



# A Comparative Study of Socioeconomic Inequalities in Health among Mothers of Young Children

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# Socioeconomic Inequalities in Health and Mothers

- Paucity of research in this area
- Focus on two related areas:
  1. Health status of mothers vs. non-mothers
    - Mothers may have a health advantage, but this turns into disadvantage when total workload (home+work) is too high
  2. Inequalities among mothers in different circumstances (e.g. single vs. partnered mothers)
    - Single mothers have worse health and more likely to be impoverished

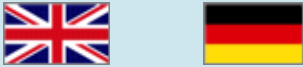




# Social Policies and Mothers

- Social policies surrounding the integration of employment and family roles critical for equalizing opportunities among mothers
- Policies include:
  - Childcare
  - Care leaves and other income support



# Feminist Welfare State Theory

	Strong Male breadwinner	Modified Male breadwinner	Weak Male breadwinner
Exemplars	Britain & Germany 	France 	Denmark 
1. Responsibility for caregiving work	Private	Public	Public
2. Availability of publicly funded childcare	Low	High	High
3. Level of female employment	Low	Medium	High

Lewis (1992) “Gender And The Development Of Welfare Regimes”

# Bring Together Health and Feminist Research

- The extent to which policies influence inequalities in mothers' health remains largely unknown
- Need research comparing countries in their approach to the organization of women's employment and family roles
- Focus on longer-term health useful



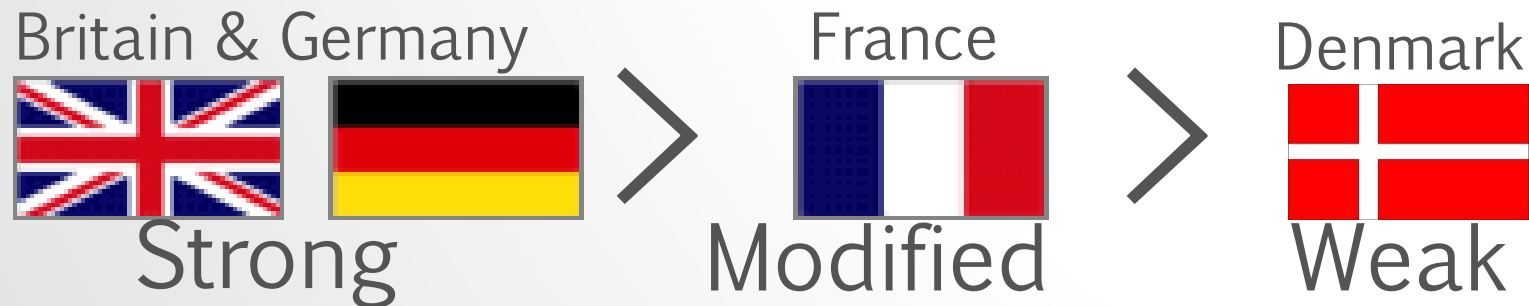
# Research Goal

- Examine socioeconomic inequalities in health dynamics among mothers of young children in countries that differ in their approach to the organization of women's employment and family roles



# Hypothesis

- Socioeconomic inequalities in mothers' health dynamics will be larger in strong, followed by modified and weak male-breadwinner welfare states.

