

# The Family, Community and Health in the Context of Economic Change: A Literature Review 1

Compiled by

Kate Morgan  
April, 2004

## *Introduction*

This summary presents a review of recent literature for studies related to 'Family Structure, Economic Security, and Health over the Life Course'. By providing an outline of the existing knowledge in the area, it can help develop the theoretical background required for further investigations. This review will help inform the following research questions outlined in the research proposal: 1) How do changes in family status affect economic security and health of women and men? Does this vary by life course? 2) How do changes in family status affect economic security and health of children? Does this vary by life course stage? What are the relationships between children's health and socio-economic positions? 3) Do community characteristics make a difference in the impact of socio-economic position on children's physical (and psychological) health? Do these effects vary by regions? 4) Do employment status and work conditions mediate or moderate the relationship between changes in family status and health?

### **1. How do changes in family status affect economic security and health of women and men?**

1. Juby, Heather and Celine Le Bourdais. 1998. The Changing Context of Fatherhood in Canada: A life course analysis. *Population Studies*, 52: 163-175.

This article focuses on the paternal life course transformations of Canadian men. Changing social trends, such as increased female labour force participation and increased rates of separation and divorce, have had significant consequences on the experience of fatherhood in the 20<sup>th</sup> century. In addition, the rise in non-traditional family types has highlighted the need to study fathers and their paternal role in more detail. This paper attempts to quantify the different types of paternal transitions (i.e., married father to a divorced father, or becoming a stepfather) and determine 'whether a given role transition influences the probability of a further transition' (p. 165).

The data for this retrospective, quantitative study came from the 1990 General Social Survey on Family and Friends. The sample consisted of 2,462 men aged 40-69 years. Conjugal and parental histories were constructed which established the 'timing and rate of selected transitions in the paternal life course' (p. 165). A multiple-decrement life table was used to calculate the risk that men in a certain transition will move onto another transition. Given the longitudinal nature of this study, the transition probabilities (of transitions made before the age of 45) of these men were examined and compared over three generations.

Three main types of entry into fatherhood were observed: in an intact family (81% probability), outside a conjugal union (4.8% probability), and as a stepfather (2.5% probability). Almost all of the men who had their first child in the context of an intact family were married at the time of birth, and only 3% had cohabitated prior to marriage. The probability of making 2 or more transitions is greater for men who start out in less familiar circumstances. Comparing the three generations, the authors found a growing complexity of the paternal life course. Twice as many men in the youngest cohort made a second transition and three times as many men made a third transition. There was an increase in divorce rates among the younger cohorts (5.3% in the eldest cohort, 12.6 in the middle cohort, and 15.3% in the youngest cohort). It is still rare for fathers to begin their paternal careers as a stepfather, however, this occurrence has increased from 1.7% to 3.9% over the three generations.

In the future, it would be useful to include younger generations (those between 30-39 years) in this analysis. Understanding how men adapt to the various paternal role transitions would also be an area of further study since there are increasing variations on the paternal experiences of Canadian men.

2. Shapiro, Adam, and James David Lambert. 1999. Longitudinal Effects of Divorce on the Quality of the Father-Child Relationship and on Fathers' Psychological Well-Being. *Journal of Marriage and the Family*, 61: 397-408.

To date, research on the effects of divorce has generally not focused on fathers' outcomes. This paper addresses this gap by examining the impact of divorce on the father-child relationship over time, and how this affects father's psychological well-being. In this study, divorced fathers were compared with stably married fathers to determine the effect of residential status on relationship quality and well-being.

Data are based on the National Survey of Families and Households, an American panel survey conducted in 1987-88 (Time 1) and 1992-1994 (Time 2). Interviews and self-administered questionnaires were used to collect information from the 13,017 respondents. A sample was created consisting of 844 fathers (who had at least one child <19 at Time 2, and who co-resided with the father at Time 1). A single question was used to ask the respondents (once at Time 1 and again at Time 2) to rate the quality of their father-child relationship. Psychological well-being was measured by the following variables: depression (using a 12-item scale), happiness (1-item scale), and self-esteem (3-item scale).

It was found that divorced fathers who did not reside with their child had poorer relationship quality than coresident fathers (regardless of whether they were divorced and coresiding or continuously married and coresiding). Thus, coresidence may serve to ease the negative effects of divorce on father-child relationships. In terms of psychological well being, divorced fathers, regardless of residence, had higher levels of depression than married fathers. Evidence for both social selection and causation effects were discussed

(i.e., whether fathers who are more depressed get selected out of marriage through divorce, or whether divorce caused fathers to become depressed). It was also found that men's psychological well-being was unaffected by poor father-child relationships-suggesting that 'men are less psychologically reactive to strained relationships with children' (p.405).

More research must be conducted which focuses on divorced fathers' well-being and how it changes over time. Also, it would be useful to get the children of these fathers to rate their child-father relationship in order to get a more complete understanding of this bond.

3. Ross, Catherine, and John Mirowsky. 1999. Parental Divorce, Life-Course Disruption, and Adult Depression. *Journal of Marriage and the Family*, 61:1034-1045.

This study focuses on the association between childhood parental divorce and adult depression. The authors propose that children whose parents divorce are more likely to have lowered socio-economic statuses (in terms of educational attainment and income) and are more likely to have problems in intrapersonal relationships (they tend to marry earlier, have multiple divorces, and mistrust people in general); all of which contribute to depression in later life.

Data for this study were collected from the 1995 Survey of Aging, Status, and the Sense of Control. A sample of 2,592 respondents between the ages of 18-95 was selected, allowing for comparison of younger and older people's experience of childhood parental divorce (that which occurred before the age of 18). SES was measured by educational attainment, life time occupational status, household income, current economic hardship (within the last 12 months), and a history of economic hardship. Intrapersonal relationship problems were measured by: history of divorce/remarriage, an early marriage (<19), a current unhappy relationship or no current close relationship, lack of trust in other people, and low social support.

While no direct effects were found between parental divorce and adult depression, parental divorce's effects on SES and intrapersonal relationships did contribute to depression. Children of divorce were more likely to marry young, have an unhappy relationship, and have higher levels of mistrust, all of which often leads to distress in later life. These people also tend to have lower levels of education, higher levels of current economic hardship, and a history of economic hardship, which increases their levels of depression in adulthood. However, occupational status and history of divorce were not significantly associated with depression. No differences in distress levels were evident between women and men, or between younger adults and older adults who experienced childhood parental divorce.

4. Hughes, Mary Elizabeth, and Linda Waite. 2002. Health in Household Context: Living Arrangements and Health in Late Middle Age. *Journal of Health and Social Behavior*, 43:1-21.

The reasons why household structure might impact health are not well understood. Some researchers believe that structured disadvantages or economic disadvantages may underlie household differences in health. However, these disadvantages may not adequately explain the health experiences of non-traditional household structures, such as single parent households. This paper examines how household structures affect the physical and emotional health of older adults, and how gender influences this relationship.

