Laura Woods Medical Demography MSc Project London School of Hygiene & Tropical Medicine 2000-2001

Circumstances in Development and Social Class Differences in Adulthood Depression

Evidence from the National Child Development Study



#Increasing

Health morbidity by Social Class

HVariation evident by

<mark>∕ Age</mark>

△Sex

Geography

#Impact on primary care facilities

Some Risk Factors...

HLow Birth Weight **Bottle-fed in infancy #Lower IQ #Lack of social or parental support Beau Poor quality housing in childhood How income or financial insecurity #Poor physical health** H_{Low} educational achievement

Research Question

Which risk factors for depression during development influence the social class gradient of depressive tendency in adulthood?

KAre class differences in risk factors a *sufficient explanation?*

What are the most influential determinants of poor mental health?

National Child Development Study (NCDS, 1958 cohort)

₭ All those living in Great Britain born between 3rd-9th March 1958 (N=18,000)

Horizontal Barbon Strain Horizontal Horizontal Horizontal Strain Strain Horizontal Horiz

Rich data on multiple aspects of life at each 'sweep'

Malaise Inventory

#Population measurement of 'depressive tendency'

Simple sum of a 24 question inventory of dichotomous questions ('Yes'=1 'No=0')
Measured in NCDS at 23, 33 & 42
Inventories with less than 21 responses not used, those with 22-24 responses treated for

missing values

Distribution



Sex Differences



Class & Age Variation



Age

Changing depressive states

Depressed (D) or Not Depressed (N) at 23 33 42	%	Grouped %	Further %
DDD	1.56	1.56	
DDN	0.73		
DND	1.40	3.96	
NDD	1.84		17.14
NND	7.11		
NDN	1.64	11.62	
DNN	2.87		
N N N	82.86	82.86	82.86
Total	100	100	100

Regression Analysis - method

Multiple linear regression models fitted
Control variables from infancy, childhood & adulthood

Regressions initially performed on each separate age survey (23, 33, 42)

Final regressions combined all survey inventories & adjusted additionally for age

Regression Analysis - controls I

- **H**Sex
- **#Birth** weight
- **#Breastfeeding**
- **#**Ethnicity
- **#**Parity
- **#**Family Size
- **Geographical Region**
- Housing Tenure (age 7, 11, 16)

Regression Analysis - controls II

#Crowding (age 7, 11, 16) Health Abnormality (age 7, 16) High Maths ability (age 7, 11, 16)**Reading ability (age 7, 11, 16)** [#]Financial Hardship in family (age 11, 16) **Homeone Provide ages 7, 11, 16**)HGeographical mobility (birth to 16) ^{\varkappa}Parental interest in education (ages 7, 11, 16, both maternal & paternal)

Regression Analysis - results I

Crude Linear Regressions

Significant increases in mean malaise score with SES (p<0.001)

Malaise score increased by 0.51, 0.76 and 1.15 points for each respective SES group
Significantly higher malaise among women (p<0.001)

Regression Analysis - results II

#Adjusted Linear Regressions KNon Significant differences in malaise scores between SES groups (p>0.05) **K**Significantly higher malaise among women persists (p<0.001) **#**Factors with most explanatory power include maths score, financial hardship & parental interest in education

Conclusions

Significant gradient with social class

- **#Episodic in nature**
- **#**Large and persistent gender difference
- ℜGradient can be eliminated by relatively few factors: thus differences can be explained by differentials in risk factors between SES groups
- Factors in infancy, childhood & adolescence all play a role

For electronic versions of full project please email laura.woods@lshtm.ac.uk