

SOC 3510; WEEK 12, 11/10/16

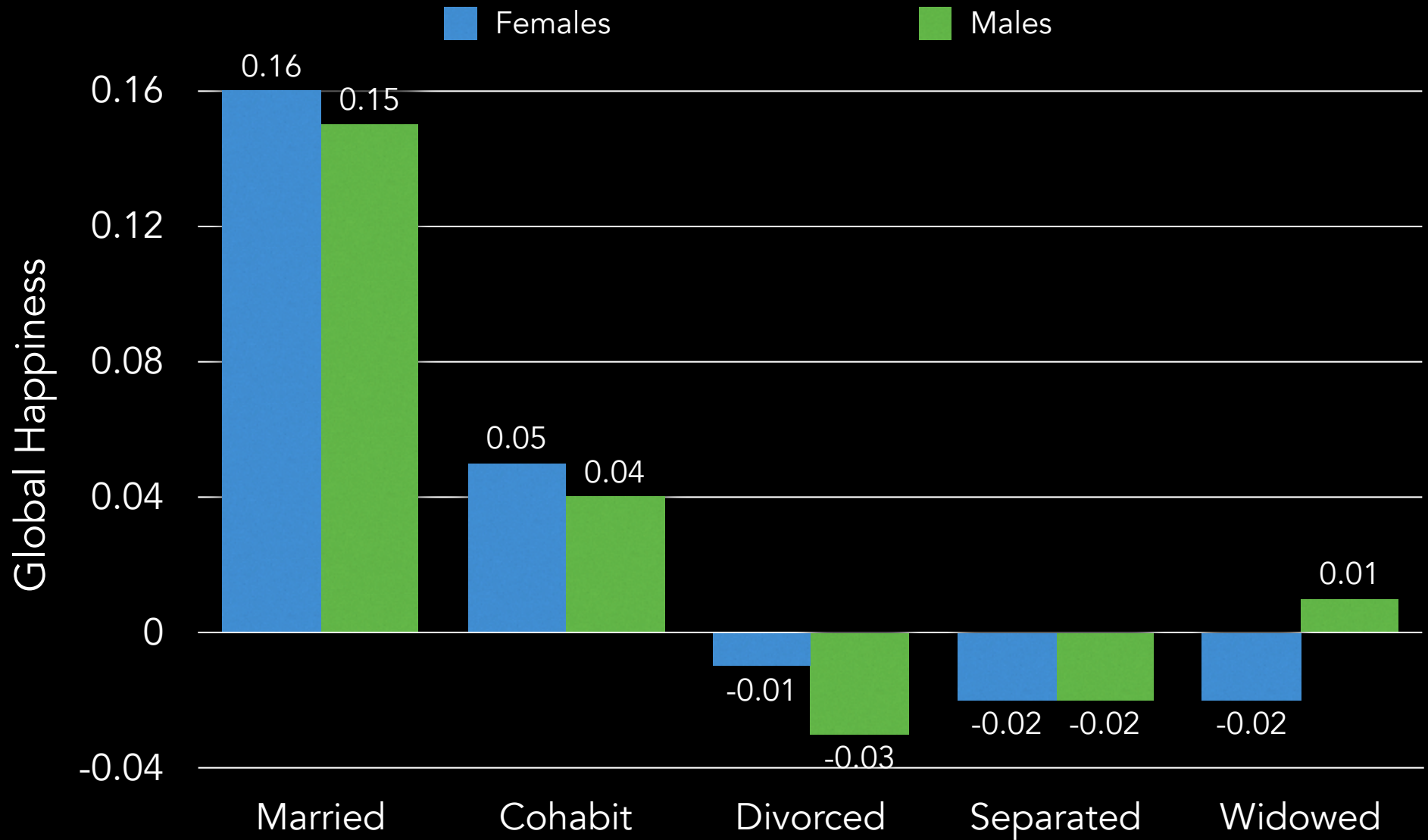
FAMILY/LIFE COURSE II



MARRIAGE AND HEALTH

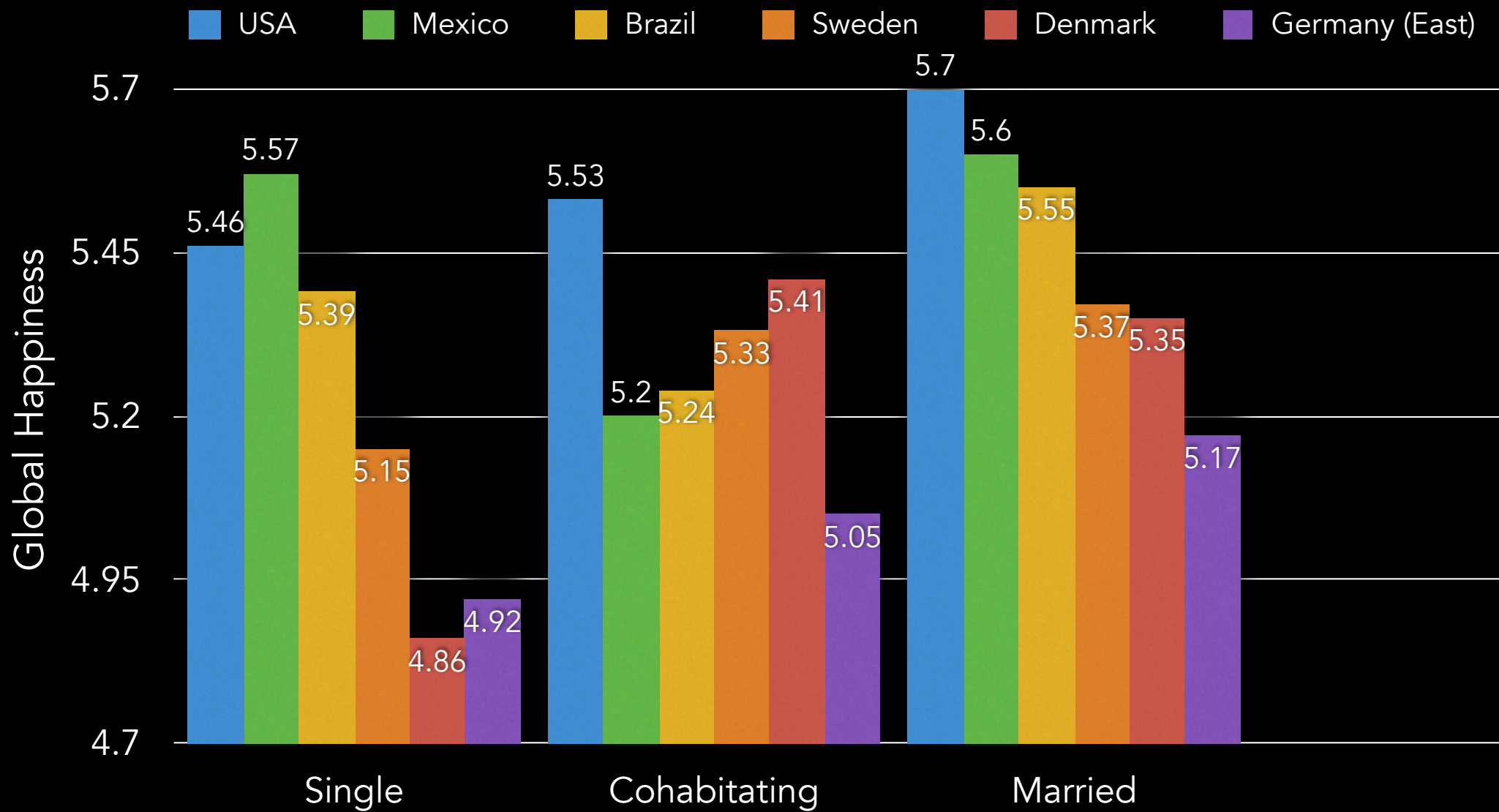
- Married people (especially men) report fewer chronic and acute health problems, have higher self-rated health, better mental health, higher perceived quality of life, and higher levels of happiness
 - Less alcoholism/problem drinking as well

