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* FAMILY BREAKDOWN, SOCIAL MOBILITY AND HEALTH INEQUALITIES *
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Family Breakdown, Social Mobility and Health Inequalities

K Fogelman, C Power & AJ Fox

Introduction

In two earlier papers (Power et al,1986; Fogelman et al,1987) we have used data from the National Child Development Study (NCDS) to explore competing explanations for social inequalities in health in early adulthood. The longitudinal nature of the study enabled us to compare social gradients in health at age 23 in terms of the social class of the individual's current occupation with those in terms of their class of origin (i.e. their father's social class at various points in their childhood). Similar analyses were carried out in relationship to housing tenure. Further, we investigated the effects on health differentials of social mobility, both inter- and intra-generational.

The findings demonstrated important variations in these relationships, between the sexes and according to the health measure used. However, in general, although both class during childhood and changes in social class proved to have strong associations with health at 23, in neither case was this sufficient to explain the overall relationship of health with current social class. Similar results were obtained for tenure.

In these analyses we followed the usual convention of including only those individuals who could be classified on each relevant occasion. The effect of this is to exclude those who experienced during their childhood a period with no male head of household. This is an important group numerically, and accounts for some 10% of the Cohort (Essen and Lambert,1977). Their particular difficulties during childhood have been well documented (e.g. Ferri,1976; Essen,1978). Compared with other children they are more likely to experience considerable financial and material difficulties and to live in poorer housing. The effects of these problems are reflected in lower school attainment (Ferri, op cit; Essen,1979) and intentions to leave school earlier and not to continue with their studies elsewhere (Lambert,1978).

Thus it might be expected that the usual omission of such people from studies of social mobility and health is to overlook a substantial group who may both experience significant health problems and occupy a special position in the patterns of social mobility between childhood and early adulthood. If so, then they would be of particular relevance to the 'selection' hypothesis, which suggests that class inequalities in health are largely a function of the healthy moving up and the unhealthy moving down the

social scale.

The Data

As in the two previous papers our data are drawn from the NCDS, which has been described more fully elsewhere (e.g. Fogelman, 1983; Shepherd, 1985). The five health-related measures used and the classification of current social class (based on current or most recent occupation) are taken from a personal interview at age 23 (all, therefore are self-reported). The classification of social class and of experience of being in a family with no male head during childhood is derived from information obtained from interviews with the mother at the time of the child's birth and at ages 7, 11 and 16.

The five health measures at age 23 are:

- Height in metres - represented in the tables as the mean and the proportion 'short', i.e. falling below the lowest decile.
- Hospital admissions involving at least an overnight stay - the proportion with more than one such admission since the age of 16 are presented.
- 'Malaise' score - from a self-completed inventory on which scores of 7 or more are suggested to be indicative of depression (Rutter et al, 1976).
- Self-rated health - four categories were possible: excellent; good; fair; poor. Tables are based on the proportions in the last two categories.
- Psychiatric morbidity - derived from questions in the 23-year interview about health problems which had required regular medical supervision, hospital admission or specialist consultancy. Conditions were coded according to the 1977 ninth revision of the International Classification of Diseases and individuals with any psychiatric morbidity other than mental handicap identified.

The major purpose of the analysis is to compare those who were without a male head of household at some time during their childhood with those who did not experience this. However, in order to provide a more meaningful comparison, four groups have been identified:

1. Those whose father was in a non-manual occupation at all four stages of birth, seven, eleven and sixteen (NONMAN in the tables).
2. Those with no male head of household at one or more of the four stages and who on all other occasions had a father (figure) who was in a non-manual occupation (NMH + NM)

3. Those with fathers in manual occupations throughout (MAN).

4. Those with no male head of household at one or more stages and who on all other occasions had a father in a manual occupation (NMMH + MAN)

Although grouping in this way does control to some extent for the circumstances of the 'no male head' group on those occasions when there was a male head of household, and does make it possible to compare with similar groups which were stable in their social class, it will be apparent that it is a somewhat crude classification. It takes no account of the age at which subjects were without a male head nor of how long this lasted. Neither does it distinguish the reason for the absence of the father, which could be due to death, separation or divorce or to the child having been born to a single mother.

Although such distinctions may well be important, the numbers in the tables below indicate that further categorisation of those with no male head of household would have produced sub-groups which were too small to make interpretation possible. For the same reason, two other groups of children of interest, but small in number, have been omitted: those with no male head of household at all four follow-ups (only 2.8% of those ever without a male head of household); and those who ever lived with a lone father (13.6% of those ever with a lone parent).

Intergenerational Mobility

Table 1 presents the social class distribution at age 23 of the above four groups.

