

New research links early-life mortality and family structure, education, income

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A new study from researchers at the University of North Carolina at Chapel Hill's Carolina Population Center found that the risk of dying between the ages of 1 and 24 is substantially higher for children whose

parents have lower levels of education, lower levels of income, or for those who live in a single-parent family.

"This is an extremely important finding because it shows that the risk of losing a child has independent associations with a mother's and father's education, the amount of income parents earn, and both [single mother](#) and single father households," said David B. Braudt, a doctoral candidate in the UNC-Chapel Hill sociology department and pre-doctoral trainee at the Carolina Population Center, and lead author on the study. "And while the overall incidence of dying between the ages of 1 to 24 has decreased in the last 40 years, the fact that such large gaps continue to exist between the most advantaged and least advantaged families is tragic."

The study, published July 4 in the *Maternal and Child Health Journal*, used [survey data](#) on more than 350,000 [children](#) across the nation who were followed for as many as 16 years to determine whether they lived or died during the study period.

This research adds to our understanding of the associations between [family](#) factors and early-life death, but due to data limitations it could not evaluate why these associations exist. Further research is needed to understand the exact mechanism that link family resources and an increased risk of death before age 24.

Compared to children and youth living with mothers who earned [college degrees](#), those living with mothers who attended but did not graduate from college, finished [high school](#), or never graduated high school experience 28, 37, and 40 percent higher risk of early-life death over the follow-up period, respectively. Similarly, compared to children whose father obtained a bachelor's degree or more education, children living with fathers who attended but did not graduate from college and those that did not complete high school are at 23 and 41 percent higher risk of dying young, respectively.

Independent of education, compared to children who lived in high-income families at the time of the survey, those living in families close to or below the Census-defined poverty line, which were 23 and 19 percent of all children in the study respectively, experienced a 38 percent higher risk of dying during the course of the study.

Some of the largest increases in the risk of dying young are associated with being raised by only one parent. Children raised without a father present in the home experience 40 percent higher risk of dying between the ages of 1 to 24, while those without a mother present have a 48 percent higher risk.

Though previous research has uncovered differences in early-life mortality by looking at socioeconomic status measures in aggregate areas such as zip codes, little work has been done to examine these socioeconomic disparities at the individual level. This is the first study in over two decades that has examined the association between parental socioeconomic measures and early-life mortality.

"Understanding the associations between the resources of parents and families and the risk of their child dying before age 25 provides crucial information that can help policymakers and practitioners develop targeted interventions that may improve the overall mortality rate in the U.S. and, more importantly, save the lives of children," said Braudt.

Robert A. Hummer, the Howard W. Odum Distinguished Professor of Sociology and a Faculty Fellow at the Carolina Population Center, is a co-author of the study. Other collaborators on this study include Elizabeth Lawrence of the University of Nevada, Las Vegas; and Andrea Tilstra and Richard Rogers of the University of Colorado Boulder.

More information: David B. Braudt et al. Family Socioeconomic Status and Early Life Mortality Risk in the United States, *Maternal and*

Child Health Journal (2019). [DOI: 10.1007/s10995-019-02799-0](https://doi.org/10.1007/s10995-019-02799-0)

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