GENERAL TRENDS



Stack and Eshleman 1998

CROSS-NATIONALLY

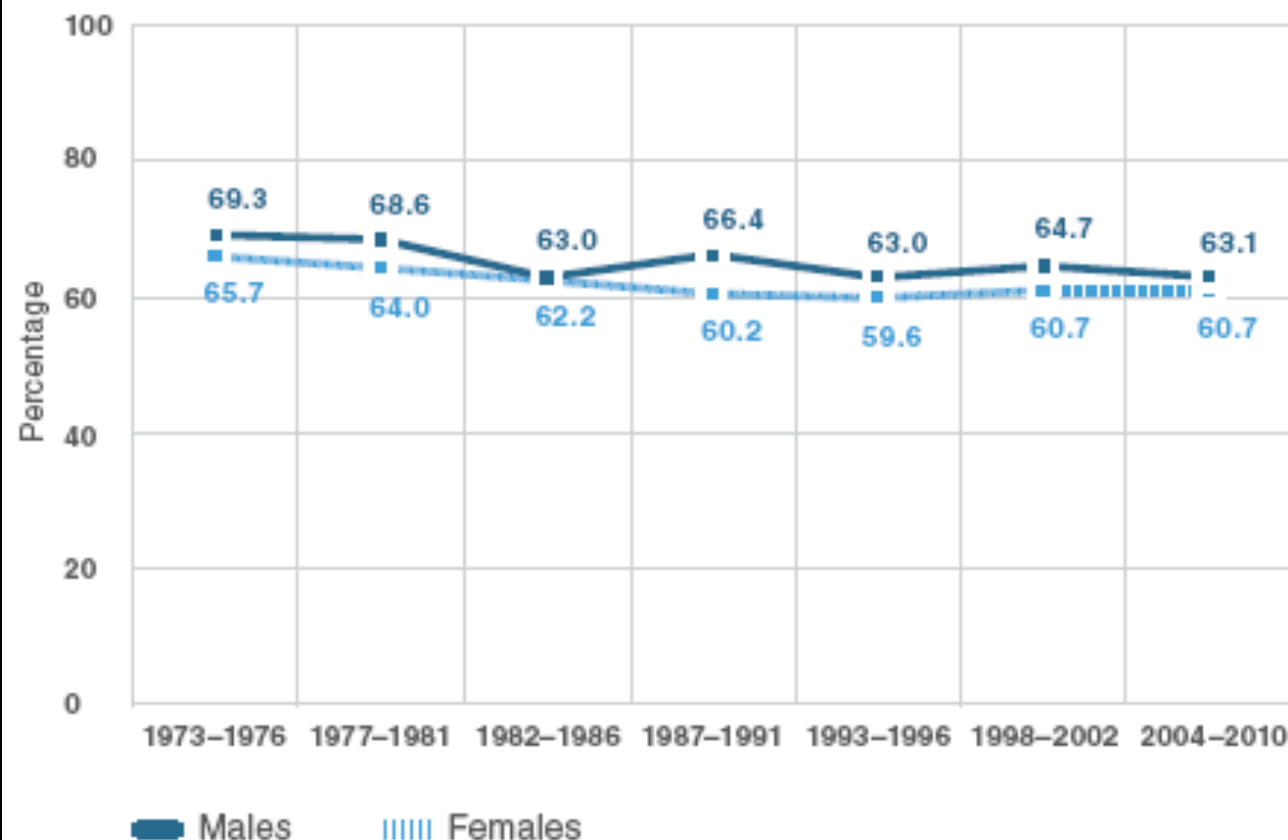


MARITAL RESOURCE MODEL

- What do we gain when we get married?



FIGURE 4. PERCENTAGE OF MARRIED PERSONS AGE 18 AND OLDER WHO SAID THEIR MARRIAGES WERE “VERY HAPPY,” BY PERIOD, UNITED STATES



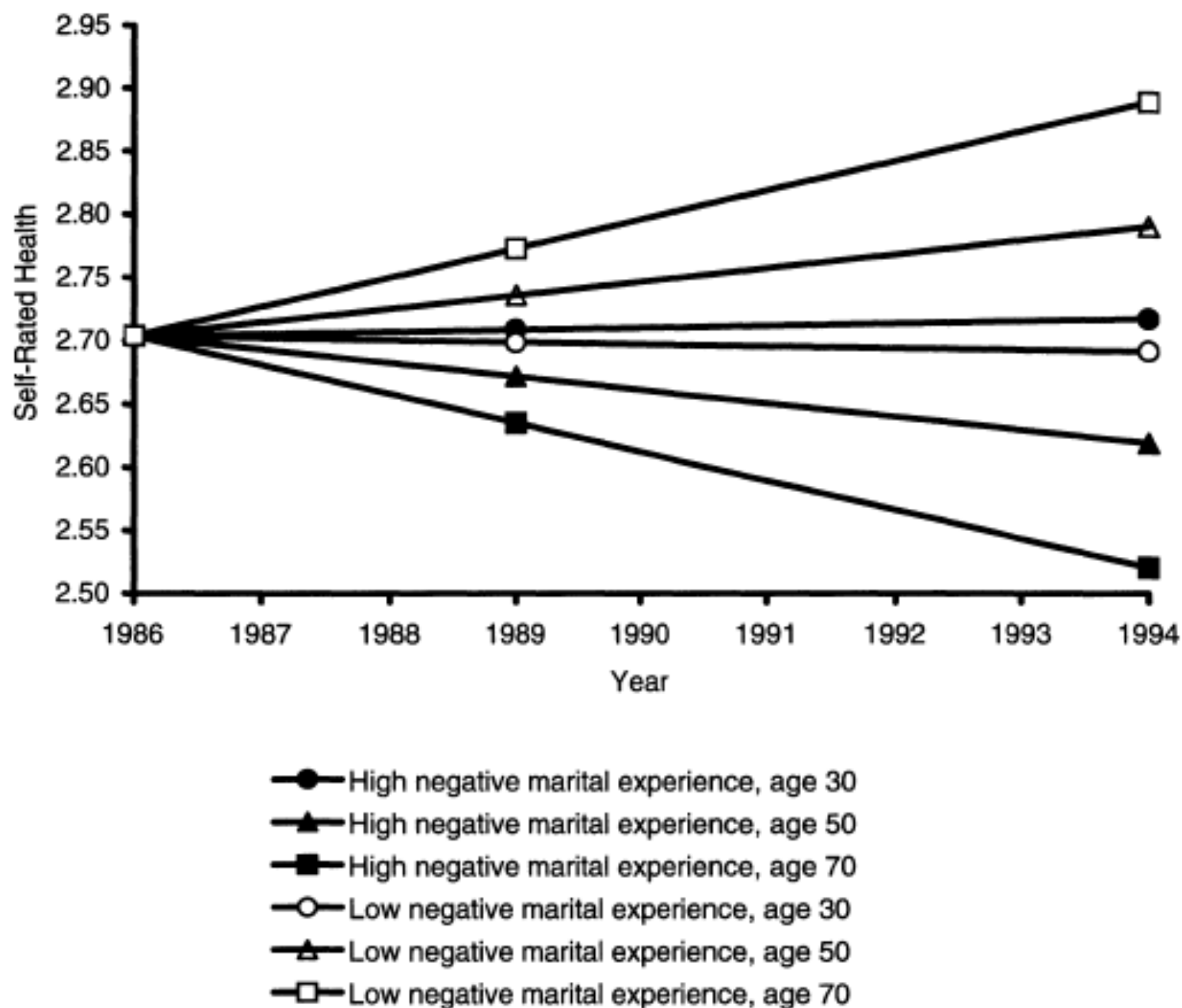
NOTE: The number of respondents for each sex for each period is about 2,000—except for 1977–1981, 1998–2002, and 2004–2008, with about 1,500 respondents for each sex.

SOURCE: The General Social Survey, conducted by the National Opinion Research Center of the University of Chicago.