Table 1 Social Class and Absence of Male Head of Household in Childhood and Social Class at Age 23

<u>Age 0-16</u>	<u>23-year Social Class</u>				N
	I & II	IIINM	IIIM	IV & V	
<u>WOMEN</u>					
NONMAN	36.4%	51.7%	4.6%	7.3%	646
NMH + NM	37.3%	50.8%	5.1%	6.8%	59
MAN	15.0%	50.5%	11.1%	23.4%	1625
NMH + MAN	16.1%	41.7%	11.5%	30.7%	192
<u>MEN</u>					
NONMAN	42.6%	26.6%	21.3%	9.5%	620
NMH + NM	28.8%	25.0%	19.2%	26.9%	52
MAN	14.8%	13.6%	48.9%	22.6%	1592
NMH + MAN	10.0%	12.5%	49.4%	28.1%	160

	<u>Comparison</u>	ChiSq	df	P
Women:	NMH + NM v NM	0.06	3	>.05
	NMH + M v M	6.84	3	>.05
Men:	NMH + NM v NM	15.98	3	<.01
	NMH + M v M	4.37	3	>.05

The statistical tests show that the contrast in 23-year class between those who had and had not experienced being without a male head of household during their childhood is significant at the 5% level only among men from non-manual backgrounds. However, there is a strong suggestion of an important sex difference. Among women the distributions for those from non-manual backgrounds are virtually identical. Among women from manual backgrounds those with no male head are at 23 somewhat less likely to be in occupations in social class IIINM and more likely to be in classes IV and V.

For men, on the other hand the major contrast in table 1 is in the proportions in classes I & II and in classes IV & V. A further contrast with the women is that the disadvantages for the no male head group appear to be greater for those from non-manual backgrounds.

Although the overall impression from table 1 is that the problems associated with the absence of a father during childhood do result in a general depression of the level of job obtained in early adulthood, this can only be asserted with any confidence for men from non-manual backgrounds.

Health at 23

Table 2 compares the four groups on the health measures at 23.

Table 2 Social Class and Absence of Male Head of Household in Childhood and Health at Age 23

		Health at 23					
<u>Age 0-16</u>		Mean Ht (Mtrs)	% 'short'	Hosp Adm (% >1)	High Malaise (% 7+)	Self-rated Health (% poor or fair)	Psych Morb (%)
<u>WOMEN</u>							
NONMAN		1.64	3.3	7.0	5.5	7.0	5.1
NMH + NM		1.64	4.9	9.8	8.2	9.8	5.6
MAN		1.61	11.7	10.8	11.9	10.5	6.7
NMH + MAN		1.61	16.4	11.0	14.1	10.7	8.5
<u>MEN</u>							
NONMAN		1.79	5.4	3.4	2.1	5.4	3.4
NMH + NM		1.77	6.8	3.4	5.1	6.8	3.4
MAN		1.77	10.5	4.5	3.6	7.9	3.2
NMH + MAN		1.76	14.3	5.5	5.5	7.4	7.4

 All Chi-squares for NMH + NM v NM and NMH + M v M within each sex are small, with $p > .05$, except:

% with psychiatric morbidity, men, NMH + MAN v MAN; $\text{Chisq} = 7.19$,
 $p < .01$

The patterns in this table are consistent. On most measures those from manual backgrounds without a male head of household have the highest proportion with poorer health, followed by the stable manual group, the non-manual with no male head and the stable non-manual. The exception is in mean height where the differences related to being without a male head are small for men and non-existent for women. Among the men the differences in the proportions with psychiatric morbidity are less consistent, and the contrasts in the proportions with more than one hospital admission are very small. This last is consistent with our earlier findings, and suggests that hospital admissions is only in part a measure of morbidity.

However, in only one case is the contrast between the no male head group and those with stable class backgrounds statistically significant, that is the difference in the proportions with psychiatric morbidity for men from manual backgrounds. Thus the table can be no more than suggestive that people who during their childhood have experienced a period without a male head of household in turn experience more health problems in early adulthood.

It is important also to note that the contrasts between the no male head groups and the comparable groups with similar but stable class backgrounds are generally not so great as the contrasts between the stable non-manual and the stable manual.

Social Class Gradients in Health at 23

The fundamental question to which this analysis has been leading concerns the extent to which the experience of fatherlessness in childhood might contribute to social gradients in health in adulthood. To answer this it is necessary to compare the health of different classes at 23 according to whether or not they had previously fallen into one of the no male head groups.

In the light of the numbers in table 1 it is to be expected that further categorisation by class at 23 results in some cell sizes that are too small to permit any conclusions to be drawn. Numbers do however remain reasonable for some groups, namely women from a manual background who, at 23 were in class IIINM or IV & V, and men from a manual background, in classes IIIM or IV & V at 23. Health outcomes for these four groups are presented in table 3.

