Growing Up in Scotland:
Parenting and children’s health

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The Growing Up in Scotland Study
The Growing Up in Scotland study (GUS) is an important longitudinal research project aimed at tracking the lives of several cohorts of Scottish children through the early years and beyond. The study is funded by the Scottish Government and carried out by the Scottish Centre for Social Research (ScotCen). GUS provides crucial evidence for the long-term monitoring and evaluation of policies for children, with a specific focus on the early years. While the principal aim of the study is to provide information to support policy-making, it is also intended to be a broader resource that can be drawn on by academics, voluntary sector organisations and other interested parties. GUS collects a wide range of information about children and their families; the main areas covered include childcare, education, parenting support, health and social inclusion.

Background to Report
This document is one of a series that summarises key findings from the fifth sweep of the survey, which was collected in 2009/10 when the birth cohort children were almost 5 years old. It presents key findings from the Growing Up in Scotland study (GUS) report Parenting and children’s health.

The Scottish Government has placed the individual wellbeing of children and young people at the heart of its policy agenda on ‘Getting it right for every child’, with a recognition of the important role of parents and other carers. However, the challenges to successful parenting that are posed by family adversity may contribute to health inequalities.

There is little UK research on the importance of day-to-day parenting for children’s physical and mental health.

The report seeks to answer two main questions:
- Which aspects of day-to-day parenting are likely to be important for children’s health and health behaviours?
- Do variations in parenting account for social inequalities in child health outcomes?

Health outcomes and health behaviours
Six child health outcomes (general health, limiting longstanding illness, social, emotional and behavioural difficulties, dental health, short-term health problems in the last year, accidents and injuries) and four child health
behaviours (physical activity, ‘screen time’: watching television or using computers and games consoles, fruit and vegetable consumption, snacking on crisps, sweets and sugary drinks) collected at age 5 were selected for study.

- A minority of the children were in poor general health (5%) or had a long-term illness that limited daily activities (4%)
- 13% had moderate to severe social, behavioural or emotional difficulties
- 18% had three or more health problems in the past year, and 11% had experienced three or more accidents or injuries requiring medical attention since birth
- 17% had some tooth decay
- More than a third reported low physical activity (38%) and high screen time (39%)
- 35% consumed snacks with a high sugar or fat content more than once a day, and 69% lacked a varied fruit and vegetable diet

Day-to-day parenting

Parenting behaviour was reported by mothers, and measures covered three main domains: connection, negativity and control.

- **Connection** included early mother-infant attachment, later warmth of the mother-child relationship and activities undertaken together.
- **Negativity** covered conflict in the mother-child relationship and parent’s use of smacking as a disciplinary tool.
- **Control** comprised parental supervision, rule setting and the amount of household disorganisation or ‘home chaos’.

In addition to these eight individual ‘dimensions’ of parenting, a composite ‘index’ of parenting skill was devised. This combined scores across the various dimensions. Parents who had high scores on warmth, joint parent-child activities, supervision and rule-setting, but low scores on conflict and ‘home chaos’, were considered to have high parenting skills. The report used the index to divide parents into three equal groups, with low, average and high parenting skills.

Which aspects of day-to-day parenting are associated with children’s health and health behaviours?

The analysis of associations between parenting and each health or health behaviour outcome controlled for other important family influences on poor health, including poverty and maternal mental health.

Low overall parenting skills as measured by the parenting index were associated with greater risk of a number of poorer health outcomes and health behaviours amongst children. In particular:

**Health outcomes**

- The odds of children who experienced low parenting skills having social, emotional or behavioural difficulties were more than 11 times higher than for children experiencing high parenting skills.
- The odds of children with low-skilled parents experiencing poor health were two to four times higher than for children with high-skilled parents.

**Health behaviours**

- The odds of children with low-skilled parents displaying unhealthy behaviour were 1.5 times higher than for children with high-skilled parents.

After allowing for other family influences on health, there were no associations between overall parenting skills and the number of health problems in the past year, and accidents and injuries over the first five years.