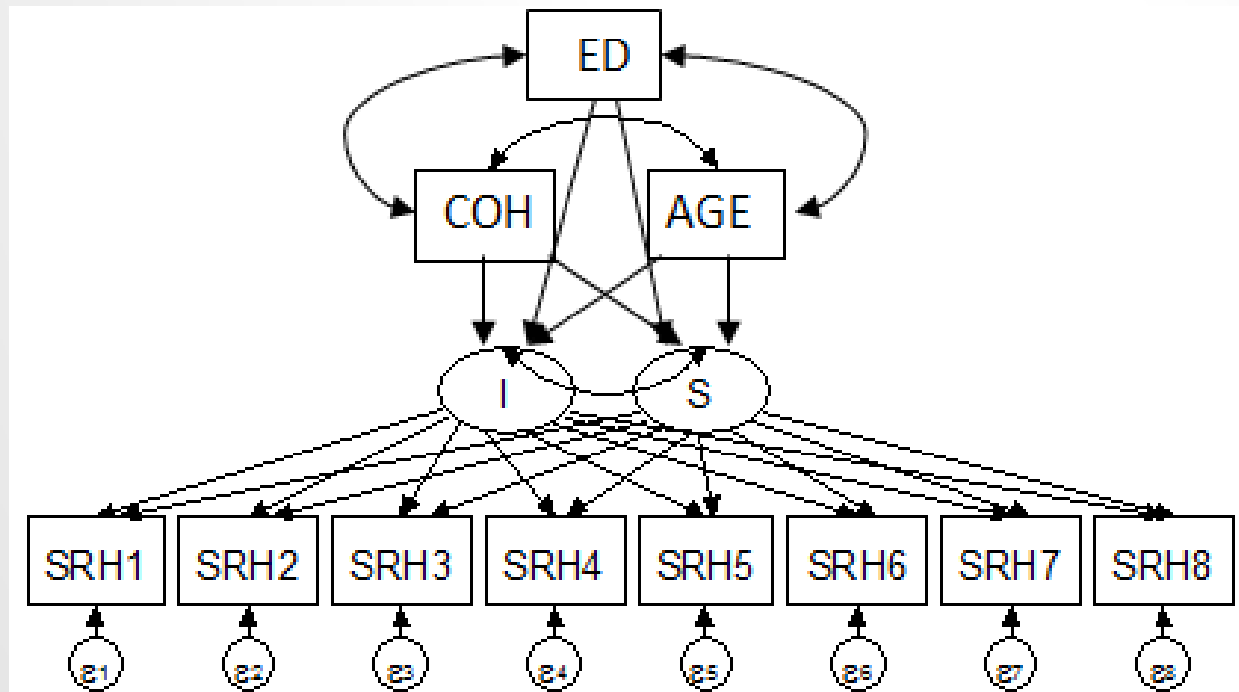


# Methods

- Data source: European Community Household Panel (1994-2001)
- Sample: Working-aged mothers of young children from Britain (n=819), Germany (n=694), France (n=967) and Denmark (n=537)
- Measures:
  - Self-rated health: “How is your health in general?”
    - Very good (5), good (4), fair (3), bad (2), very bad (1)
  - SEP: Highest level of education at baseline
    - High (college/university), medium (high school), low (<high school)
  - Time-varying controls: employment status, marital status, household income
  - Time-invariant controls age and birth cohort
- Analysis: Latent Growth Curve Modeling using Mplus 6