Table 3 Social Class and Absence of Male Head in Childhood, Social Class at 23, and Health at 23

		Mean Ht	% 'short'	Hosp Adm (% >1)	High Malaise (%)	Self-rated Health (% poor or fair)	Psych Morb (%)
<u>16 - 23</u>							
<u>WOMEN</u>							
16-18	IIINM (N=820)	1.62	9.1	9.3	8.8	8.3	5.5
	IV & V (N=381)	1.60	16.2	11.8	20.2	16.9	10.2
19-23 JM + MAN	IIINM (N=80)	1.62	13.8	11.1	18.5	9.9	9.9
	IV & V (N=59)	1.60	23.7	11.9	20.3	13.6	10.2
<u>19-23</u>							
16-18	IIIM (N=779)	1.77	11.5	4.7	3.5	8.2	3.2
	IV & V (N=360)	1.76	11.0	6.4	5.9	10.8	5.0
19-23 JM + MAN	IIIM (N=79)	1.76	12.8	1.3	8.9	3.8	5.1
	IV & V (N=45)	1.75	15.9	13.3	4.4	11.1	13.3

Once again we observe a difference in the patterns for the two sexes. Among women the differences between IIINM and IV & V are either similar within the stable manual group and the no male head group (i.e. in mean height and the proportion 'short'), or smaller within the latter than the former.

On the other hand, among men, whereas the expected contrast between IIIM and IV & V is reversed within the no male head group for high malaise scores, and differences in mean height are generally small, on all four other health measures the contrast between IIIM and IV & V is greater within the no male head group than within those of stable manual background.

Conclusions

The failure of almost all the pertinent contrasts in tables 1 and 2 to reach statistical significance suggests that, if the experience of being without a father at some time in childhood does influence health status in early adulthood and does lead to depressed occupational opportunities, then such effects are relatively small in the context of explaining social inequalities in health in early adulthood.

Only for men, and only on some measures, is there evidence that experience of fatherlessness increases class differences in health. Among women, on several measures, the reverse appears to be true. Of course, this conclusion must be restricted to the limited number of groups where numbers were large enough to make the comparison possible, and also to the particular health measures which could be examined.

That numbers in other groups were too small for analysis does reflect their relative rarity in the general population. In itself this limits the impact which they might have on adult social inequalities in health. Taken together with the relatively small and not totally consistent differences found in class gradients in health of those who had and had not experienced fatherlessness, it seems unlikely that the omission of the no male head group distorts analyses of the general population.

Their inclusion has however brought to light some indication that the men who experienced fatherlessness in their childhood achieved lower status occupations, and possibly encountered psychiatric difficulties, in early adulthood, a finding which merits further investigation with a different focus to that of the present paper.

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NATIONAL CHILD DEVELOPMENT STUDY

The National Child Development Study (NCDS) is a continuing longitudinal study which is seeking to follow the lives of all those living in Great Britain who were born between 3 and 9 March, 1958.

It has its origins in the Perinatal Mortality Survey (PMS). This was sponsored by the National Birthday Trust Fund and designed to examine the social and obstetric factors associated with the early death or abnormality among the 17,000 children born in England, Scotland and Wales in that one week.

To date there have been four attempts to trace all members of the birth cohort in order to monitor their physical, educational and social development. These were carried out by the National Children's Bureau in 1965 (when they were aged 7), in 1969 (when they were aged 11), in 1974 (when they were aged 16) and in 1981 (when they were aged 23). In addition, in 1978, details of public examination entry and performance were obtained from the schools, sixth-form colleges and FE colleges.

For the birth survey information was obtained from the mother and from medical records by the midwife. For the purposes of the first three NCDS surveys, information was obtained from parents (who were interviewed by health visitors), head teachers and class teachers (who completed questionnaires), the schools health service (who carried out medical examinations) and the subjects themselves (who completed tests of ability and, latterly, questionnaires). In addition the birth cohort was augmented by including immigrants born in the relevant week in the target sample for NCDS1-3.

The 1981 survey differs in that information was obtained from the subject (who was interviewed by a professional survey research interviewer) and from the 1971 and 1981 Censuses (from which variables describing area of residence were taken). Similarly, during the collection of exam data in 1978 information was obtained (by post) only from the schools attended at the time of the third follow-up in 1974 (and from sixth-form and FE colleges, when these were identified by schools). On these last two occasions case no attempt was made to include new immigrants in the survey.

All NCDS data from the surveys identified above are held by the ESRC Data Archive at the University of Essex and are available for secondary analysis by researchers in universities and elsewhere. The Archive also holds a number of NCDS-related files (for example, of data collected in the course of a special study of handicapped school-leavers, at age 18; and the data from the 5% feasibility study, conducted at age 20, which preceded the 1981 follow-up), which are similarly available for secondary analysis.

Further details about the National Child Development Study can be obtained from the NCDS User Support Group.