Longitudinal data from two waves of the Health and Retirement Study (1992-94) was used in this study. A sample of 8,485 respondents aged 51-61 years was derived from a stratified, multistage area probability design. Health measures included: self-rated health, mobility limitations, depressive symptoms, and presence of chronic/long term conditions. Living arrangements were divided into the following categories and broken down by gender: married, alone with their spouse (women 39.8%, men 41); married, with children (w 21.5%, m 34.2); married, with others (w 7.4%, m 8.1); single, alone (w 14.7%, m 10.1); single, with children (w 7.8%, m 2.2); and single, with others (w 8.8%, m 4.4).

The results showed that married women, living alone or with children, rated their health better than all other arrangements. Yet, this benefit of marriage does not extend to married women living with 'others'. On the other hand, results suggest that men in all arrangements benefit from marriage. Single men living alone or with others had the most negative self rated health scores.

Married women living with or without children, and single women living alone were at the lowest risk for mobility limitations, whereas differences in living arrangements were not significant for men's mobility limitations.

Using negative binomial regression to analyse depressive scores, the authors found that married women living with others were 37% more likely to experience depression than married women living alone with their spouse. While all single women had poor scores on this measure, single women living with children fared especially poor. Single men, regardless of their living arrangements, reported greater depressive symptoms than married men, again reflecting the positive effect of marriage for men. In fact, men find the experiences of living alone and/or being single more distressing than women.

Examining health outcomes over a longer period of time was identified as an important avenue for future research, as it would allow researchers to study more chronic conditions, such as stress and the development of depressive symptoms. Also, a closer look at how the balance of demands and resources differs across households would help explain the relationship between household and health.

5. O'Connor, Thomas, Neil Hawkins, Judy Dunn, Karen Thorpe, Jean Golding, and the ALSPAC Study Team. 1998. Family Type and Depression in Pregnancy: Factors Mediating Risk in a Community Sample. *Journal of Marriage and the Family*, 60:757-770.

After controlling for marital status and marital history, this prospective study examined whether or not there was an association between family structure and maternal depression. It was expected that women in lone-parent families or stepfamilies would report greater levels of depression than those in other family types.

The sample consisted of pregnant women from Avon, England, who had participated in the Avon Longitudinal Study of Pregnancy and Childhood. These women, aged 14 to 46 years, were expecting to deliver between 1991-92. Respondents completed mailed out questionnaires at two points during their pregnancy, and reported on their depression level, their socio-economic status (finances, education), age, stressful life events, social support, and current and past marital status. Family type was based on the mother-child relationship (step, biological, or both).

The authors discovered that the rate of depression was nearly twice as high among cohabitating women as married women. Regardless of marital status, the presence of stepchildren in families was associated with higher levels of maternal depression. Overall, depression was more common among single-parent families, stepfamilies, cohabitating women, and women with multiple previous relationships. Women in biological families reported the highest level of social support and economic resources, two factors that may moderate their experience of depression. Also, the crowded living conditions typically found in single-parent families and stepfamilies were associated with maternal depression. With the increase in cohabiting partners, future research must be done to better understand the experiences of women in cohabitating relationships.

Further studies may also address the relationship between family structure and depression among fathers.

6. Foster, E. Michael, Damon Jones, and Saul Hoffman. 1998. The Economic Impact of Nonmarital Childbearing: How Are Older, Single Mothers Faring? *Journal of Marriage and the Family*, 60:163-174.

This study compared the economic situations of mothers in three categories: those over 20 and unmarried; those 20 and older and married; and teenagers. Whether these economic outcomes among older single mothers differed by age, race, cohabitating status, and fertility history was also examined.

The sample of 1,615 women came from the longitudinal Panel Study of Income Dynamics. Data on the timing of births and women's marital status (past histories and current status) was obtained from the PSID supplements: the 1985-1990 Childbirth and Adoption History file and the 1985-1990 Marriage History file. Mothers' economic situations were measured for the year prior to and following each childbirth between 1980-1990.

Their findings indicate that, similar to teen mothers (34%), 37% of older single childbearers were poor prior to childbirth, compared to only 4% of married women. Furthermore, it was reported that 48% of older single mothers received welfare in the

year before the birth of their baby, while only 25% of teenagers and 9% of married women did. Welfare use, in part, reflects differences in women's fertility histories- older single women were more likely to have had previous births than the other women. Older single women are more likely to be in the labour force than teenagers (56% vs. 30%). Overall, it was found that older single mothers fare better when they are White, older than 25 years, cohabitating rather than living alone, and if they did not start their childbearing years in adolescence.

7. Dahl, Espen, and Gunn Elisabeth Birkelund. 1997. Health Inequalities in Later Life in a Social Democratic Welfare State. *Social Science & Medicine*, 44(6):871-881.

This article determined the extent to which previous and current social and economic conditions influence inequalities in elderly people's self-reported health.

Data from the Norwegian Central Bureau of Statistics were used to study a random sample of 964 individuals aged 65 and older (excluding the institutionalized). Physical and psychological health outcomes were measured by self-reported 'serious illness' (i.e., if health problems affected their everyday life to a significant degree) and 'mental health' (i.e., if they felt nervous, anxious, depressed within the past six months). Independent variables for this study included: social class (based on occupation prior to retirement), age and marital status (married/not married), current economic conditions (based on 'disposable income' after retirement, 'housing tenure', and 'economic problems'), and childhood conditions (based on experience of a 'longstanding illness' and whether their 'family experienced economic problems').

Logistical analyses revealed that low disposable household income and economic problems in childhood are predictors of serious ill health in elderly men, while low disposable household income, present economic problems, and a longstanding illness in childhood predicts serious ill health in elderly women. In terms of mental health, again low disposable income (common among the working-class) was associated with greater mental health problems among elderly men. For women, current economic conditions (income, economic difficulties, and renting their housing) and economic problems in childhood are associated with greater levels of mental health problems. It was also found that unmarried women had poorer economic situations than married women, and that women in general were more likely than men to be 'unmarried' in older age. The authors conclude that these results indicate that the 'egalitarian pension policy of the Norwegian social democratic welfare state has not been able to eradicate health inequalities in old age' (p.880).

8. Mirowsky, John, and Catherine Ross. 1999. Economic Hardship Across the Life Course. *American Sociological Review*, 64:548-569.

This article discusses the cross-sectional relationship between age and economic hardship and examines two relevant hypotheses. The affluence-trajectory hypothesis, which suggests that economic hardship declines with age until late middle age, then rises again,

stems from age-group differences in income and poverty. The adequacy-gradient hypothesis suggests that poverty rates underestimate the level of economic hardship among young families with children relative to older, retirement-age families (p.552).

The authors also considered resources other than income in their assessment of families' economic situations. It was expected that greater 'needs' (i.e., the number of children present in the household) in families would increase economic hardship, while greater 'resources' (i.e., the presence of household income, homeownership, and health insurance) would reduce economic hardship.

Three analyses were conducted using data from the 1995 survey of Aging, Status, and the Sense of Control, and from the 1990 Survey of Work, Family, and Well-Being. Variables measured include: age and economic hardship, household income, poverty (incomes at, below or over the federal poverty line), marriage, homeownership, medical insurance, education, household size, retirement, temperate lifestyle, and health.

