

For new mothers, feeling low in social status poses risk to health

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When it comes to the link between socioeconomic status and health, perception can be as important as reality. A study published by the American Psychological Association finds that new mothers who see

themselves as lower on the socioeconomic ladder have worse health outcomes one year after their child's birth than new mothers who see themselves as higher status.

Among women whose basic material needs are met, this self-perceived status can have a stronger effect on health than their actual [income](#) and [education level](#), the study found. It was published in the journal *Health Psychology*.

"Our findings highlight one way in which [socioeconomic status](#) may influence maternal health disparities," said study author Christine Guardino, Ph.D., of Dickinson College. "This could be particularly relevant right now, given the pandemic-driven upheavals in employment that may be affecting people's perceptions of their own social status."

Poverty has long been linked to adverse health outcomes, and some previous research has found that that subjective social status—people's perception of their own social status relative to others in the U.S.—can also affect health. But the question of whether subjective social status affects biological markers of health had never been explored in women during the year after the birth of a child, according to the researchers.

Guardino and co-author Christine Dunkel Schetter, Ph.D., of the University of California Los Angeles, analyzed data from 1,168 new mothers in five areas—rural, suburban and urban—across the U.S. The data came from Community Child Health Network, a research study funded by the National Institute for Child Health and Development that focused on [low-income families](#).

The participants enrolled in the study during hospital stays following the birth of a child. During [home visits](#) at one month, six months and 12 months after the women gave birth, researchers collected health data including participants' blood pressure, body mass index, cholesterol and

cortisol levels. They also collected demographic data including education level and household income. And they asked participants to rate their subjective social status using an established method in which they showed the participants a picture of a ladder representing where people stand in the U.S. and asked them to indicate the rung on which they saw themselves (1 being the lowest and 10 being the highest).

The researchers found that participants who perceived themselves as having higher social status had lower allostatic load—a combined measure of multiple health variables that reflects "wear and tear" on the body due to stress. In fact, the strength of the association between participants' perceived social status and allostatic load was stronger than the association between their income and allostatic load.

However, the researchers also found that the association varied depending on participants' income and education—it was strongest for participants whose incomes were higher than 153% of the federal poverty level and who had completed high school or more education.

"People living near or below the [federal poverty level](#) are often coping with inadequate food, shelter and access to health care, all of which influence health," Guardino said. "Perceptions of social status may have stronger effects on health when people's basic material needs are met."

The study is the first to look at the health effects of subjective social status in postpartum women, according to the researchers, and provides further evidence that people's perceptions of their own social [status](#) can affect their [health](#) even beyond objective measures such as income and education.

More information: Subjective Social Status and Allostatic Load in Mothers 1 Year After Birth. *Health Psychology*, doi.org/10.1037/hea0001148

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