All three domains of parenting (connection, negativity and control) were related to one or more health outcomes and health behaviours. This suggests that a wide range of different parenting skills are important for health, although the following aspects of parenting appeared particularly relevant for specific outcomes:

- High levels of parent-child conflict were strongly associated with social, emotional and behavioural difficulties.
- Low parental supervision was associated with poor general health, limiting long-term illness and social, emotional and behavioural difficulties. The odds of children in the low supervision group having poor health were around twice as high as those for the high supervision group.
- Joint mother-child activities and parental rules appeared important for health behaviours. The odds of children who took part in few activities or had few rules showing unhealthy behaviours were between 1.5 and 2.6 times higher than those for children with a high number of joint activities or many rules.

Do variations in parenting account for social inequalities in child health outcomes?

It is known that child health and health behaviours vary according to socio-economic characteristics, with more
disadvantaged groups experiencing poorer health. The report explored whether parenting behaviours also varied according to family circumstances, and if so whether differences in parenting offer an explanation for social inequalities in health.

Data from eight different indicators of family social characteristics were combined to create an index of ‘family adversity’. This drew on information about maternal, family and area characteristics including poverty and maternal depression.

- In general, higher family adversity index scores were associated with higher prevalence of poor child health and health behaviours.
- There were two exceptions to this picture:
  - In the case of limiting long-term illness, experience of any family adversity was associated with a greater risk of illness.
  - Physical activity showed no clear association with family adversity.
- There was a strong patterning of most parenting behaviours according to the family adversity score. Parents in families with higher adversity scores were less likely to:
  - have a warm relationship with their child
  - share joint activities
  - have low levels of conflict
  - exercise control over their child’s behaviour.

Further analysis examined whether variations in parenting skills explained some of the relationship between children's experiences of family adversity and their health outcomes and health behaviours. The findings suggest that differences in parenting accounted for some, but not all, health inequalities linked to family adversity. Nevertheless, even after taking variations in parenting into account greater family adversity was still independently associated with poorer health outcomes for children.

**Conclusion**

It should be stressed that associations found between parenting and child health and health behaviours in this report are not in themselves evidence of causation. There are several limitations to the analysis that should be borne in mind:

- The study relies on mothers’ reports of both parenting and children’s health, which may have introduced an element of bias and overestimated the strength of associations.
- Several parenting behaviours were measured concurrently with health outcomes. This means that some of the associations found could be due to a child’s health affecting parenting behaviour, rather than the other way round.

Unmeasured factors may be responsible for many of the associations found, including genetic predispositions underlying both parenting behaviour and poor health.

The study has a limited focus on mothers’ parenting of children up to the age of 5, and more work is required to establish wider applicability to the role of fathers or non-biological parent figures, or to the parenting of older children.

Despite these limitations, the findings suggest that policy measures to strengthen parenting skills may be beneficial for health. Measures could range from direct (e.g. parenting classes) to indirect (e.g. alleviating aspects of family adversity that impede good parenting). In what follows, the term ‘parenting programmes’ is intended to cover a range of options.

- Parenting programmes supporting a broad range of skills are likely to achieve more wide-ranging health improvements than programmes with a narrower focus on only one or two dimensions of parenting.
- Parenting that encompasses many joint mother-child activities and has rules to guide a child's daily activities may be optimal for good health behaviours.
- Parenting programmes may achieve the greatest health benefits for children with social, behavioural and emotional difficulties. Even if part of the association between parenting and behavioural/emotional difficulties is due to reverse causation, with children's difficulties leading to problems in parenting rather than the other way round, the findings underline the need to support parents of these children.
- Parenting programmes supporting general parenting skills may have less impact on health problems and on accidents and injuries. It is likely that other aspects of parenting, such as a good diet, a warm and safe living environment and ensuring that a child’s immunisation record is complete, are more closely related to these health outcomes than the general parenting skills examined in this report.

The health benefits of better parenting appear greatest for the families that experience the highest levels of adversity, so that policies to improve parenting may help reduce health inequalities. The strong patterning of parenting according to family adversity in itself suggests that parents in higher-risk groups may need additional help in addressing obstacles to more skilful parenting. This is likely to have wider benefits on children’s overall development apart from health.

However, the findings suggest that health risk reduction achieved through more positive parenting may be greater for some outcomes than others. Overall, programmes to improve parenting skills are likely to form only a partial solution to the reduction of social inequalities in health.
Further information on the Growing Up in Scotland Study can be found at: www.growingupinscotland.org.uk

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