Results indicate a negative relationship between age and economic hardship, which contradicts the affluence-trajectory hypothesis. Levels of need and resources other than income account for a significant amount (64%) of this negative linear association; for example, the presence of children increases economic hardship, and having a marriage partner decreases hardship. These experiences are often age-related, and thus explain much of the age-group differences in economic situations.

The authors recognized that 'future studies of economic hardship may benefit from more detailed measures of income, household composition, nonincome resources, and habits of economy' (p.566).

9. Lynch, J.W., G.A. Kaplan, and J.T. Salonen. 1997. Why Do Poor People Behave Poorly? Variation in Adult Health Behaviours and Psychological Characteristics by Stages of the Socioeconomic Lifecourse. *Social Science and Medicine*, 44 (6): 809-819.

This article examined the relationship between SES (in childhood, adolescence, and adulthood) and adult men's health behaviours and psychological characteristics. Data for this study were collected from the Finnish study called the Kuopio Ischaemic Heart Disease Risk Factor Study. A random sample consisted of 2682 Finnish men aged 42, 48, 54, and 60.

Various measures were used to assess socio-economic status in childhood (represented by parents' sociodemographic characteristics, home environment, and childhood experiences); level of SES in adolescence was measured by educational attainment, and SES in adulthood consisted of measures for occupational attainment, income, housing tenure, job security, etc. Health behaviours included: smoking, alcohol consumption, dietary habits, and physical activity level. Levels of depression, hopelessness, and cynical hostility were measured to represent men's psychological characteristics.

Results indicate that men with lower education had poorer economic situations and poorer health. While no differences were found regarding smoking behaviour or alcohol consumption across childhood SES levels, there were significant differences associated with education and occupation. Men who were less educated and those who held blue-collar jobs were less likely to be a non-smoker, and the men that did consume alcohol in this group were more likely to report frequent episodes of drunkenness. Higher SES, in childhood and in adulthood, was associated with greater levels of physical activity. The least educated, and farmers and blue-collared workers were most likely to report that they were inactive. These men also had poorer diets (i.e., less consumption of fruits, non-root vegetables, carotene, vitamin C, etc.). In terms of psychological characteristics, men with lower educational attainment had higher rates of depression, hopelessness, and cynical hostility compared to men with higher levels of education.

10. Lundberg, Olle. 1997. Childhood Conditions, Sense of Coherence, Social Class and Adult Ill Health: Exploring their Theoretical and Empirical Relations. *Social Science and Medicine*, 44 (6): 821-831.

This paper explores how class inequalities in adult health are influenced by childhood conditions and sense of coherence, and not simply by poverty. Models were developed to outline the relationships between a) childhood conditions, b) sense of coherence, c) adult social class, and d) health. Sense of coherence generally refers to one's confidence that the world is predictable and that resources are available to meet life's demands.

Data are based on the 1991 Swedish Level of Living Survey (SLLS), and on panel data from the 1981 and 1991 SLLS. The sample focused on people aged 25-75 in 1991. Childhood social class was determined by father's occupation (coded into 7 social classes), and adult social class was categorized similarly. Childhood conditions referred to economic hardship, family size, loss of a parent (due to death or divorce), and family dissension. Sense of coherence was measured using three questions, which assessed the comprehensibility, manageability, and meaningfulness of one's life. Adult health was measured by: psychological distress, circulatory illness, and aches and pains in back, hips, joints, etc.

Results indicate weak relationships between childhood social class, economic and social conditions on one's sense of coherence in later life. Low sense of coherence was not found to influence the effect of childhood conditions on adult health, but it was more common among adults in lower social classes (i.e., workers/farmers as compared to white-collar categories). In terms of adult health, those who experienced economic hardship and family dissension in childhood, and those with a low sense of coherence in adulthood had higher risks for illness, particularly psychological distress.

The author indicated that a further analysis of the relationship between one's sense of coherence and class inequalities in health should be explored.

11. McCall, Patricia and Kenneth Land. 1994. Trends in White Adolescent, Young-Adult, and Elderly Suicide: Are There Common Underlying Structural Factors? *Social Science Research*, 23: 57-81.

Based on Durkheim's definitions of anomic and egoistic suicide, this paper investigated the trends and susceptibilities among adolescent, young-adult, and elderly white men for these types of suicide. The impact that economic hardships, family household factors, and demographic factors have on suicide trends was also examined at those three life stages.

Durkheim suggests that anomic suicide, characterized by 'the weakening of social control over the individual' (e.g., lower matrimonial regulation after marital dissolution) increases as economic disturbances increase in society (p.60). Conversely, egoistic suicide, which is 'associated with a decrease in social integration' (e.g., unemployment), will increase as social ties are weakened (p.60).

Age-race-sex-specific suicide data were collected from an annual time series analysis for the years 1946-1988 published by the National Center for Health Statistics.

Results suggest that family household factors (such as divorce rates, and the percentage of female-headed families) directly contribute to suicide trends (both anomic and egoistic) among adolescent and young-adults. These factors were affected by 'relative cohort size', mediated by demographic variables (i.e., wage competition in the labour force) (p.75). Among elderly white males, it was found that widowhood (which may weaken family ties) and unemployment (stemming from being laid off or forced to retire early) was associated with both anomic and egoistic suicide.

Thus, social and economic factors present at different stages in the life course differentially affected the suicide trends among the three age groups of white males in this study.

**2. How do changes in family status affect economic security and health of children? Does this vary by life course stage? What are the relationships between children's health and SES? (parental income, poverty)? Do these effects vary by age of kid and by family structures?**

1. Lichter, Daniel. 1997. Poverty and Inequality among Children. *Annual Review of Sociology*, 23:121-145.

This article comparatively examines the 'concept, definition, and measurement of children's economic well-being and poverty' across societies/ subgroups, focusing on 'the role of the changing family, parental employment, and levels of social provision for poor families' (Author's abstract).

In reviewing the literature, Lichter found that increasing cultural differentiation may depend more on relative deprivation in economic resources (inequality between groups) than on absolute poverty or low income per se. In America, poverty among children living with two full time earners is virtually nonexistent. The rise in children's poverty was associated with growth in single-parent families (namely mothers). Yet, since many mothers are poor *before* they become single, it could be that the breakdown of the family results from economic deprivation. But it should be noted that the level of poverty after divorce increases from 12% pre-divorce to 27% one year after divorce.

Poverty rates among children of unmarried mothers were higher than those of married or divorced mothers, and has been suggested that this phenomenon is work-related. These unmarried mothers tended to be less educated, younger, and had fewer job skills than divorced mothers. Current policy debates were outlined and consequences for changing policies were also discussed. It was recommended that in order to address children's poverty, a 'multifaceted approach that builds strong families, promotes work and higher wages, and supports family and prowork public policies' should be used (p.139).

Future research needs to develop more sensitive measures of well-being that better reflect the 'relative and episodic nature of economic deprivation during childhood' (p.142). We also need a better understand the potentially two-way relationship between poverty and biology (physiology, cognitive traits, temperament, etc.) and how this relationship continues over generations. Lastly, studies need to track children's economic trajectories over time.

2. Duncan, Greg, Jeanne Brooks-Gunn, W.Jean Yeung, and Judith R.Smith. 1998. How Much Does Childhood Poverty Affect the Life Chances of Children? *American Sociological Review*, 63:406-423.

