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Considering Social Factors and Potential Moderation Effects in Children's Health Research

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The authors of "Family Structure and Obesity among U.S. Children" have conducted a nice analysis of the relationship between family structure and childhood obesity among young children. Increasingly, family structure and instability are recognized as important contributors to inequality among children and their families in the United States.¹ Given high rates of non-marital childbearing as well as widespread union disruption and instability in the United States today, it is important to consider children living in a wide variety of family settings. As Augustine and Kimbro state, the data they employ in their analyses include large samples of children living in a variety of family structures, offering an excellent opportunity for understanding the risk of childhood obesity across many different family settings. Their results add to a growing body of evidence suggesting that family structure is an important factor to consider when investigating the origins of high rates of childhood obesity in the United States. More broadly, the authors contribute to a growing literature about the critical influence of social factors on health outcomes, and also to a smaller (but growing) number of studies among family scholars focused on potential heterogeneity in relationships between family structure and children's outcomes.

The recognition that social factors, alongside what we might think of as more "traditional" factors, can have a real impact on children's health is an important development in scholarship about children's health outcomes and disparities. Social scientists have long stressed the importance of social factors as contributors to health outcomes and related inequality. Link and Phelan's seminal article entitled "Social Factors as Fundamental Causes of Disease," published in 1995, argues that social factors are inextricably linked to health outcomes, and that efforts to address health disparities will be most successful if they are able to address the underlying sources of social stratification and inequality in our society.² Many studies by social scientists since then have focused on the relationship between social factors and health outcomes.

In more recent years, the recognition that understanding the role of social factors is critical to understanding health processes and outcomes has spread beyond the sphere of social scientists. For example, beginning in 2015, the Medical College Admission Test (MCAT) will incorporate a series of new questions about demographic trends in the population as

well as related social determinants of health. As stated by the President and CEO of the Association of American Medical Colleges, Dr. Darrell G. Kirch, “We’ve proven that social and behavioral factors are strong determinants of the health of an individual. This part of the exam will test concepts from these disciplines to explore how they influence a person’s perceptions, reactions to the world, their behaviors, what they think about themselves and other people.”³ Thus, social scientists and physicians alike, along with those in many other fields, now agree that in a time of great demographic changes in our society, it is critical for us to examine social factors alongside more traditional considerations in order to better understand health outcomes and disparities.

In addition to being a good example of research focused on how social factors can relate to children’s health outcomes, Augustine and Kimbro also importantly recognize that there may be differences in the impact of family structure on childhood obesity, depending on the characteristics of the family and the child. In their article, they argue that the association between family structure and children’s obesity may differ depending on whether the family is living in poverty and the mother’s educational attainment. This type of critical analysis represents an important step forward in the literature about family structure/instability and children’s outcomes.

Over the past two decades, family scholars have made great strides in recognizing and measuring the wide variety of family forms common today, and considering numerous ways in which children’s family structure experiences may impact their well-being as children and adults. Less research to date, however, has considered questions such as when, and under what conditions, family structure may matter for children’s well-being. Yet as Augustine and Kimbro effectively demonstrate, there is good reason to expect that the consequences of particular family situations will be different according to factors such as the economic resources at a family’s disposal (as this article argues), as well as the child’s own characteristics and characteristics of the child’s parents and family. Large-scale surveys do not permit in-depth analyses of individual families and the micro-level dynamics involved in their relationships. However, the rich datasets at our disposal today—such as the ECLS-B used in this article, as well as the Fragile Families and Child Wellbeing Study, the

National Longitudinal Survey of Youth, and the National Survey of Family Growth, just to name a few—do allow us to consider an array of potential moderators in the associations we identify. Better estimating for whom, and under what conditions, particular associations hold will not only result in better research, but will also improve our ability to effectively design interventions and policies to reduce disparities and improve children's well-being across a variety of outcomes.

In the case of childhood obesity in particular, the Augustine and Kimbro article suggests that children living in step-parent families are at a heightened risk of obesity, but only when the family is *not* poor, and that for children in married, two biological parent families, living in poverty or with a mother with low levels of education offsets the benefits of living in this "traditional" family structure, in terms of obesity risk. As the authors state, "As such, it advances current research (that simply controls for SES while estimating the link between family structure and obesity) by highlighting how marriage is not universally protective of children's obesity risk while reminding scholars we must study the social factors influencing child well-being at their intersection." Future research in this area should build on their findings, and investigate the mechanisms through which family structure may influence children's risk of obesity in particular settings. Doing so will be an important step toward being able to effectively address the problem of childhood obesity in the United States.

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