YOU MAKE ME SICK: MARITAL QUALITY AND HEALTH OVER THE LIFE COURSE (UMBERSON ET AL. 2006)

- Marital relationship quality/conflict an important moderator of marriage's effect on health
- Those in conflictual relationships tend to have worse health outcomes than those who eventually divorce (Williams 2003)
- Marital conflict increases stress response
 - Deleterious effects over time

FIGURE 1. Predicted Trajectories of Self-Rated Health by Age and Negative Marital Experience, 1986–1994



SLEEP AND FAMILY STRAIN

(AILSHIRE AND BURGARD 2012)

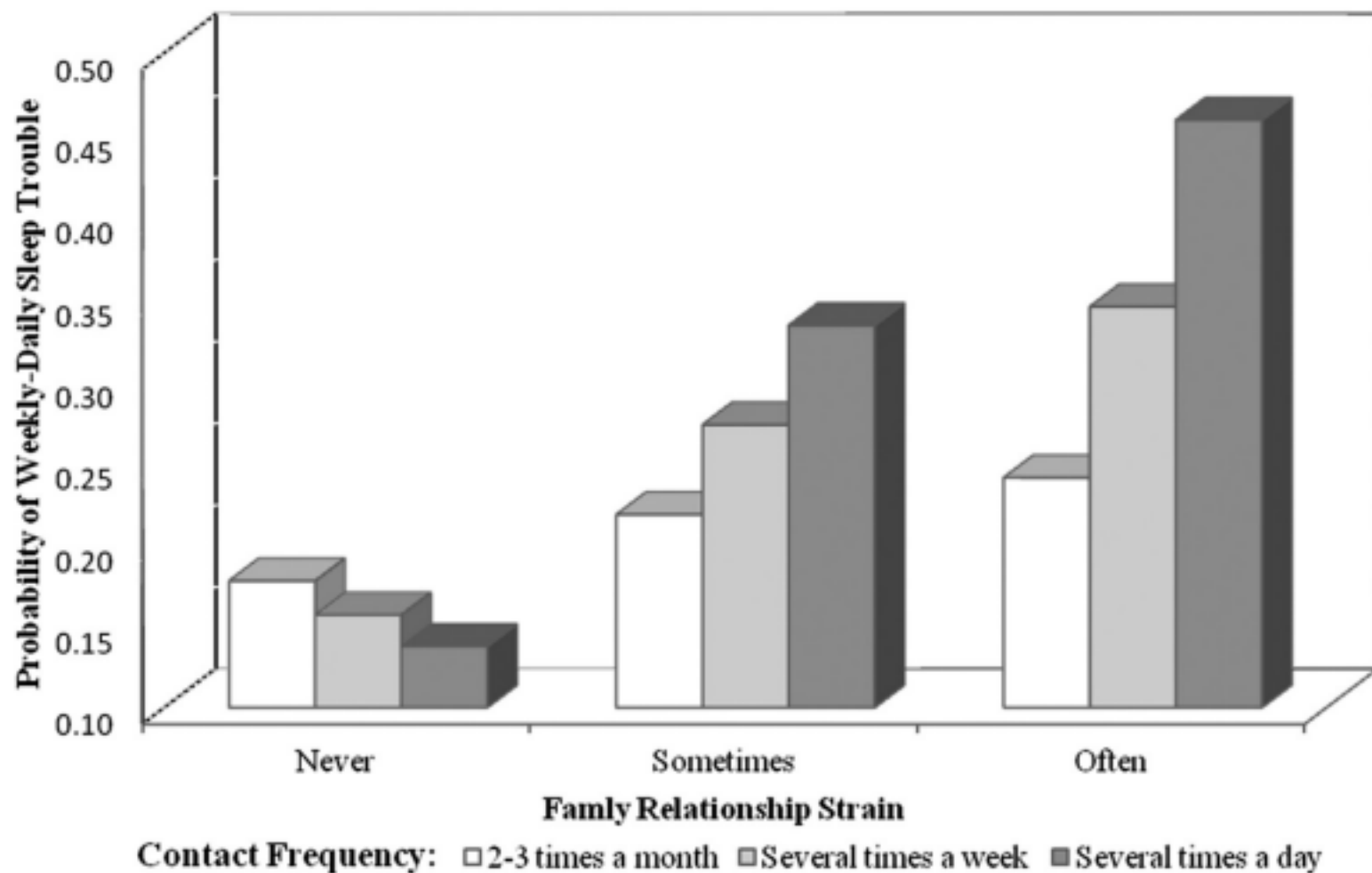


Figure 1. Probability of Weekly-Daily Sleep Trouble by Family Relationship Strain and Contact Frequency

GENETICIZATION OF DEVIANT BEHAVIOR (PHELAN 2005)

- How does the extent to which one believes that mental illness is caused by genetic factors impact marriage for the mentally ill and their family members?

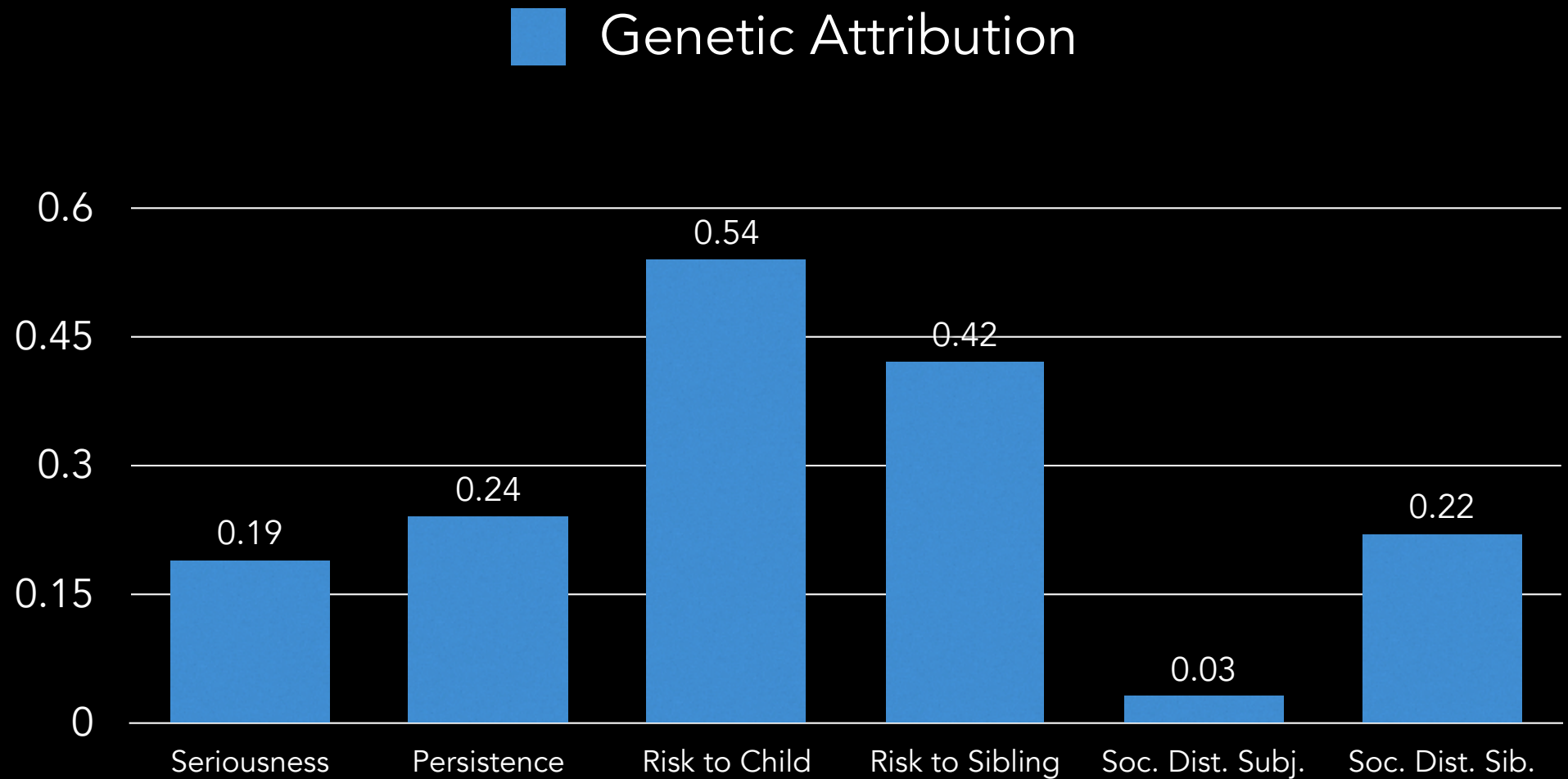
GENETICIZATION OF DEVIANT BEHAVIOR (PHELAN 2005)

- Data: Nationally representative survey
- Method: Vignettes
 - Schizophrenia, major depression, or ruptured disc (control condition)

GENETICIZATION OF DEVIANT BEHAVIOR (PHELAN 2005)

- "When she was at the hospital, an expert in genetics said that Anne's problem was due to genetic factors....her problem had a very strong genetic or hereditary component."
- "...partly due to genetic or hereditary factors....her genetic makeup played a role in contributing to the problem, but other factors were also involved."
- "...not due to genetic or hereditary factors. Her problem was definitely not genetic."