By looking at the timing of poverty during childhood, this study sought to determine the extent to which children's opportunities for academic success are disrupted by the negative effects of childhood poverty on cognitive and behavioural development. Specifically, the authors wanted to understand how childhood family income related to the number of years completed at school and the timing of a first nonmarital birth.

Data for this analysis were derived from the Panel Study of Income Dynamics. A sample of 1,323 children born between 1967-1973 was used for the individual based analyses, and from this sample, 328 sibling pairs were collected for the sibling analyses. Educational attainment was measured after age 25, and measures for nonmarital childbearing began at age 16. Income was defined as the 'total pretax income of all family members' and was averaged over the childhood years (p.412). Other control variables of interest were: race, gender, number of siblings, family structure, maternal employment, and residential mobility.

Results indicate that the average family income increases across childhood, and that on average, family incomes for children between the ages of 11-15 are 40% higher than those for children between 0-5. Timing of childhood poverty was important for educational outcomes- children in low income families are more likely to finish high school if their family income increased by an average of \$10,000 during the first five years of life. Sibling analyses also reveal that economic conditions matter most during early childhood.

Future studies may wish to extend the sibling analyses by including measures for birth order, gender composition, and a larger sample size.

3. Seccombe, Karen. 2002. "Beating the Odds" Versus "Changing the Odds": Poverty, Resilience, and Family Policy. *Journal of Marriage and Family*, 64: 384-394.

This article looks at families in poverty and the consequences of poverty for adults and children. It also suggests strategies for improving poor families' resilience by approaching poverty as a *social problem*, not merely an individual one.

Cross sectional data for this study came from the U.S. Census Bureau. Characteristics of poverty were examined by looking at a) longitudinal dynamics (the patterns of poverty over time), b) comparative studies (comparing 'rates of poverty in the U.S. to other countries'), and c) life course risk ('the risk of poverty across a person's lifespan') (p.386). Consequences of poverty were assessed for adults and children.

It was found that adults in poverty have higher morbidity and mortality rates, have lower life expectancies, are less likely to marry, and when they do they have more unstable marriages. Children in poverty experienced poor physical health and have more socio-emotional and behavioural problems. In their exploration of the concept of resiliency, the authors found that many families exhibited this trait and did not experience the negative outcomes outlined above, and that resiliency can be learned at 'any point in the life course' (p. 387). The author restates the need to consider the structural factors that influence resiliency, while recognizing the linkages between the individual, family, and community with the broader social structure.

Several policy recommendations were suggested to help improve the economic situations and resiliency of families in poverty. Introducing national health insurance, better enforcements for child support payments, increasing the minimum wage, and change eligibility criteria for the Earned Income Tax Credit to include families who may not have 'exceptionally low incomes' but who, nevertheless, still experience poverty.

4. Goodman, Elizabeth, Gail Slap, Bin Huang. 2003. The Public Health Impact of Socio-economic Status on Adolescent Depression and Obesity. *American Journal of Public Health*, 93:1844-1859.

This quantitative study investigated the impact of socio economic status (SES) on adolescent's physical and mental health at the broader, population level using the concept of population attributable risk (PAR). The authors suspected that low education and low income would have negative effects on adolescent's health, in terms of depression and obesity.

Data for the cross sectional study was obtained from Wave 1 of the National Longitudinal Study of Adolescent Health. The sample included 15, 112 adolescents whose parents had been questioned regarding family income and parental education (which then determined adolescent's SES). Obesity was calculated using body mass index scores of the adolescent's self reported height and weight. Depression was assessed using the CES-D scale. An analysis to determine the effect of SES (i.e., poverty or having parents not complete high school) on adolescents' PAR was established.

As a result, a positive 'graded' relationship existed between both poverty and lack of high school education on adolescent health (p. 1851). For the relationship between income-depression, non-White females had the lowest PARs, and non-White males had the lowest PARs for the education/income-obesity relationships. White women had the highest PAR associated with the relationship between education-obesity, while white men had the same for the relationship between education-depression. In general, the PAR related to education was higher than that related to income.

Understanding the influence of SES must continue to be large focus in future studies on public health, especially when considering adolescent health.

5. Cooper, Helen, Sara Arber and Chris Smaje. 1998. Social class or deprivation? Structural factors and children's limiting longstanding illness in the 1990s. *Sociology of Health & Illness*, 20 (3): 289-311.

This paper wanted to test whether measures of material disadvantage predicted chronic illness in children and youth better than the traditional measures of social class. Differences in the level of health inequality- and the social, economic, and familial changes associated with these differences- were also examined among adolescents as compared to children.

Data for this study were collected from three years of the British General Household Survey (1992/3-1994/5). The sample of 16,500 children was restricted to children living in conventionally defined families (i.e., their 'Head of Household' was a parent or relative), thus 182 children were excluded.

Children's morbidity (i.e., longstanding illness/disability) was identified by their guardian, usually their mother. Occupational social class, ethnicity of the child, family structure (couple or lone-parent family) and family work status (employment status, income support) were also measured.

Results indicate that 'limiting longstanding illness increases with age, for both sexes' (p.296). Class inequalities in health were significant in the 5-10 year age group, with more chronically ill children in the 'unskilled class' than in the 'professional classes' (p.296). Of the children who lived in a lone-parent family (20%), the majority lived with their mother (93%). Only a few of these parents participate in the labour force (35% of lone-mothers, 54% of lone-fathers). Thus, many children in lone-parent families are in a poor economic situation, which is related to material disadvantage. It was found that children in families with unemployed parent(s) experience the highest levels of chronic illness.

Overall, the relationship between children's chronic illness and social class was non-significant; 'measures of family work status and housing tenure' (representing the families' economic situation) better explained the variance in children's illness (p.303). It was concluded that it was not family structure itself, but the economic position of the family, which predicts children and adolescents' poor health.

6. Biblarz, Timothy and Adrian Raftery. 1999. Family Structure, Educational Attainment, and Socioeconomic Success: Rethinking the "Pathology of Matriarchy". *American Journal of Sociology*, 105: 321-365.

The purpose of this study was to assess the long term effect of alternative family structures on children's educational and occupational success. Tracking children in alternative family types over four decades (1960-1990), allowed the authors to locate the sources, or mechanisms, by which female-headed families (or other non-traditional families) may lower children's occupational success.

Data was collected from four different surveys: the 1962 and 1973 Occupational Changes in a Generation, the 1986-88 Surveys of Income and Program Participation, and the 1992-94 National Survey of Families and Households. Respondents were categorized under one of the following four family types: a) 2-biological parent families, b) alternative mother headed families, c) alternative father headed families, and d) mother-stepfather families. Independent variables included: race, number of siblings, educational and employment statuses, and the occupational status of the family head during childhood. Respondent's socio-economic (SE) success was measured by: educational attainment (in years) and occupational status (using a socio-economic index).