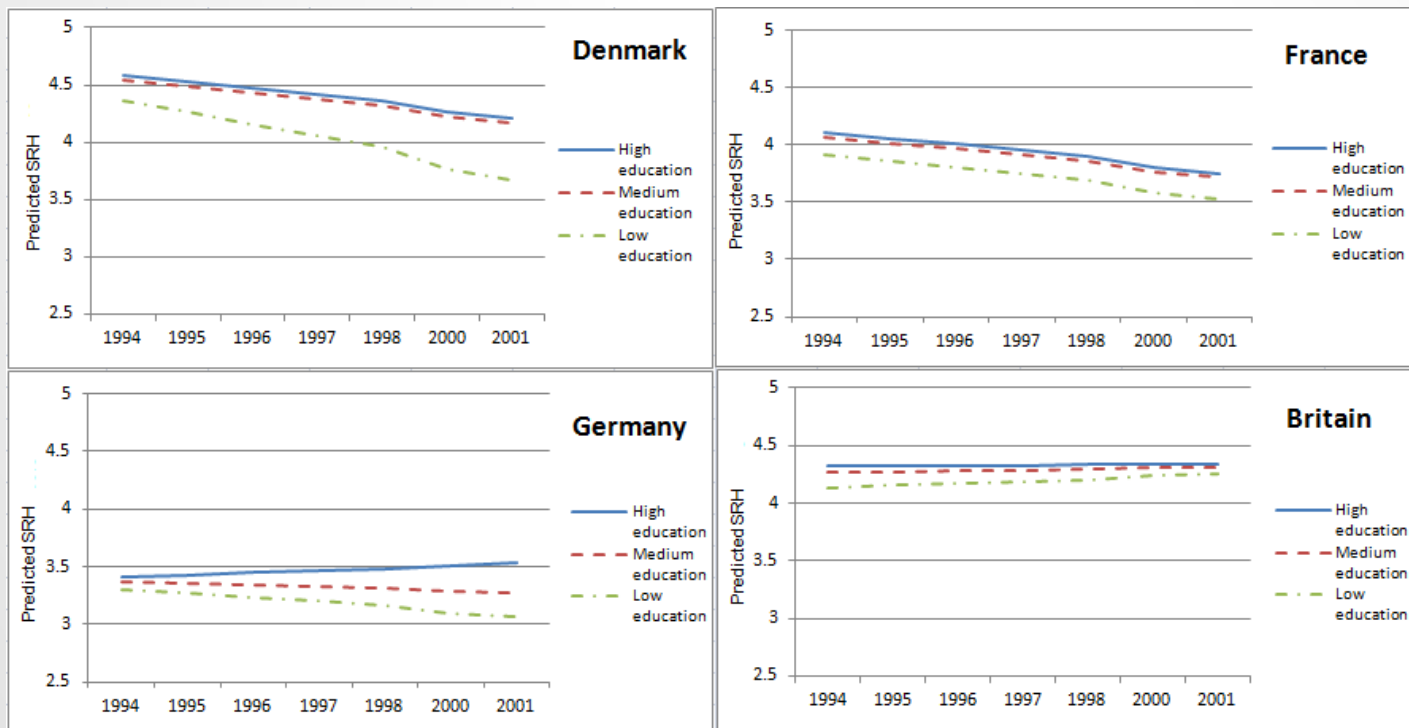
# Conditional Latent Growth Curve Model



# Overview of Analyses

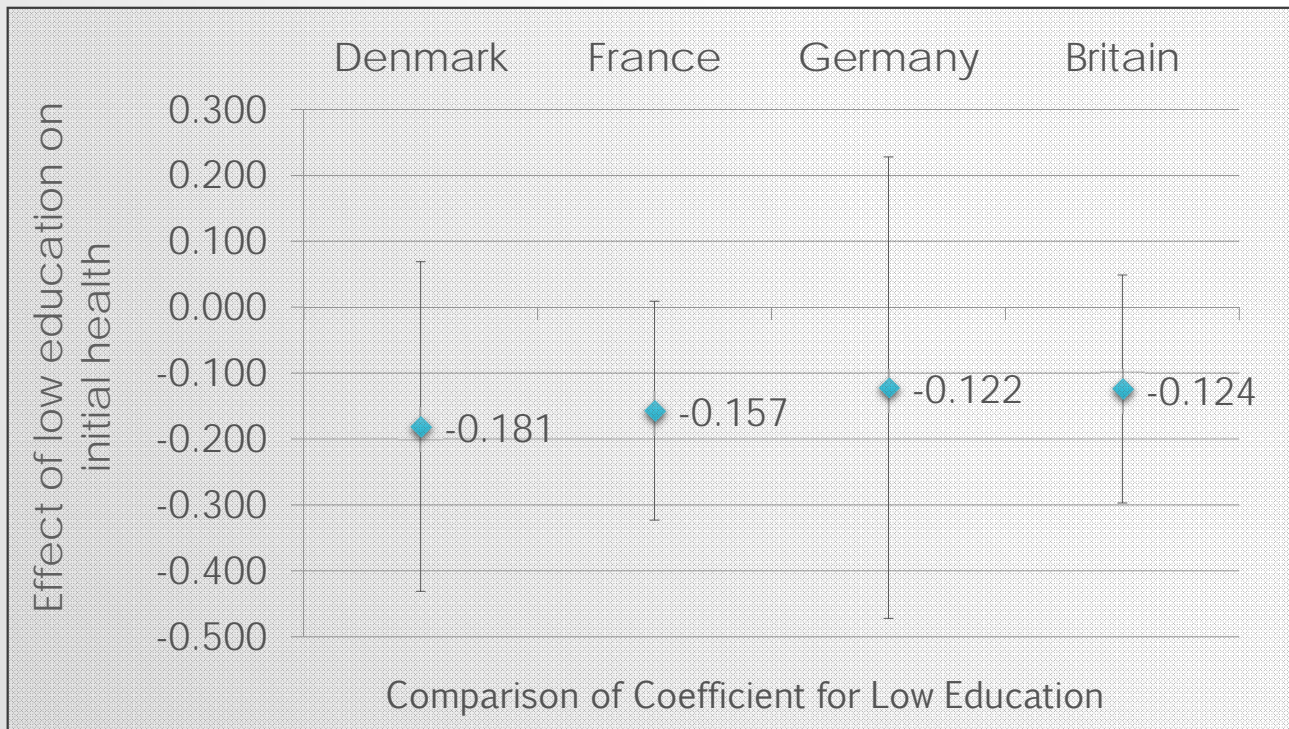
1. Model relationship between SEP and health over time
  - Controls: age, cohort, marital status, employment status and household income
2. Compare magnitude of educational inequalities in health across countries using z-scores
3. Compare results of mothers with those of all women