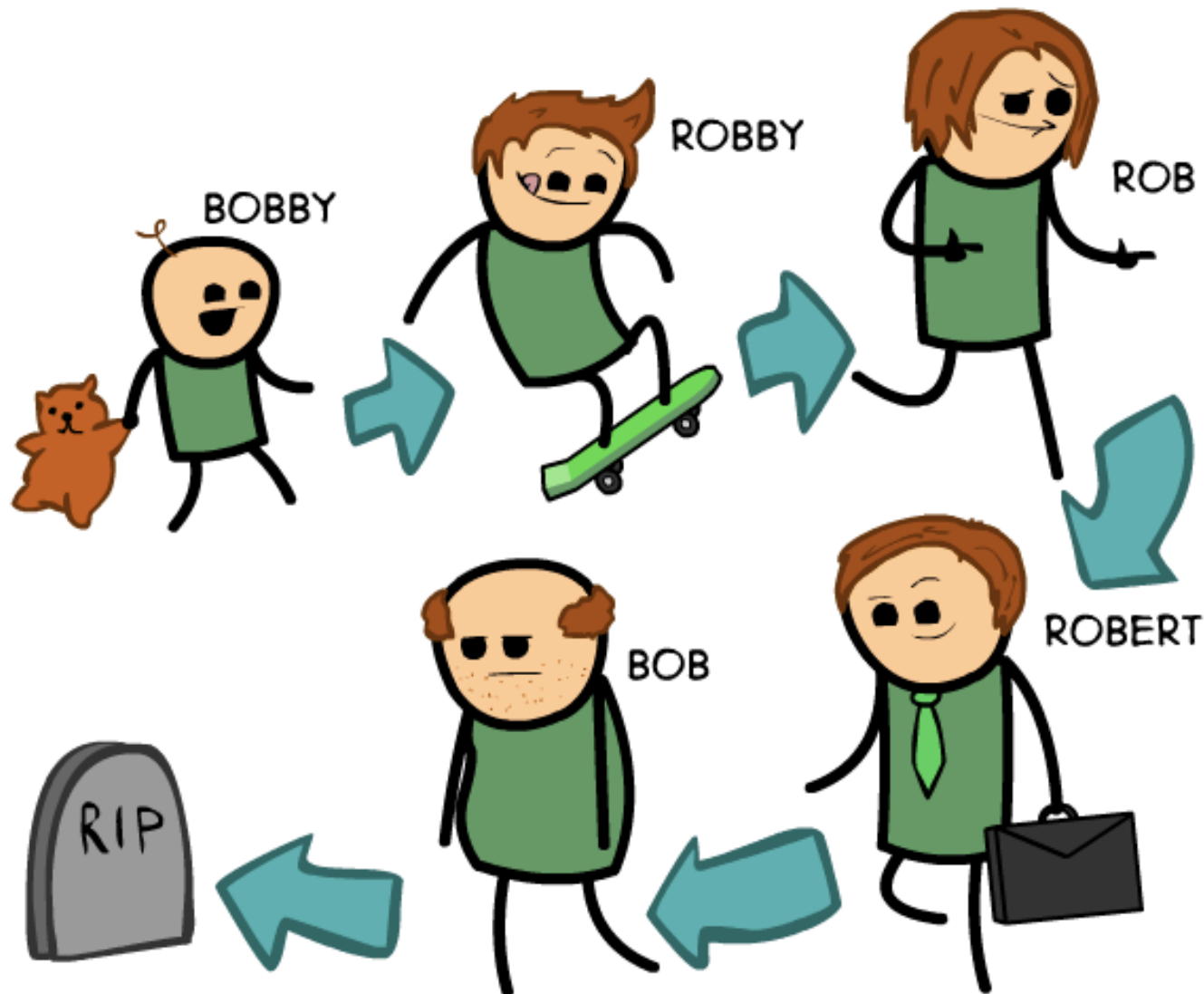
GENETICIZATION OF DEVIANT BEHAVIOR (PHELAN 2005)



Genetic Essentialism Factors

EFFECTS ALONG THE LIFE COURSE

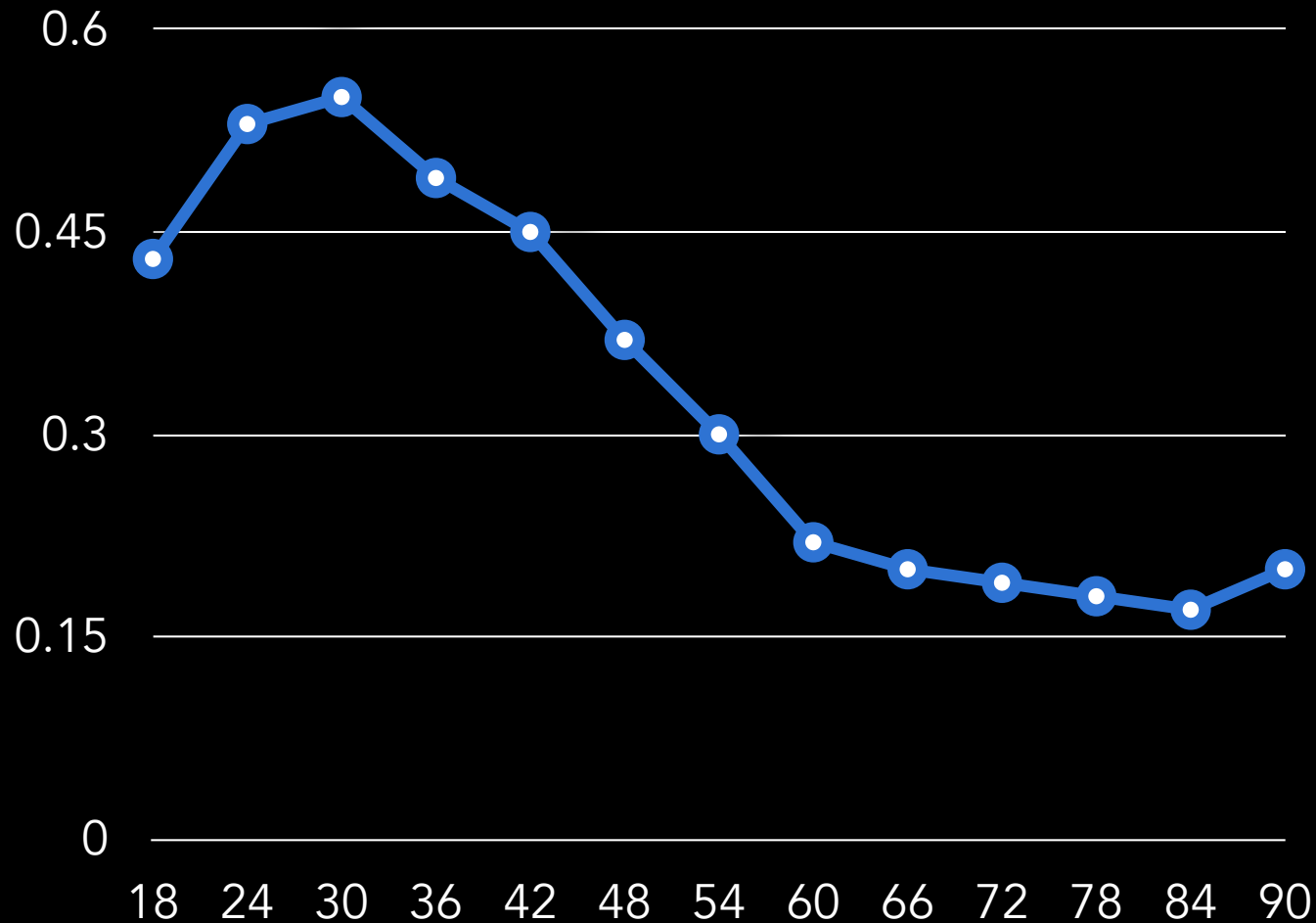
The Life Stages of Roberts



LIFE COURSE

- Conditions of our life define/constrain our opportunities
- In many ways, our society is stratified by age

