Extended abstract

The Childhood Origins of Adult Health and Well-Being: Do Cohort and Gender Matter?

John Hobcraft and Fiona Mensah
Department of Social Policy and Social Work
University of York

How far are the family and childhood antecedents of adult health and well-being the same for individuals born in 1958 and in 1970 in Great Britain? Do these antecedents differ for men and women? We tackle these questions using the rich information from two prospective birth cohort studies: the National Child Development Study (NCDS) which included all children born in one week in 1958 as its target population; and the British Cohort Study (BCS) including births in one week in 1970.

Exploiting the similar design of these two cohort studies, and the overlaps in the content and timing of interviews, we have developed a broad ranging set of common summary measures of family and childhood antecedents that are as similar as possible for the two cohorts. These indicators cover family structure, parental school leaving ages, social class of father and of grandfathers, parental housing tenure, poverty, parental interest in schooling, chronic health conditions, obesity, childhood behaviour scores on anxiety, aggression and hyperactivity, educational test scores during childhood, and frequent school absences. For the NCDS information was collected around the time of birth and at ages 7, 11, and 16, whilst for the BCS it was collected at birth and at ages 5, 10 and 16. Wherever possible we have summarised information from all three main childhood waves, but in the instances where information is only available at one or two waves for one of the surveys we have chosen to concentrate on having comparable measures for both cohorts, whilst retaining the option of using the additional information for one of the cohorts in supplementary analysis.

For each of the cohorts we have also developed a common set of measures for mental and physical health and well-being in early adulthood, specifically at age 33 for the NCDS and at age 30 for the BCS. These draw upon the reports on chronic health conditions, the malaise inventory (measuring incipient depression), and subjective reports of health and of life-satisfaction (or happiness).

Our key goal is to find out how far a common regression model, across birth cohorts and for both men and women, succeeds in capturing the available information on the childhood origins of adult health and well-being. To explore this we pool the information and explicitly test for evidence of responses to disadvantaged origins which are common to both men and women in each of the cohorts ('main' effects), and responses which are specific by cohort or gender ('cohort', 'gender' and 'cohort-gender' interactions). We know from earlier work that a common model for early adult socioeconomic disadvantage for both men and women captures the majority of the structure concerning the childhood origins. However, there were several childhood disadvantages to which women were significantly more responsive than men.

In interpretation of our new results, we will assess how far the two cohorts have shown similar health and well-being responses to family and childhood origins. Stability of responses over time is among the more important aspects of human behaviour to explore, and valuable in assessing the policy implications of such findings. Discovery of what consistently matters for both men and women over time, and concomitantly which relationships have changed over time or are different for men and women can help to give greater insights into the processes underlying the adult legacies resulting from disadvantage in the family of origin or during childhood.