# Health Trajectories According to Education Level



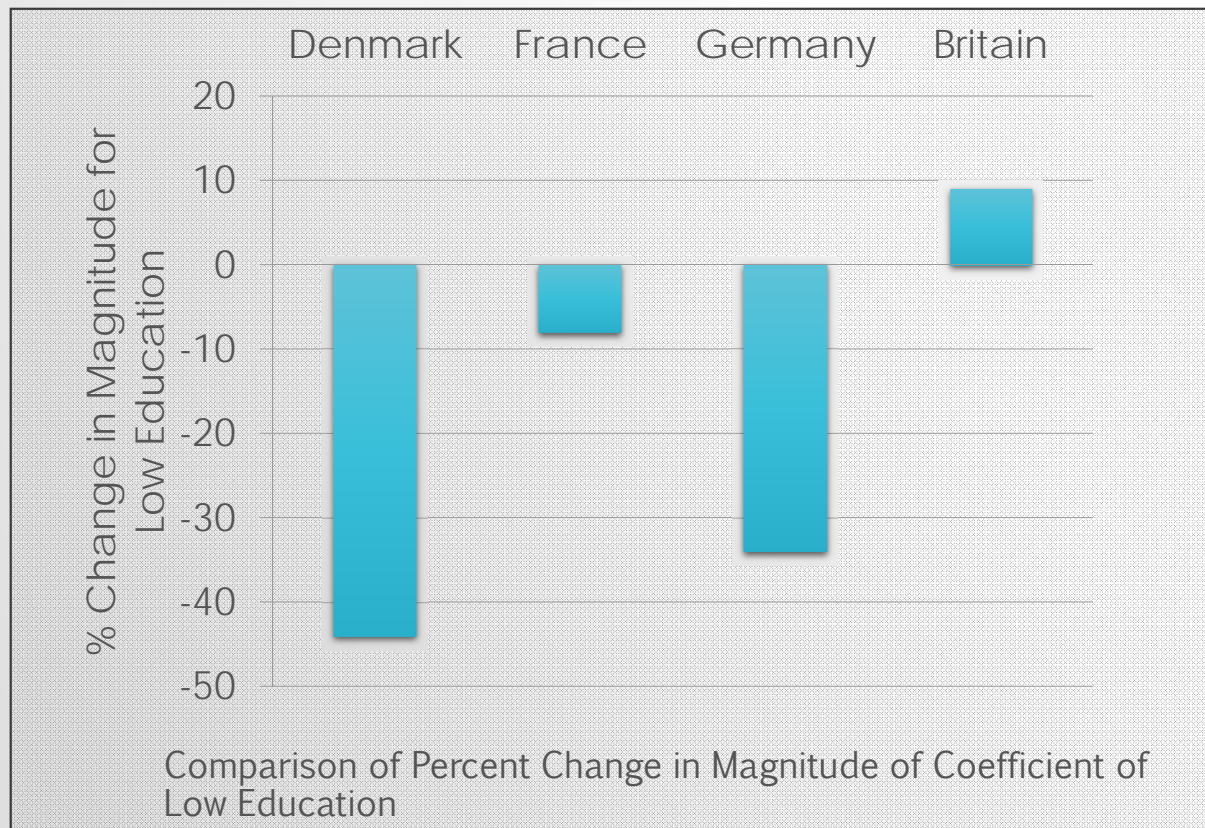
Comparison of Self-Rated Health Trajectories by Education Level

# Comparison of Educational Inequalities in Initial Health Status



- Educational inequalities in initial health are similar across countries

# Comparison of Coefficient for Low Education of Mothers with All Women



- Educational inequalities in health are mitigated most among mothers compared to all women in Denmark and least in Britain

# A Closer Look at Germany

- Lower prevalence of mothers
- Large educational inequalities in employment versus non-employment
- Stronger selection into motherhood?