ECONOMIC HARDSHIP

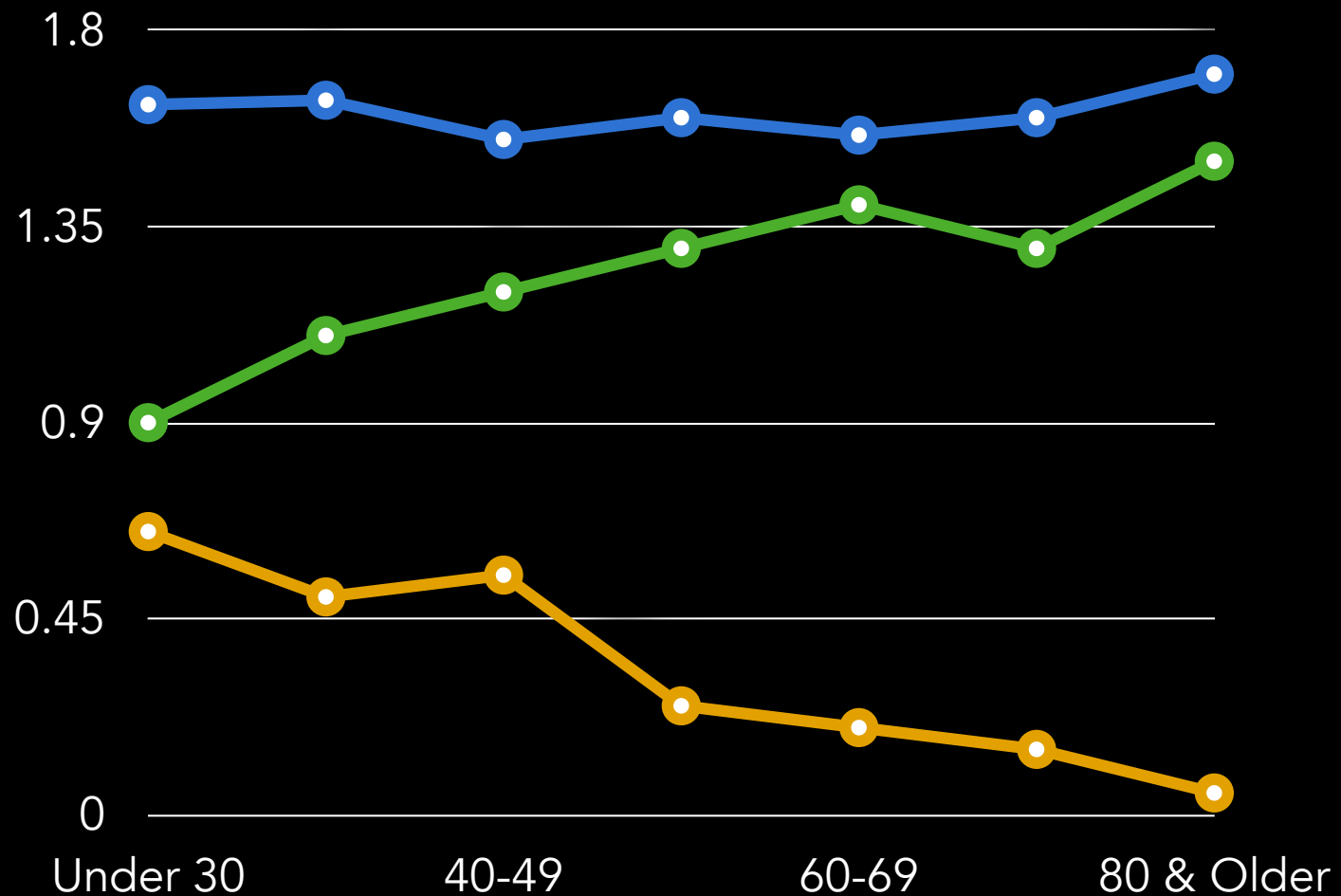


Age

Aging, Status, and Sense of
Control Survey (1995-2001)

MARITAL QUALITY

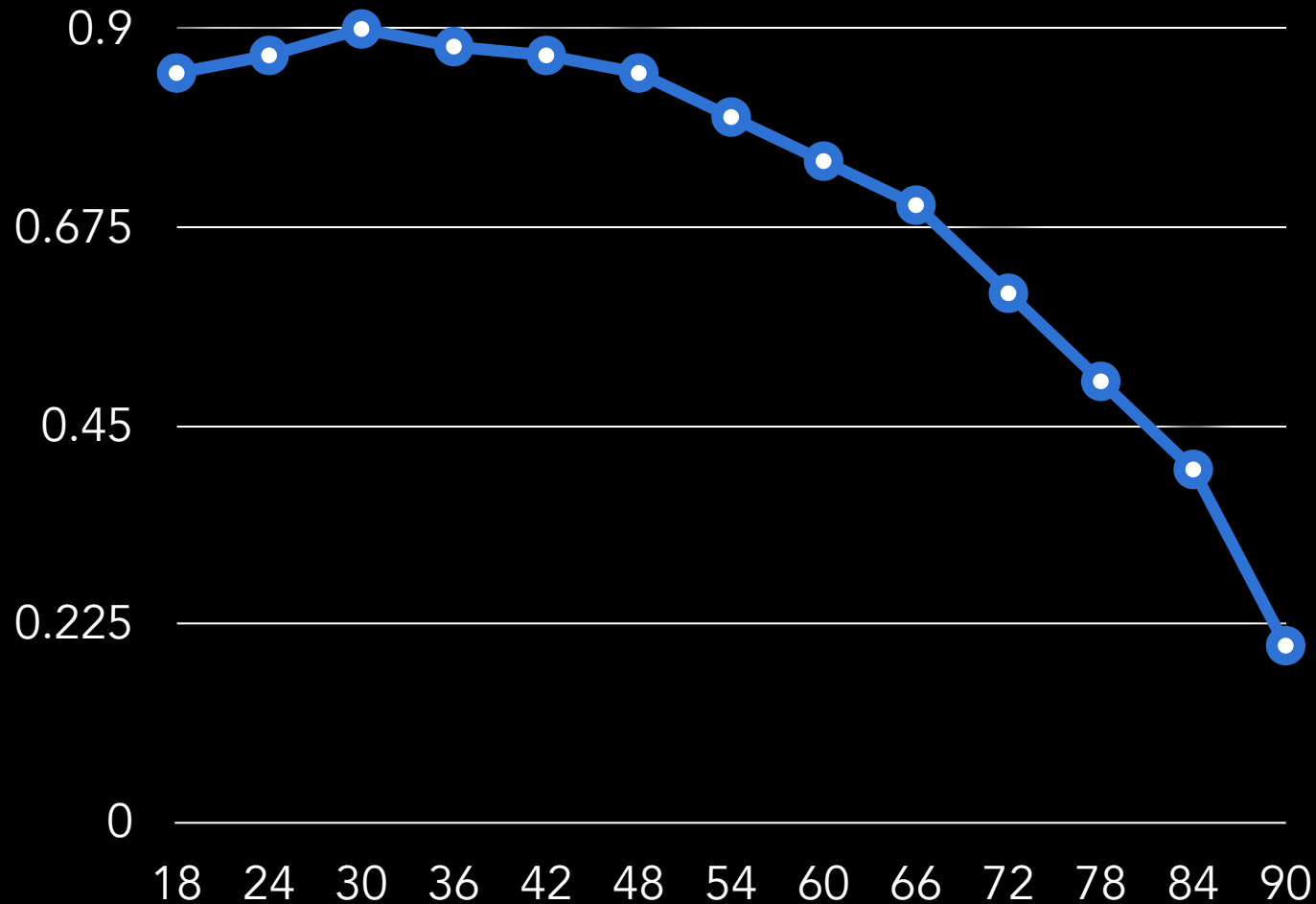
● Happiness w/ Partner ● Fairness of Housework ● Thoughts of Leaving



Age

Aging, Status, and Sense of
Control Survey (1995-2001)

