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Highlighting New Poverty Research

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“Examining the influences of gender, race, ethnicity, and social capital on the subjective health of adolescents,” published in the *Journal of Adolescence*, Vol. 32, Issue 1, February 2009

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Influences of Gender, Race, Ethnicity, and Social Capital on the Subjective Health of Adolescents

Background. Decades of research have shown that people with similar individual characteristics can experience different health outcomes depending on their social environment and background. Although it is well established that adults from lower socioeconomic backgrounds have poorer health outcomes than those with higher socioeconomic status, among adolescents, the relationships between health outcomes and socioeconomic status are less salient. Still, the period of adolescence is believed to be important for establishing social supports and health-related habits and beliefs that affect health in adulthood.

Methods. Using data from over 6,800 high school seniors from 12 urban high schools in Washington State surveyed between 2000 and 2004, West Coast Poverty Center Faculty Affiliate Gunnar Almgren and co-authors Maya Magarati and Liz Mogford ask whether there are differences in subjective health by gender, race, ethnicity, and immigrant status, as well as whether there is a relationship between social capital and self-reported health. In contrast to adults, prior research has shown that adolescents appraise their health more as a global sense of well-being than specifically as a statement of health. However, it also appears that self-reported health in adolescence is predictive of health in mature adulthood. The researchers use ordinary least squares (OLS) regressions stratified by gender to examine the influences of demographic background characteristics (including measures of socioeconomic status, family structure, and immigrant status), developmental characteristics (measures of self-efficacy, locus of control, and adolescent competency, as well as body mass index and days absent from school), measures of social capital (e.g., resources available through the student's school environment and social network), and measures of parental support on a measure of self-reported health.

Findings. Bivariate results show that there were strong correlations between gender and self-reported health. Boys in the sample were significantly more likely to report that they were in excellent health than girls. However, the size of the gap between boys' mean reported health and girls' reported health varied across racial/ethnic groups: this gap was largest between whites, blacks, and Hispanics, but very small between Vietnamese and Cambodians. Notably, both boys and girls of Vietnamese and Cambodian origin reported levels of health that were far below the overall average among all adolescents surveyed.

The researchers found that the effects of racial and ethnic group membership on self-reported health disappear for most groups when measures of parental education and living with both parents are included in the models. The exception is adolescents of Vietnamese and Cambodian origin, where their racial/ethnic group membership was negatively associated with health even after controlling for all other sets of variables. All five measures of adolescent development were significant and contributed to the fit of the regression model, with competency, self-esteem, and locus of control associated with increased self-reported health, and body mass index and days absent from school negatively associated with self-reported health. Somewhat in contrast to expectations, immigration status and language spoken at home had no significant effects on self-reported health. For girls, but not boys, all of the measures of social capital (such as social network cohesion and positive school affiliation) and parental support were significantly and positively associated with self-reported health when controlling for all other factors mentioned above.

These findings suggest that disparities in perceived health by gender and social class are significant among adolescents—and generally greater than by race/ethnicity. While family stability and parental involvement can mitigate the effects of gender and social class disadvantage on the health of adolescents, they cannot completely offset the consequences of these forms of structural disadvantage.

Poverty Research Flash

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Poverty Research Flash 2009-03

Influences of Gender, Race, Ethnicity, and Social Capital on the Subjective Health of Adolescents

New research from Gunnar Almgren, Maya Magarati, and Liz Mogford

Key Findings

- In a sample of over 6,800 high school seniors in Washington State surveyed between 2000 and 2004, boys were significantly more likely to report that they were in excellent health than girls. The gap between genders was largest between white, black, and Hispanic girls and boys and very small between Vietnamese and Cambodian girls and boys.
- Racial and ethnic group membership had significant but minor effects on self-reported health, with non-white groups more likely to report worse health than whites. The effects of race/ethnicity disappear for most groups when measures of parental education and living with both parents are included. Immigration status and language spoken at home had no significant effects on self-reported health.
- Competency, self-esteem, and locus of control were associated with increased self-reported health, and body mass index and days absent from school were negatively associated with self-reported health.
- For girls, but not boys, measures of social capital (such as social network cohesion and positive school affiliation) and parental support were significantly and positively associated with self-reported health.