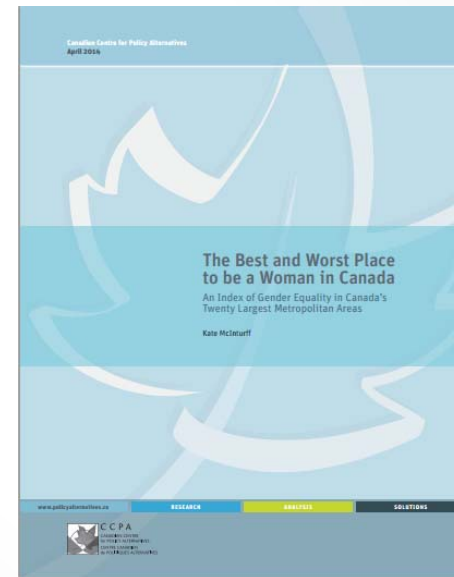
# Conclusions

- Socioeconomic inequalities in health exist among mothers of young children
- Against expectations, there are no differences in size of inequalities across countries studied
- Consistent with theory, Denmark appears best at minimizing vulnerabilities related to being a mother of a young child relative to all women
- Feminist welfare state theory may be a useful tool for understanding mothers' health



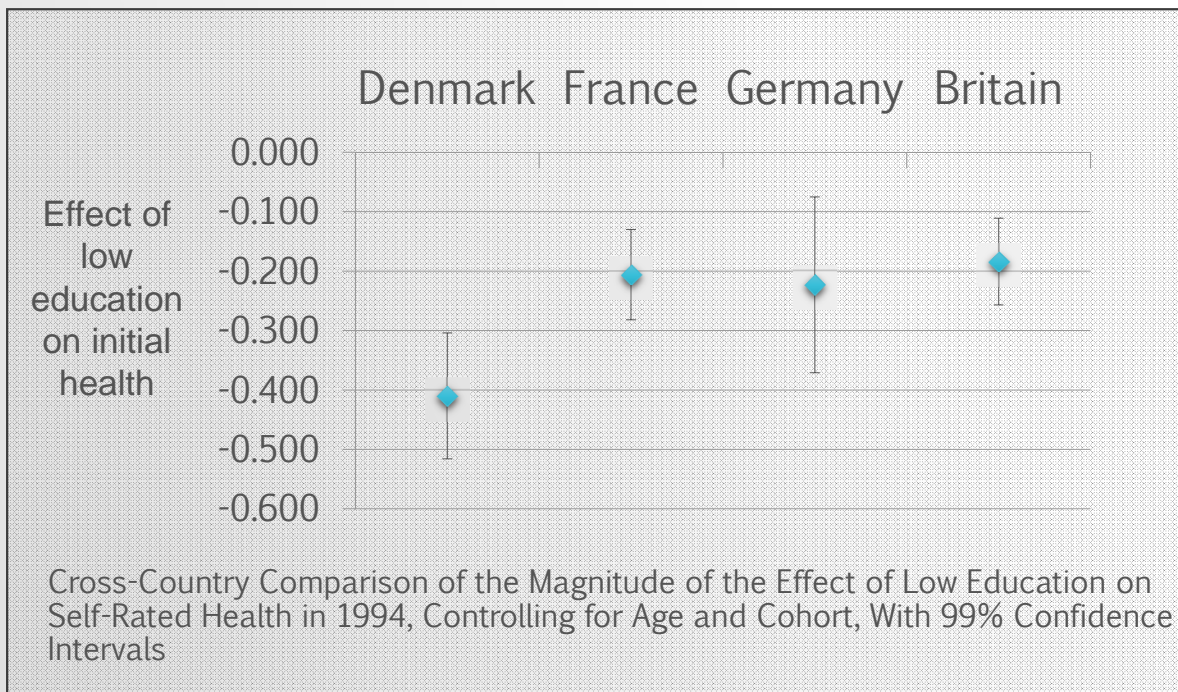
# Future Research

- Study in the Canadian context
- Compare Quebec with other provinces





# Comparison of Educational Inequalities in Initial Health Status



- Against expectations, educational inequalities in health are largest in Denmark
- No difference found between France, Germany and Britain