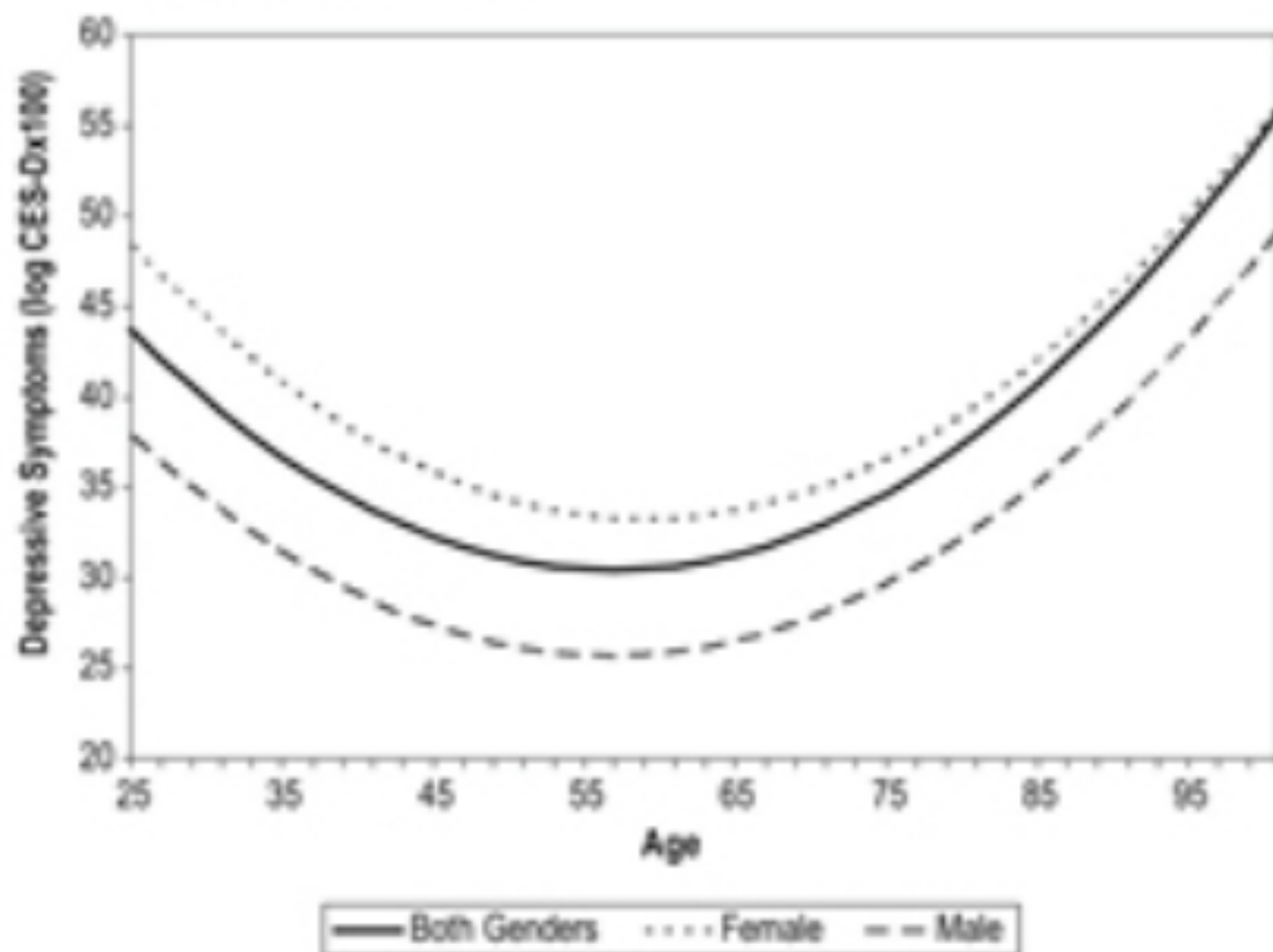
SENSE OF CONTROL



Age

Aging, Status, and Sense of
Control Survey (1995-2001)

Figure 1. Depressive Symptoms over the Adult Life Course



Source: Americans' Changing Lives Study (1986-2001)

WEATHERING (GERONIMUS ET AL. 2006)

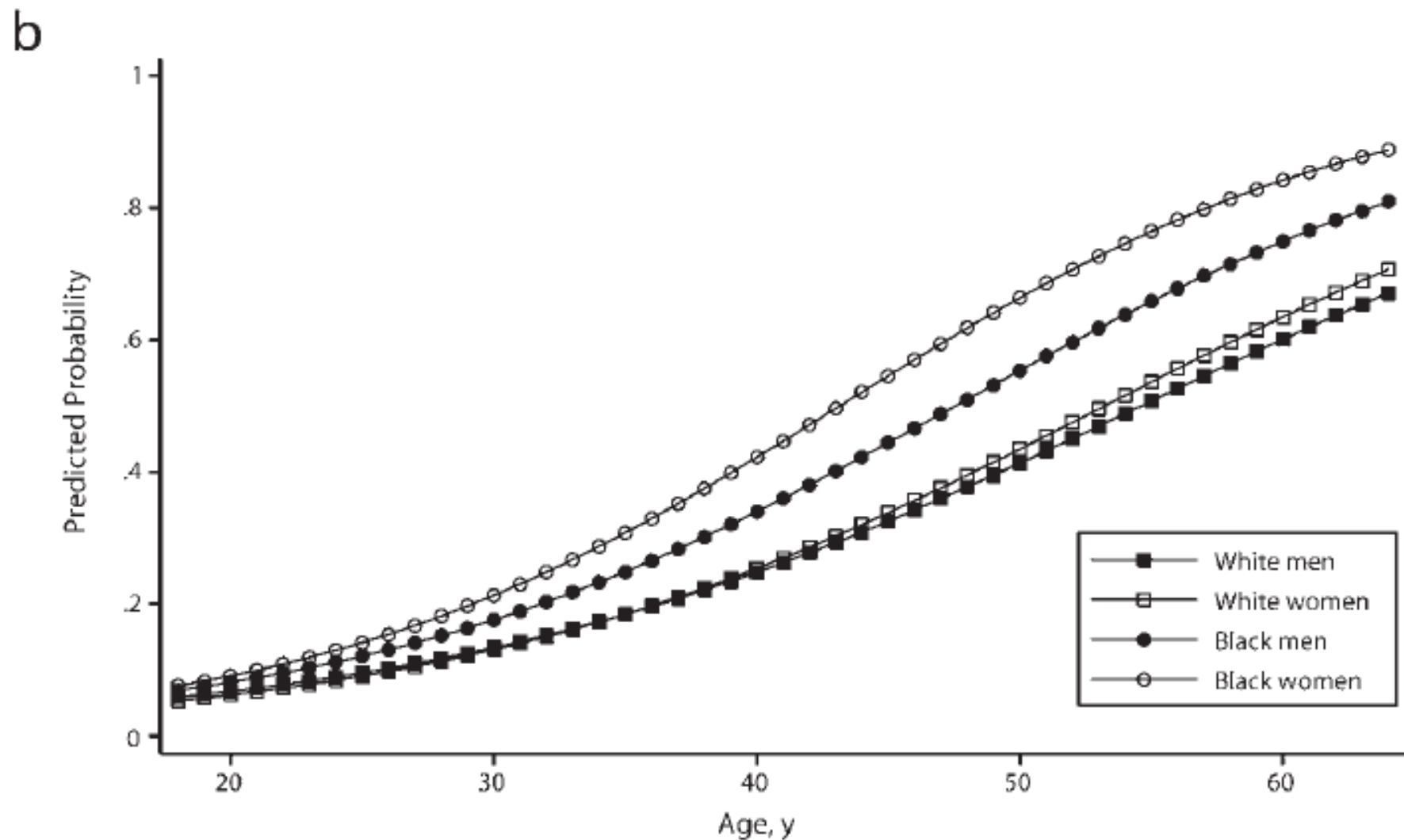
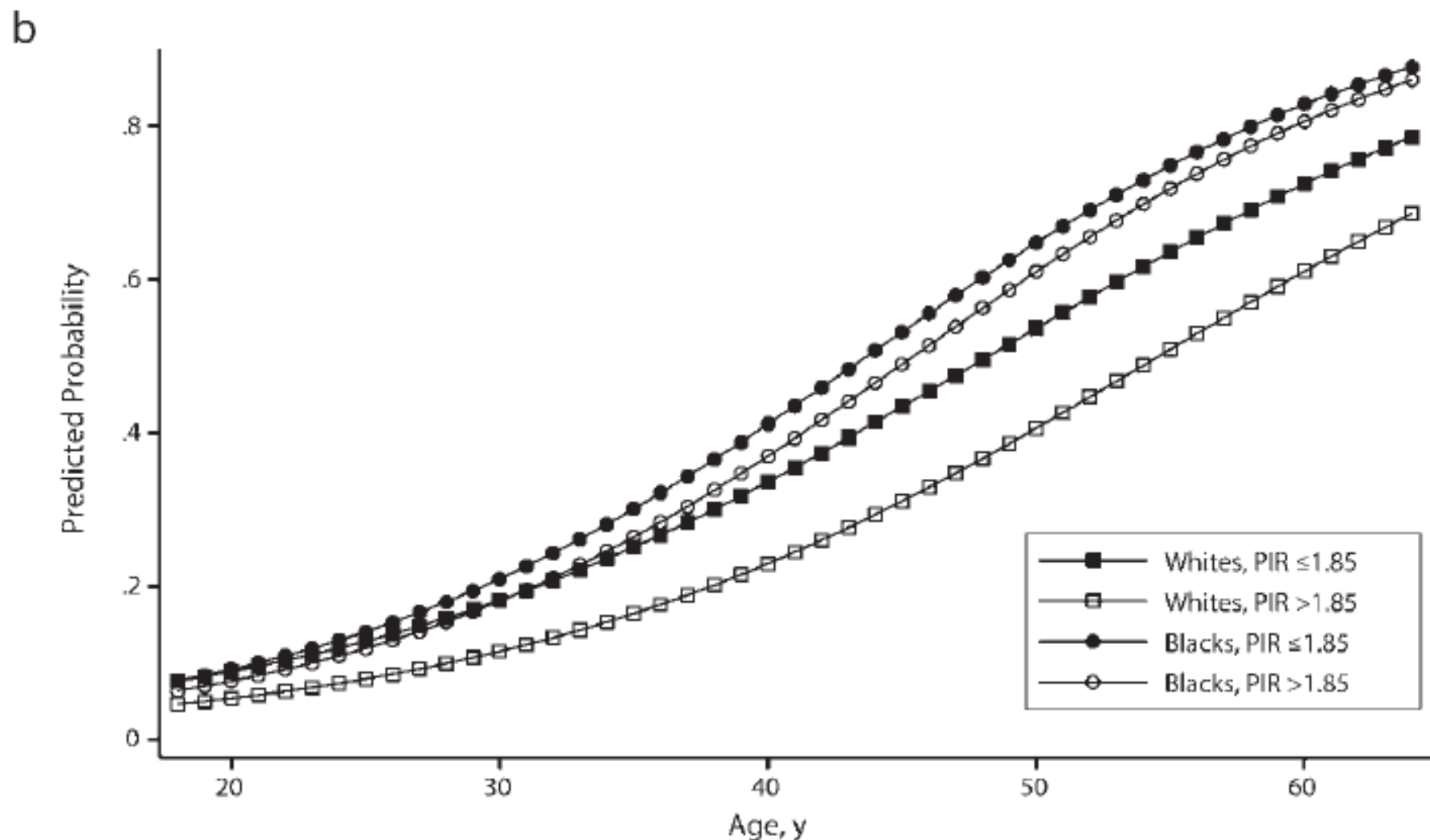


