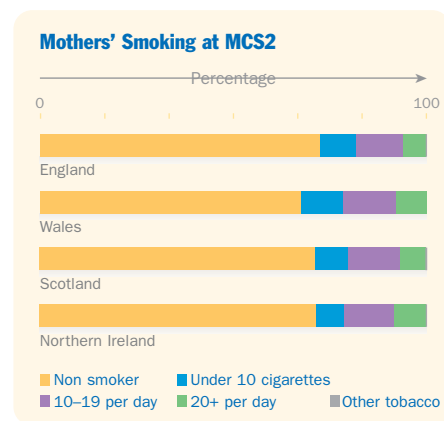
Longstanding illness

About one in five mothers and fathers reported having a longstanding illness.

- Northern Ireland had the lowest reported incidence of longstanding illness among mothers (19 per cent) and Wales the highest (23 per cent). For fathers, again the lowest percentage was reported in Northern Ireland (17 per cent) and the highest in Wales (22 per cent).
- Pakistani mothers reported the lowest rates of longstanding illness (14 per cent); Black African and 'Other' ethnic group men reported the lowest rates amongst fathers (16 per cent each).

Cigarette smoking

- The likelihood of smoking declines with age, with just over half of young mothers (aged less than 25) smoking at sweep 2, compared to about one in five aged 35 or above.
- Indian, Pakistani, Bangladeshi and Black African mothers were less likely



¹ Percentages reported here have been re-weighted to represent the population as a whole.

PARENTAL HEALTH AND WELLBEING

to smoke than White and Black Caribbean mothers.

- Mothers in managerial and professional jobs were less likely to smoke (13 per cent) than mothers in routine or semi-routine occupations (35 per cent) and those who smoked were less likely to be heavy smokers.
- Similar patterns were observed in fathers, however Pakistani and Bangladeshi fathers were more likely to smoke than White fathers.

Alcohol consumption

- Mothers in Wales and Scotland were more likely ever to drink alcohol than mothers living in England and Northern Ireland, though mothers from England and Wales were more likely to drink alcohol five or more times per week (8 and 7 per cent respectively).
- Mothers in the most skilled occupations were more likely to drink alcohol five or more times a week than those in the least skilled occupations (11 and 5 per cent respectively)
- Fathers in England (17 per cent) were most likely to drink alcohol five or more times per week.

Recreational drug use

A question about recreational drug use was asked as part of the computerised self-completion exercise undertaken by 13,464 mothers and 9,818 fathers. One in twenty-five mothers and one in twelve fathers reported using recreational drugs (occasionally or regularly) in the previous year.

- For mothers, the likelihood of reporting recreational drug use decreased with age and those in one-parent or two-parent cohabiting households were most likely to report drug use. Mothers in Northern Ireland were least likely to report drug use.
- Young fathers, aged 16 to 24, and fathers working in less skilled occupations and with the lowest educational qualifications were more likely to report drug use.

Post-natal depression

Mothers who had given birth since the sweep 1 interview were asked whether they had suffered post-natal depression.

- Those under 30 and over 40 were more likely to have experienced depression than mothers in their 30s.
- Mothers in couples who were both in paid work were less likely to have had post-natal depression (25 per cent) than those where only the partner was employed (33 per cent) or mothers in workless couples (46 per cent).

Psychological distress

Psychological distress was measured using the Kessler 6 scale, which has been widely used in health surveys. The questions form a 24-point scale, where 13 or more constitutes a high score and indicates distress.

- Three per cent of mothers had a high score, 30 per cent a medium score and 68 per cent showed 'no or low distress' on the scale.
- There was little variation by country but mothers in Scotland were least likely to have a high or medium score.
- Pakistani mothers were almost twice as likely as average to have a

medium or high score.

- Two per cent of fathers had a high score, 29 per cent a medium score and 70 per cent a low score.
- Again, fathers in Scotland were least likely to have a high or medium score and Pakistani fathers most likely to have a high or medium score.

Life satisfaction

Main and partner respondents were asked how satisfied they were with how their life had turned out so far. The response was measured on a 10-point scale where 1 meant completely dissatisfied and 10 completely satisfied.

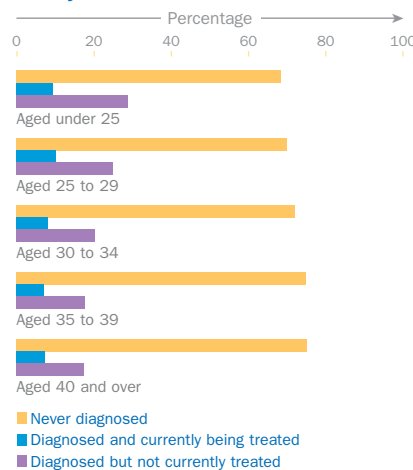
- 82 per cent of mothers and 87 per cent of fathers chose a score of 7 or higher.
- Life satisfaction was highest in Northern Ireland for both mothers and fathers.
- Mothers and fathers in less skilled occupations had lower levels of life satisfaction.

Height and weight

Reported height and weight were used to calculate Body Mass Index (BMI), which can be a measure for obesity.

- BMI varied by ethnic group for both parents; Black Caribbean and Black African mothers were more likely than White mothers to be overweight, obese or morbidly obese. Pakistani mothers were also more likely than White mothers to be obese. Black Caribbean fathers were more likely than White fathers to be overweight but less likely to be obese.
- Mothers and fathers with degrees were less likely to be obese than those whose highest qualifications were at GCSE/O-level.

Whether mothers had been told by a doctor they suffered from depression or serious anxiety



Conclusion

Most mothers and fathers seemed to be in reasonably good health, as would be expected of parents with children aged three. Around 30 per cent smoked, and the large majority drank alcohol at some time. Mild mental health problems were fairly

common for these parents, though not necessarily at the time of the survey. Five out of six parents were reasonably satisfied with their lives.

Millennium Cohort Study Second Survey: A User's Guide to Initial Findings is available at www.cls.ioe.ac.uk

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