It was found that the effect of family structure on children's socio-economic success has been relatively stable over the past 30 years. Once socio-economic position is taken into account, children from single-father or mother-stepfather families typically have lower SE attainments than children from both 2-biological parent and single mother headed families. And even though male headed families were more socio-economically advantaged than single mothers, sons from alternative male-headed families had lower attainment scores than sons in single-mother headed families. These results support the 'evolutionary view' of parental investment (i.e., compared to fathers, mothers invest more of their resources in children due to their greater reproductive investment). This

suggests that children's attainment is determined mainly by parental investment, and thus the effect of family structure on children's socio-economic success is not expected to change over time.

7. Spruijt, Ed and Martijn de Goede. 1997. Transitions in Family Structure and Adolescent Well-Being. *Adolescence*, 32(128):897-911.

This article examined the long term effects of transitions in family structures on adolescence's occupational, physical, psychological, and relational well-being. The authors were interested in determining whether it is more difficult for young people who have experienced major disturbances in their lives to get along in society as compared to other young people. It was expected that adolescent's who experience more transitions in their parental families have lower physical, relational, and psychological well-being, and are more likely to experience unemployment than adolescent's who have not experienced as many transitions.

Based on the first wave of the 1991 panel study, the Utrecht Study of Adolescent Development, a sample of 2,500 respondents between the ages of 15-24 was selected for interview, as well as one of their parents. Families were separated into four categories: stable intact family (no transitions), conflict intact family (one transition), single-parent family (two transitions), and step family (three transitions). Respondents were measured on: physical well-being, psychological well-being, relational well-being, occupational well-being, and background characteristics.

Results showed that young people from single parent families experience more unemployment than young people from other family types. Those from stable intact families were found to be the most physically and psychologically healthy, followed by those from stepfamilies, then from conflict families, and finally those from single parent families. Also, young people from single parent families had more relational problems (in terms of conflicts with partners and divorce) than other young people in this study. The effects of family transitions may not operate in a cumulative way given the fact that those from stepfamilies (who have experienced the most number of transitions) are not the worse off in terms of well-being. It was suggested that being a member of a two-parent family is in some way more important to well-being than the number of structural transitions with which one has been confronted.

8. De Haan, Laura, and Shelley MacDermid. 1998. The Relationship of Individual and Family Factors to the Psychological Well-Being of Junior High School Students Living in Urban Poverty. *Adolescence*, 33:73-89.

The influence of individual and family factors (namely adolescent's identity development and perceived parental treatment) on the psychological well-being of adolescents living in urban poverty was examined in this article. It was expected that economic hardship

would be negatively associated with psychological adjustment, and that individual and family factors would have indirect effects on this relationship.

This cross sectional study had a sample that consisted of two groups of middle school students (105 students in total). They completed an anonymous written questionnaire that measured several variables. The item for economic hardship measured changes in current and past levels of income, and ability to pay bills or meet basic needs (p. 80). Perceptions of parental treatment assessed parental discipline, affection, and communication. To measure identity development, an identity fidelity scale was completed on each of the following areas: family, peers, academics, work, ethnicity, and religion, in which adolescents expressed 'more or less identity development' (p.76). Self-esteem, level of depression, and loneliness were also measured to assess adolescent's psychological well-being.

Analyses revealed that identity development had a negative relationship with economic hardship (beta= -.40), but was positively associated with psychological adjustment (beta=.38). This suggests that economic hardship was indirectly associated with psychological well-being, and was mediated by identity development.

In terms of family factors, parental treatment was positively related to psychological adjustment, but was not, however, affected by economic hardship.

The authors indicated several avenues of further research. First, identity should be explored at a more in-depth level to determine how it operates as a protective factor for psychological well-being (p.87). But normative developmental transitions other than identity should be examined as well. Studies should also move away from a problem-focused approach, and examine the relationship between parenting and other contextual aspects (i.e., neighbourhood characteristics, parental job strain, etc.).

9. Ram, Bali, and Feng Hou. 2003. Changes in Family Structure and Child Outcomes: Roles of Economic and Familial Resources. *The Policy Studies Journal*, 31:309-330.

Exploring how children's emotional-behavioural and cognitive outcomes are affected by changes in family structure is the focus of this longitudinal study. The authors compared children from: biological two-parent families at Time 1, who later transitioned into 1) a lone-parent family or 2) a stepfamily; 3) children in a lone-parent family; and 4) children who did not experience changes in family structure (i.e., remained in a biological two-parent family throughout the study). Whether or not differences in economic and family resources (i.e., family income/education and ineffective parenting/maternal depression) existed between family types was also examined.

The sample of 4,000 children was derived from the National Longitudinal Survey of Children and Youth (which included three waves of surveys conducted in 1994-95, 1996-7, and 1998-99). The children were between the ages of four and seven in the first wave. Children's emotional-behavioural outcomes were measured by five variables: 'hyperactivity/inattention, emotional disorder/anxiety, property offense/destructive

behaviour, physical aggression/conduct disorder, and indirect aggression' (p.313). Math and reading comprehension skills were used to measure children's cognitive outcomes.

Results from the Ordinary Least Square regression analysis revealed that emotional-behavioural outcomes were negatively affected by changes in family structure. Externalizing problems are particularly accentuated by the economic declines associated with family dissolution. In addition, family resource declines, characterized by ineffective parenting and maternal depression, which result from changes in family structure, were found to increase children's emotional-behavioural problems. Indeed, no differences were found between the outcomes of children in stepfamilies and those in lone-parent families, suggesting that these changes in family structure have similar effects on children's well-being. These results support the notion that family resources are important predictors of child outcomes.

10. Jekielek, Susan. 1998. Parental Conflict, Marital Disruption and Children's Emotional Well-Being. *Social Forces*, 76(3):905-35.

The purpose of this study was to determine whether children who remained in two-parent families marked by conflict had fewer internalizing problems than children whose parents split up. It has been suggested that in the presence of parental conflict, the effects of divorce may have less of a negative impact on children's well-being than the effects of remaining in an intact family. Specifically, the authors examined how 'the level of parental conflict in biological two-parent families in 1988 affects children's anxiety and depression/ withdrawal in 1992' (p.906).

Data was collected from the National Longitudinal Surveys of Youth, which sampled 12,600 American men and women. The sample for this study consisted of 1,640 children between the ages of 6 and 14 in 1992, and who were living in original two-parent families in 1988. Mothers reported on their children's anxiety and depression, the level of parental conflict, and marital disruption.

Results suggest that children from divorced or separated families have higher levels of distress than children from intact families, but that this distress diminishes over time. Also, it was found that children with higher levels of family income, and those whose mother had a high school education only had lower levels of depression.

Overall, it was found that children fared better emotionally if their parents (who engaged in conflict in 1988) divorced or separated by 1992, rather than stayed together (even after controlling for child's well-being at Time 1). These findings highlight the importance of looking at previous life experiences when assessing the impact/stressfulness of subsequent life transitions. This study can be useful when discussing divorce policies and laws. Better measures of internalizing problems need to be developed, and the gendered responses to divorce should be investigated further.

11. Vandewater, Elizabeth, and Jennifer Lansford. 1998. Influences of Family Structure and Parental Conflict on Children's Well-Being. *Family Relations*, 47:323-330.

Stemming from the 'family conflict perspective', this article examined the effects of parental conflict on three aspects of children's well-being, internalizing problems, externalizing problems, and trouble with peers. The authors compared children from two types of family structures where the parents were either 'married-never divorced' or 'divorced- not married' (Author's abstract). They expect that, regardless of family type, parental conflict will affect children's well-being.