FIGURE 1—Probability of having an allostatic load of 4 or higher, as predicted by race (a) and race and gender (b).

WEATHERING (GERONIMUS ET AL. 2006)



Note. PIR = poverty income ratio.

FIGURE 2—Probability of having an allostatic load of 4 or higher, as predicted by poverty income ratio (a) and poverty income ratio and race (b).

MATERNAL
HEALTH AND
CHILDHOOD



THE LONG ARM OF CHILDHOOD

“New perspectives about pediatric origins of adult disease, social determinants of health, and the long-term effects of early exposures and interactions suggest that the poor health of children (reflected in rates of prematurity, obesity, behavioral and developmental problems, etc.) can be a harbinger of poor adult health.”

—STOLL ET AL. 2013

MATERNAL AND CHILD STRESS

- Maternal stress affects the epigenetic profile of babies (Mulligan et al. 2012)
 - Ex: Affects methylation of infants' genes that regulate metabolic functioning
 - Leads to low birth weight and impaired development
- This and other early social-environmental experiences can lead to chronic elevation of the stress response in the child (McEwen 2012)
 - Cumulative wear and tear on the neuroendocrine, autonomic, metabolic, and immune systems

MATERNAL HEALTH: PROFILES OF RISK

(HARDIE AND LANDALE 2013)

1. Low Risk Moms = neither SES or health disadvantaged
2. Unhealthy Moms = high probability of having health problems; not SES disadvantaged
3. Low SES Moms = SES disadvantaged; low probability of reporting health problems
4. Low Coverage/Care Moms = SES disadvantaged and lack of health care; few health problems
5. Smoker Moms = SES disadvantaged; high probability of smoking; limited access to health care; moderate probability of having depression or physical limitations
6. High Risk Moms = SES and health disadvantaged; non-smokers

FIGURE S1. PREDICTED PROBABILITY OF CHILD HAVING FAIR OR POOR HEALTH BY LATENT CLASS.

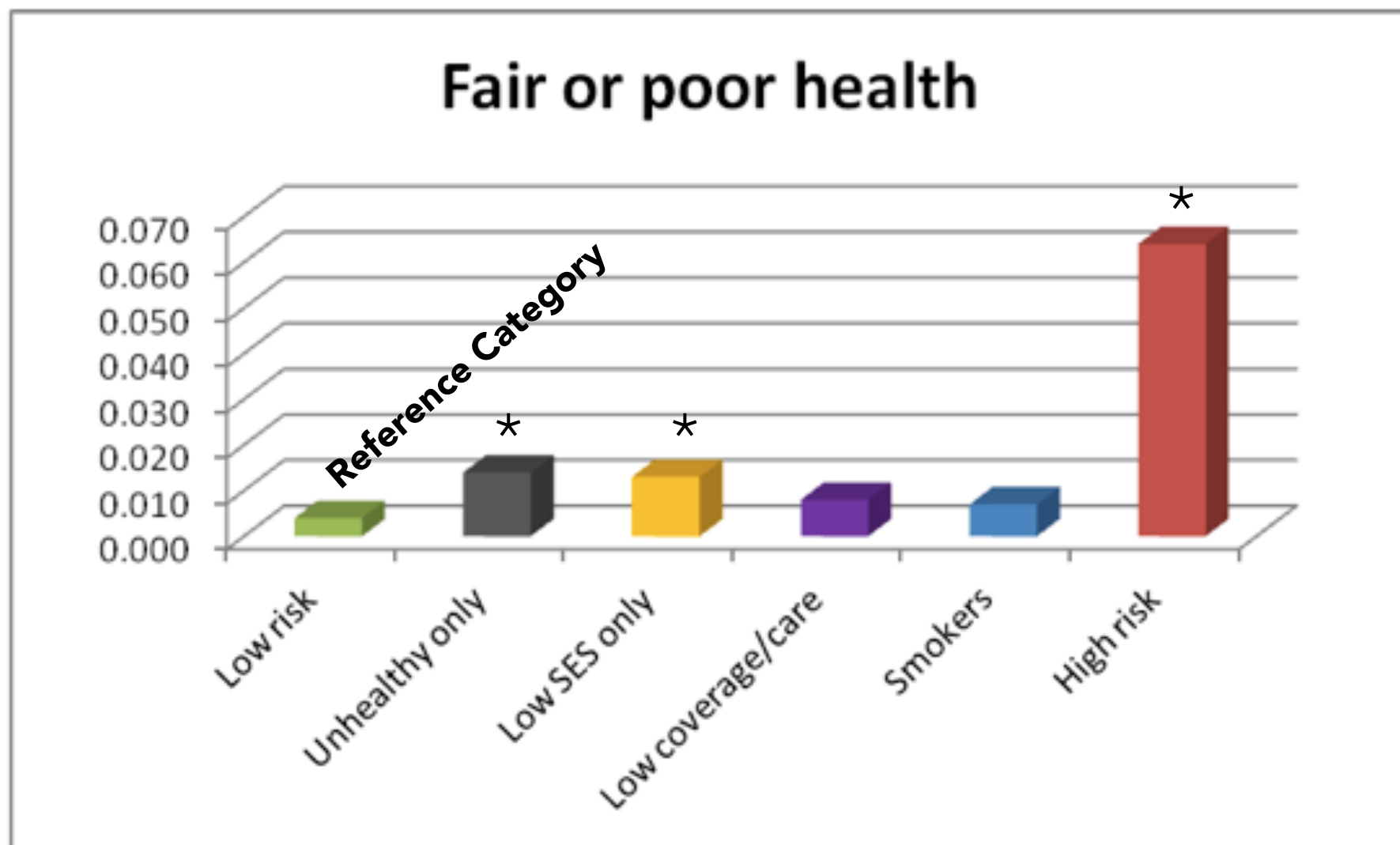


FIGURE S4. PREDICTED PROBABILITY OF CHILD HAVING AN ACTIVITY LIMITATION BY LATENT CLASS.

