

Scotland's families: advantage and disadvantage



Introduction

The complex nature of social and health inequalities pose difficult challenges for government policy. Reducing inequality requires an understanding of the complex relationship between social circumstances, health related behaviours and the provision and uptake of services, including health and education. This briefing will outline some key findings about the experiences and outcomes for advantaged and disadvantaged families with very young children. It will examine the impact of advantage and disadvantage on health related behaviours such as smoking and breastfeeding and investigate why some families living in difficult circumstances appear more 'resilient' than others.

Key findings

- The children of younger mothers and lone mothers in Scotland are more likely than other children to experience disadvantage.
- Mothers living in situations of disadvantage are less likely to attend antenatal classes and to breastfeed their babies and more likely to smoke.
- Education plays an important role in promoting positive health behaviours and 'resilience', helping mothers overcome the difficulties they face to achieve better outcomes for themselves and for their children.

Patterns of advantage and disadvantage

Compared with older mothers, younger mothers (particularly those aged under 25) were:

- more likely to be living in lower-income households and to be in receipt of state benefits
- more likely to be lone parents
- less likely to be employed
- more likely to have fewer educational qualifications
- more likely to be renting their home from the local authority
- more likely to live in an area of relative deprivation

Compared to mothers in couple families, lone mothers (particularly those who did not live with other adults, such as their own parents) were:

- more likely to be living in lower-income households and to be in receipt of state benefits
- less likely to be employed
- more likely to have fewer educational qualifications
- more likely to be renting their home from the local authority
- more likely to live in an area of relative deprivation



Growing Up in Scotland (GUS) is a major longitudinal research study following the lives of 8,000 children from infancy through to adolescence. Launched in 2005, the study provides a wealth of information to support policy making and planning of services

for young children and their families. Families taking part in the study are being interviewed annually until their child is 5 to capture crucial data about the early experiences and circumstances of children in Scotland today. For more information about GUS please visit the study website:

www.growingupinScotland.org.uk

The main findings from the first year of interviews (Sweep 1) were published in January 2007. Three further reports were produced to examine in detail some areas of particular interest to

policy makers, practitioners and others. This Briefing provides a summary of the Report 'Exploring the Experiences and Outcomes for Advantaged and Disadvantaged Families'.

GUS is being carried out by the Scottish Centre for Social Research (ScotGen) in collaboration with the Centre for Research on Families and Relationships (CRFR) at the University of Edinburgh. The study is funded by The Scottish Government.

Differences in the health behaviours of mothers by measures of disadvantage

Three health behaviours were considered - breastfeeding, smoking and attendance at antenatal classes.

Breastfeeding

Younger mothers, lone mothers, those with fewer qualifications, on low incomes and those living in more deprived areas were less likely to breastfeed. Amongst these factors, the mother's level of education has the strongest influence. However, we do not know whether it is education itself that produces these results or whether education is a proxy for other social processes.

Attendance at antenatal classes

Amongst first-time mothers, not attending antenatal classes was more likely amongst younger mothers, those on low incomes, those with fewer qualifications and those with lower socio-economic classification.

Smoking

Just over one quarter of all mothers of 10 month old babies smoked. Living in social housing, living in a deprived area and lack of educational qualifications had similar degrees of influence on smoking rates. Over half of mothers with no qualifications and 45% of mothers living in the most deprived areas smoked.

Resilience

The concept of 'resilience' has become popular in policy terms as it can be used to help government understand factors that promote positive outcomes, in the face of disadvantage (Hill M 2007). To explore 'resilience' amongst mothers considered to be disadvantaged, the characteristics of

younger mothers and lone parents displaying 'positive' health behaviours associated with infant health outcomes, were compared to the circumstances of those who displayed 'negative' health behaviours

Breastfeeding

Younger mothers under 25 who did breastfeed were living in more advantaged circumstances. They were more likely to be in couple families, to be owner occupiers and to have attained a higher level of education than non-breastfeeding younger mothers. Level of education had the strongest influence in determining the likelihood of breastfeeding amongst younger mothers. However, these measures of advantage or disadvantage only explain a small part of why younger mothers choose to breastfeed or not.

Lone parents who breastfed were more likely to be older, to be living in areas of lower deprivation and to be more highly educated than lone parents who did not breastfeed. Again, level of education had the strongest influence on breastfeeding rates amongst lone parents.

Attendance at antenatal classes

Younger mothers who did attend antenatal classes were more likely to have higher educational attainment, a higher household income and to be living in an area of lower deprivation than young mothers who did not attend antenatal classes.

Among lone parents, age had a strong impact on attendance rates at antenatal classes. The odds of lone mothers over 25 having attended classes were around twice as large as for younger lone mothers. Working full-time also had a positive influence on attendance.

Smoking

In terms of smoking amongst younger mothers under 25, levels of education

had the strongest influence – the odds of younger mothers with Highers or above not smoking were 3.5 times greater than younger mothers with no qualifications.

For lone parents, occupational classification, as well as level of education, had an impact on the likelihood of the mother smoking. Age was not significant.

Conclusion

GUS provides further evidence of the persistence of inequalities within the circumstances into which Scotland's children are born. The longitudinal nature of the study will in time, allow the longer term effects of disadvantage to be tracked and will enable the evaluation of programmes of intervention. Among the two groups of mothers more likely to experience disadvantage – lone mothers and younger mothers, social and economic circumstances have a clear impact on health promoting behaviours and service use. Although the measures of disadvantage considered here are only part of the overall picture of what influences the decisions made by mothers, it is clear that educational attainment is crucial in supporting resilience.

Policy Implications

The analysis suggests that supporting education for young mothers, many of whom are also lone parents, may help to develop resilience in the face of other disadvantages and hopefully improve outcomes and life chances for themselves and for their children.

Reference:

Hill, M et al (2007) Parenting and Resilience. Joseph Rowntree Foundation, York.

These findings are based on an analysis of the GUS birth cohort at Sweep 1, comprising 5,217 children whose main carers were interviewed when the child was approximately 10 months old, during April 2005 to June 2006.

'Exploring the Experiences and Outcomes for Advantaged and Disadvantaged Families' was written by Paul Bradshaw and Claudia Martin with Sarah Cunningham-Burley. For a copy of the report please see:

<http://www.scotland.gov.uk/Publications/2008/03/12101843/0>

Responsibility for the opinions expressed in this report, and for all interpretation of the data lies solely with the authors.