Data were collected from two waves of the National Survey of Families and Households, one in 1988 and the other in 1992-94, representing 618 parent-child dyads. Respondents that participated in both waves, and where the child was between the ages of 10-17, were selected for the study sample. Parental conflict was measured differently for the two family types reflecting the different types of conflicts that are likely to arise (i.e., asking married parents about household tasks, money, in-laws, versus asking divorced parents about how and where the child is raised, and child support).

It was found that children in high conflict families had greater internalizing problems than children in low conflict families. On the other hand, family structure made little difference on this aspect of children's well-being. Also, parental warmth mediated the effect of conflict on internalizing problems for girls, but not for boys. Future policies need to focus on developing strategies for parents to help them refrain from engaging in conflict.

12. Simons, Ronald, Kuei-Hsiu Lin, Leslie Gordon, Rand Conger, and Frederick Lorenz. 1999. Explaining the Higher Incidence of Adjustment Problems Among Children of Divorce Compared with Those in Two-Parent Families. *Journal of Marriage and the Family*, 61:1020-1033.

To determine whether children of divorced parents have more adjustment problems than children from intact families, this study examined the effects of maternal monitoring and discipline on children's externalizing and internalizing problems.

Data was collected from two sources: the Iowa Youth and Families Project (IYFP) and the Iowa Single Parent Project (ISPP). The former was a panel study of 451 two-parent families conducted between 1988-91, whereas the latter focused on 207 mother-headed households. These studies, while representative of Iowa, were predominantly White, rural residents. A pooled sample was created, consisting of 534 families (328 two-parent families, and 200 single parent families). Self-reports, adolescent reports, and observer ratings were used to measure the quality of mother's parenting in terms of: warmth and support, monitoring of child's behaviour and consistency in discipline. To measure mother's depression level, a 13-item scale was used which assessed their mood and physical symptoms.

It was found that mother's parenting, and its consequences on maternal depression, had the greatest impact on both externalizing and internalizing problems for boys. On the other hand, these characteristics (especially mother's parenting) only affected externalizing problems for girls. However, parental divorce increases girls' risk for depression, since it increases mothers' level of depression, which in turn negatively affects parenting skills.

13. Amato, Paul, and Joan Gilbreth. 1999. Nonresident Fathers and Children's Well-Being: A Meta-Analysis. *Journal of Marriage and the Family*, 61:557-573.

This meta-analysis sought to disentangle the mixed results found in the literature linking the absence of children's contact with their nonresident fathers and these children's health outcomes. The purpose of this paper was to provide a more complete understanding of how the father-child relationship affects children's well-being.

Three databases (Sociofile, PsychLit, and the Family Studies Database) were used to search for pertinent literature. Sixty-three studies, which included a sample of children in father-absent families and used quantitative data to measure the father-child relationship/children's well-being, were selected for review.

The father-child relationships were characterized by frequency of contact, feelings of closeness, and authoritative parenting. One aspect of children's well-being, that was of particular interest for the purpose of this review, was their internalizing problems. These problems were measured by assessing children's levels of depression, anxiety, and low self-esteem.

Overall, most studies did not find a strong link between the level of contact between the father-child and children's internalizing problems. However, focusing on the degree of contact may not accurately reflect more relevant aspects of the father-child relationship, such as feelings of closeness, and parental warmth. Indeed, these feelings of closeness, as well as authoritative parenting were negatively associated with children's internalizing problems. The author calls for more empirical and conceptual development of the research on nonresident fathers, moving away from relying on 'frequency of contact' as a proxy for relationship quality (p.569).

### **3. Do community characteristics make a differential impact of SES and children's (physical) health or adult's health?**

1. Vartanian, Thomas. 1999. Childhood Conditions and Adult Welfare Use: Examining Neighborhood and Family Factors. *Journal of Marriage and the Family*, 61: 225-237.

Generally, studies on welfare use have focused on its intergenerational transmission. However, it is also important to understand the role that neighbourhood conditions (such as growing up in a poor area) have in determining welfare use. By examining economic, welfare, and neighbourhood theories, this article looks at how childhood neighbourhood conditions affect African-American and White women's likelihood of using welfare.

Longitudinal data was used from the Panel Study of Income Dynamics (1968-1992) and linked with census data from 1970 and 1980. The sample consisted of 1,609 women who were between the ages of 11-15 in 1981 and who grew up to be a head of household, a wife, or a cohabitor. Neighbourhood characteristics included: neighbourhood poverty rate, percentage of households receiving public assistance, the male unemployment rate, and percentage of professionals. Logistic regression models were used to analyse the data, and the analyses for African American and White women were conducted separately.

The descriptive results revealed that African American women (46%) were more likely to receive welfare than White women (12%), and were more likely to have received it during childhood. In general, African American women had fewer family and neighbourhood resources growing up. The areas they tended to grow up in were poorer, had higher male unemployment rates, and had fewer professionals.

From the multivariate analysis, it was found that African American women were four times more likely to be on welfare than White women. The number of years of welfare use in childhood does not affect the likelihood of welfare use in adulthood, however, for African American women, if their parents used welfare, then they are more likely to use it as well. Neighbourhood conditions had a strong influence on predicting welfare use for White women only.

Family structure, in terms of how many children are present, affects African American women's likelihood of receiving public assistance- the more kids in the family, the greater the likelihood. For White children, having a young head of household (<35) almost doubles their likelihood of welfare use as an adult compared to children whose head of household was older than the age of 35. Family situations (i.e., level of income, adult education levels, number of siblings) were found to be more important for African American women than White women in predicting welfare use.

2. Ross, Catherine. 2000. Neighborhood Disadvantage and Adult Depression. *Journal of Health and Social Behavior*, 41:177-187.

After controlling for individual characteristics (such as gender, age, and race), this paper used multilevel data to test whether residents from disadvantaged neighbourhoods (characterized by poverty, and mother-headed families) are at a higher risk of depression than those from non-disadvantaged neighbourhoods.

2,482 respondents of the 1995 Community, Crime and Health, ranging in age from 18- 92 years, reported on their individual characteristics (race, ethnicity, age, gender, marital and parental statuses, education, employment status, and household income). Neighbourhood disadvantage was measured by the prevalence of poverty (that is, the number of households with incomes below the poverty line) and the number of mother-only families in the neighbourhood.

Compared to individuals from advantaged neighbourhoods, those in disadvantaged neighbourhoods have greater levels of depression. The tendency for disadvantaged people to live in disadvantaged neighbourhoods accounts for only half of this observed effect, thus, living in disadvantaged neighbourhoods has negative effects for residents regardless of their individual characteristics. The amount of disorder (measured by reports of crime, feeling unsafe, and too many people hanging out on the streets, using drugs and drinking) were higher among poorer, mother-only neighbourhoods.

The author found that residents who reported a lot of disorder in their neighbourhoods also had high levels of depression. It was suggested that this breakdown of social order, due to the increase in lone-parent family types, is a major link between neighbourhood disadvantage and depression. The threatening environments typical in disadvantaged neighbourhoods are quite distressing for their residents.