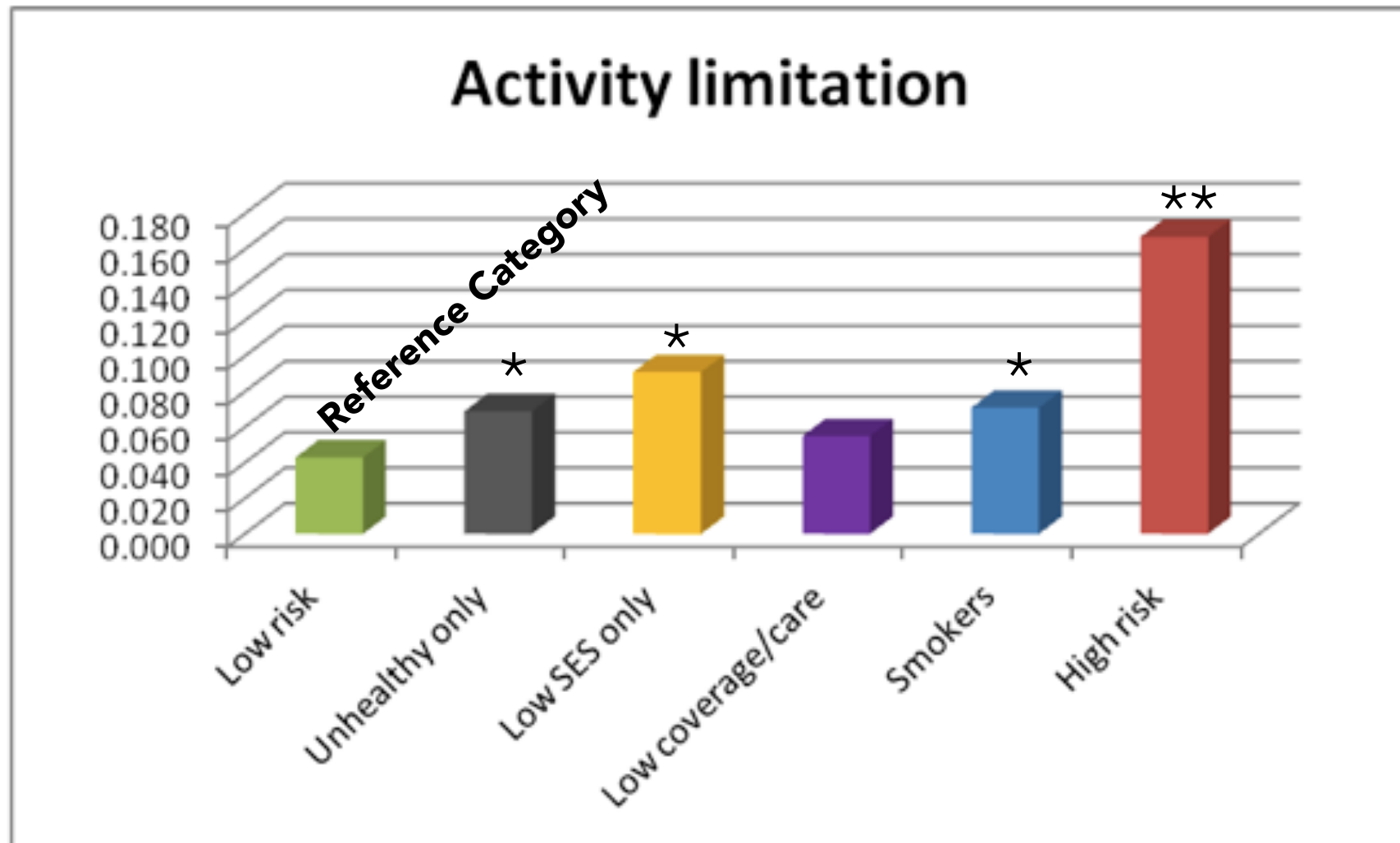
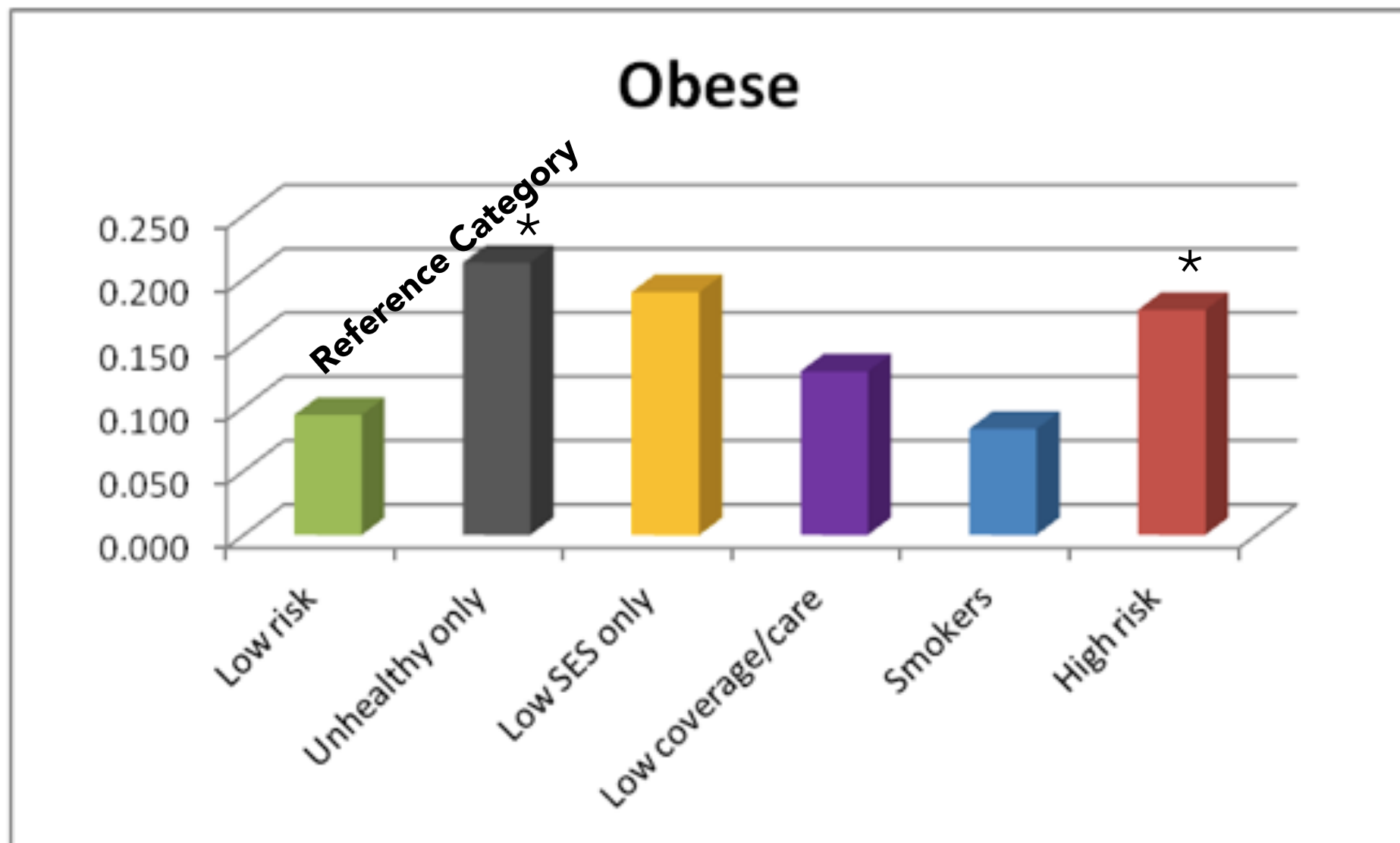


FIGURE S3. PREDICTED PROBABILITY OF CHILD BEING OBESE BY LATENT CLASS.



“There is overwhelming evidence that early childhood adversity - related to parental psychiatric disorder, poverty, abuse, loss, neglect, or trauma - has protean effects on children’s physical and mental health and ultimately on their ability to become competent and productive adults....Early child adversity...has been linked to myriad chronic conditions associated with premature mortality: smoking, substance abuse, obesity, cardiovascular disease, depression, and attempted suicide”

–BRENT AND SILVERSTEIN, *JAMA* 2013