3. Langille, Donald, Lori Curtis, Jean Hughes, and Gail Tomblin Murphy. 2003. Association of Socio-economic Factors with Health Risk Behaviours Among High School Students in Rural Nova Scotia. *Canadian Journal of Public Health*, 94:442-447.

This study from Nova Scotia, Canada looked how adolescent's risk behaviours, such as drug and alcohol use, were associated with socio-economic (SES) factors, such as family structure and parental education.

The authors conducted a cross-sectional survey with students in grades 10-12 in four high schools across northern Nova Scotia. The sample consisted of 2,198 students, with 52% females. The survey assessed the respondent's substance use (whether they had smoked cigarettes or pot, or drank in the past 5-10 days), sexual behaviour (previous to age 15), suicide attempts, family structure (two-parent family, lone mother, or other), parental education, and parental employment (full/part time, none).

It was found that females used marijuana less than males. However, cigarette-smoking rates were consistent between females and males for all grades (10, 11, 12). SES factors greatly influenced adolescent's risk behaviours. Not living in a two-parent family and lower parental education was associated with an increase in risk behaviours, particularly family structure was related to marijuana use. All SES variables were associated with the risk of smoking (lower SES – increased risk), while none were associated with suicide attempts. Parental unemployment was clearly gendered: a mother's unemployment had protective effects on risk behaviours, whereas father's unemployment was associated with increased cigarette smoking. This could reflect that families whose mother can stay

home may have higher SES than families whose mother has to work. These findings have important implications for social policy, and indicate several factors to consider when developing interventions for adolescents.

4. LeClere, Felicia, Richard Rogers, Kimberly Peters. 1998. Neighborhood Social Context and Racial Differences in Women's Heart Disease Mortality. *Journal of Health and Social Behavior*, 39:91-107.

This study focuses on how neighborhood characteristics create racial differences in women's experience of heart disease. The authors expect that the stress associated with being a poor single parent or living in a multigenerational household may increase black women's risk of dying from heart disease.

Using data from the National Health Interview Survey, death certificate information from the National Death Index, and the 1990 Census of Population, the following individual and community factors were measured: race/ ethnicity, annual family income, educational attainment, marital status, individual health risk factors, proportion of (poor) families headed by women, proportion of people who are black, median family income, poverty levels, etc.

The results attempt to describe how economic isolation and residential segregation mediates the effect of female-headship rates on women's death due to heart disease.

For younger women (under 45), there were 87, 299 cases of heart disease for white women, compared to 18, 546 cases for black women. However, approximately the same number of women in these groups died from this disease. It was also shown that black women were concentrated in neighborhoods with the highest female-headship rates, highest rates of poverty, highest rates of unemployment, etc. Even when white women are living in communities with high levels of female-headship, their mortality rate (for heart disease) is lower than that of black women (12.2 per 1000 vs. 16.6 per 1000). Since headship trends in neighborhoods may reflect individual child bearing and family structures, the authors argue that 'headship effects are a composite of both the individual and community-level effects' (p. 103).

More research is needed to look at how health services are distributed in these female-headed neighborhoods. Looking at multigenerational households, future studies may investigate the health outcomes for other family members or for their neighbors.

5. Wheaton, Blair, Philippa Clarke. 2003. Space Meets Time: Integrating Temporal and Contextual Influences on Mental Health in Early Adulthood. *American Sociological Review*, 68(5):680-699.

By combining temporal and spatial perspectives, the authors tested four hypotheses that may explain the effects of current and past neighborhood on mental health in early

adulthood. They ask ‘do neighborhood effects tend to cumulate, or are they specific to a particular stage in the life course?’ (p.682).

A cross-level panel model was adopted using data from the National Survey of Children (1976- 1987). This method also controls for variables that may select individuals into neighborhoods, thus ‘neighborhood effects are net of the initial mental health status of the child’ (p.682). A sample of 841 respondents was used, which excluded individuals in rural areas. Neighborhood disadvantage (measured by seven indicators of poverty), exposure to stressful events, neighborhood problems (individually reported), and child mental health (internalizing and externalizing problems) were the variables of interest. Background characteristics were also controlled for (i.e., parental income, parental mental health, family structure).

Results indicate that childhood neighborhood disadvantage, not current neighborhood, had the greatest effect on early adult mental health, and that this effect is stronger for children whose parents have lower levels of education. The interaction between social causation and selection effects observed in this study suggests that ‘social causation at the contextual level may depend on the level of selection at the individual level’ (p. 693). By adopting a life course perspective, the authors advocate for including a temporal aspect to social contexts when doing research on social class, neighborhood effects, mental health, and families.

6. Forkel, Ines and Rainer Silbereisen. 2001. Family Economic Hardship and Depressed Mood Among Young Adolescents From Former East and West Germany. *American Behavioural Scientist*, 44 (11): 1955-1971.

Regional differences (between East and West Germany) and the effects of economic hardship on young adolescent’s depressed mood were examined in this paper. How parental depression affects this relationship was also considered. The authors expect that ‘economic pressure can diminish positive family climate via parental depressed mood’ which will then ‘manifest itself in adolescents’ depressed mood’ (p. 1957).

A sample of 304 adolescents (102 from the former East Germany, and 202 from the former West Germany), between the ages of 10-13 years, and their married parents were surveyed in 1993. Respondents were questioned about: per capita income, any unstable work situations or income changes in the past 12 months, family economic pressure (measured by three indicators: can’t make ends meet, material needs, and economic adjustments), depressed mood, and the level of positive family climate (measured by harmony, cohesion, and openness).

No differences in parents’ or adolescents’ depressed mood and family climate were observed between the two regions. However, respondents from East Germany reported lower income, less stable work situations, and greater difficulty making ends meet.

The sample from the West linked economic hardship to adolescent depression through parental depressed mood. For both samples, it was found that mothers' depression was 'associated with a less positive family climate'; while father's depression in the West sample was associated with adolescent well-being (through its impact on the parent-child relationship) (p.1965).

The authors suggest that future studies should look at the other ways in which adolescents cope with economic hardships, rather than looking at whether different societal contexts induce differences in individual responses to economic hardships.

#### **4. Do employment status and work conditions mediate/moderate the relationship between family and health?**

1. Cooksey, Elizabeth, Elizabeth Menaghan, and Susan Jekielek. 1997. Life-Course Effects of Work and Family Circumstances on Children. *Social Forces*, 76(2):637-67.

By applying the life course perspective, this paper sought to determine how current family and parental work circumstances shape young children's emotional well-being and behaviour. Specifically, the authors examined how maternal resources and vulnerabilities may mediate the effects of family and work on children's outcomes.

The sample consisted of 2,343 children between the ages of 6 and 7, who were born between 1979-1984. They were pooled into three age cohorts: those who were 6 or 7 in 1986, 1988, and 1990. The mothers of these children reported on two types of their children's behaviour: oppositional action (i.e., outward acts of behaviour that often have an antisocial element to them), and negative emotions (internalizing emotions, anxiety, depressed emotions). Family composition (presence of other adult family members and/or siblings), mother's (and spouse's if present) working conditions (employment, number of hours worked per week, and complexity of the occupation), maternal resources and vulnerabilities (early resources: self-esteem, early deviance; 'good mothering': measured by maternal smoking during pregnancy; and mother's human capital: educational attainment and her cognitive skills) were the variables measured in addition to several background/control variables (including family income, maternal age, low birth weights, health problems, and ethnicity).

Results indicate that children who live with biological parents exhibit fewer behavioural problems than children who live with their mother only or with a stepfather. More complex maternal employment, high self-esteem, low early deviance, and avoidance of smoking during pregnancy were associated with lower levels of both types of children's behavioural problems. Thus, maternal resources influence children's well-being through their effects on shaping family and work conditions. Since this study focused on middle childhood, future research could look at whether these effects diminish as children age.

2. Walters, Vivienne, Peggy McDonough, Lisa Strohschein. 2002. The Influence of Work, Household Structure, and Social, Personal and Material Resources on Gender Differences in Health: an analysis of the 1994 Canadian National Population Health Survey. *Social Science and Medicine*, 54: 677-692.

To better understand the gendered nature of health, this article examined the extent to which work conditions (paid and unpaid), and social support, personal characteristics and material resources create different health experiences for women and men.

Data were collected from the 1994 Canadian National Population Health Survey, and the sample used in this study consisted of 11,241 individuals between the ages of 25-64. Levels of distress, migraines, and arthritis/rheumatism were measured to determine respondents' mental health, psychosocial health, and physical health, respectively. Paid work conditions were assessed on five variables, 'control over job tasks, the psychological demands of work, job insecurity, physical demands of work and social support at work' (p.681). Measures for unpaid work conditions were proxied by measures of household/family structure (i.e., marital status, age and number of children in the home). Social support, perceived control, and self-esteem were used to measure social and personal resources, and income, educational attainment, and home ownership were used to measure material resources.

Evidence for the effects of gendered *exposure to* and *vulnerability of* these conditions/resources to explain gendered differences in health were weak. In terms of differential exposure, only minor differences were found between women and men, except that women were less likely to be a part of the labour force, more likely to be working part time, and being formerly married. In terms of differential vulnerability, it was found that only family structure affected health differently for women and men. Formerly married women reported more arthritis/rheumatism and distress than formerly married men.

Future studies should include qualitative analysis, better measures of unpaid work conditions, and inform policies based on men and women's 'shared experiences' of health (p.689).

3. Simon, Robin. 1998. Assessing Sex Differences in Vulnerability Among Employed Parents: The Importance of Marital Status. *Journal of Health and Social Behavior*, 39:38-54.

This paper looked at how marital status affected the differences in women and men's responses to role-related stressors, which then manifest themselves into gendered differences in the type of disorder experienced (i.e., depression or heavy drinking). It was important to look at unmarried mothers and fathers' reactions to stress since most research to date has focused on married subjects, who tend to hold different role responsibilities than unmarried subjects.

Data was collected from two waves (1987-88 and 1993-94) of the National Survey of Families and Households. A sample of 2,937 married and unmarried, employed parents of a child 18 years old or younger was used for this analysis. It should be noted, however, that due to attrition, the sample at Time 2 might under-represent highly depressed people, and unmarried noncustodial fathers. Interviews were conducted to assess respondents' level of depression and alcohol use/abuse, and four types of role strains (financial strain, work strain, parental strain, and marital strain). Socio-demographic variables were also controlled for.

Her findings reveal that gendered work and family roles create gendered types of stress-related disorders (depression in women, heavy drinking in men), and that these roles differ depending on marital status. For instance, results demonstrated that married women, who are typically responsible for intrapersonal relationships and well-being of family members, have higher levels of depression when they experience parental and marital strains. On the other hand, married men tend to assume a breadwinner role, and thus when experiencing financial strain, they drank more alcohol. Her analysis with unmarried men and women revealed that when faced with parental strain, unmarried custodial mothers were more depressed than noncustodial fathers, and unmarried fathers drank more alcohol than unmarried mothers.

Thus, future studies should investigate more effective intervention strategies based on the gendered conditions that affect men and women's distress.

4. Ali, Jennifer, and William Avison. 1997. Employment Transitions and Psychological Distress: The Contrasting Experiences of Single and Married Mothers. *Journal of Health and Social Behavior*, 38:345-362.

This longitudinal study examines how family structure moderates the effect of paid work on mother's psychological well-being. In particular, the authors compared the effects of transitions into and out of employment between single mothers and married/cohabitating mothers.

Data for this research was collected from a longitudinal study of single-parent and two-parent families in London, Ontario. The sample consisted of 405 single mothers (includes never-married, widowed, and divorced/separated) and 455 married mothers (either married or cohabitating). Structured interviews were conducted to explore these women's level of psychological distress/depression, financial strain, caregiver strain, stressful life events, and their personal resources (sense of control and self-esteem). It was assumed that stressful life events and personal resources precede the onset of depression.

Three key findings were discussed in this paper. First, for single mothers, transferring out of employment was associated with higher levels of distress and financial strain than remaining stably employed. Even after controlling for changes in financial strain,

caregiver strain, and stressful life events, this effect remains significant. Secondly, there was no such association between single mothers transferring into employment and those who remained employed. Lastly, employment transitions had no effect on married mothers' psychological distress. Differences in household income were related to family structure- married mothers consistently had higher incomes than single mothers. This could help explain why transitions out of employment affect single women's well-being (distress, sense of control, and self-esteem) more so than married women. They also found that these personal resources might mediate the stress-distress relationship.

Since those who experience work transitions are more likely to have marginal jobs than those who remained stably employed, future research should identify predictors of work transitions, and focus on 'how women come to occupy mainstream rather than marginal jobs' (p.359).

5. McQuillan, Kevin. 1992. Falling Behind: the income of lone-mother families, 1970-1985. *Canadian Review of Sociology and Anthropology*, 29(4):511-523.

The economic situations of lone-mother families, as compared to those of two-parent families, were examined in this paper. It also examined how changes in becoming a lone-parent, i.e. through divorce or non-marital childbearing, and changes in the labour market have affected the economic well-being of single mothers.

Data for this study was collected from the Public Use Microfiles of the 1971 and 1986 Canadian censuses, which includes a sample of 1 percent of Canadian families. The empirical analysis first examined family income changes for different family types.

It was found that while the average Canadian family income grew 28 percent between 1971 and 1985, the income of husband-wife families (which increased by almost one third) accounted for most of this increase. Incomes for single mother families only increased 15.7 percent over this period of time. Thus, the gap between the incomes of these two family types has increased over time. Interestingly, it was not the rise of husbands' incomes or a decline in lone-parents' incomes that accounted for these changes; rather it was the significant rise of married women's earnings that had the greatest impact on income growth during this period.

Also, the average number of earners per family increased most in husband-wife families with children, while this number decreased among lone-mother families. Yet this is not because lone mothers are not participating in the labour force- in fact it was found that their level of participation increased from 54.5% in 1971 to 62.9% in 1985. But this increased participation was even more dramatic among married women, from 26.3% in 1971 to 40.9% in 1985.

The authors identified the need for more longitudinal data in order to examine how the economic situations of lone-parent families change over time.