



STARTING WELL – PREGNANCY TO 5 YEARS

- *Pregnancy mothers' mental health and health behaviours can have a substantial on the child's subsequent wellbeing*
- *Parental mental health difficulties throughout children's first five years are negatively associated with children's wellbeing*
- *Living in poverty is associated with lower levels of child wellbeing*
- *Many of the risk factors for low wellbeing are strongly associated with each other: children who experience one are more likely to experience several*
- *Children's experiences in their first five years of life have lasting impacts on their wellbeing*

1. How wellbeing is measured in early childhood

- In the first years of life (0-3 years) **temperament** is often used to assess wellbeing. Temperament is assessed as a combination of the child's expression of positive emotions, ability to cope with novel situations, and regularity of behaviours including eating and sleeping patterns.
- From age two onwards, ratings of '**problem behaviours**' or 'difficulties' are often used to assess wellbeing. The most closely related to adult measures of subjective wellbeing are measures of 'emotional difficulties', the absence of which is referred to as 'socio-emotional wellbeing'. Emotional difficulties are measured by asking parents or carers to rate children's experiences of negative emotions, such as whether the child is often 'nervous' or 'unhappy and downhearted'.

2. Wellbeing in Pregnancy and Early Parenthood

- **Pregnant women tend to have higher levels of subjective wellbeing** than mothers of young children (age 0-2 years). Pregnant women are more likely than women with children aged two or more to be very or completely satisfied with their lives (78% vs. 66%). Both mothers and pregnant women were more likely to report that they were happy and felt like the things they do were worthwhile than other women were¹.

Well-being measures			
	All pregnant women (594) %	All mothers of 0-2s (550) %	Other women* (370) %
Felt the things they do are worthwhile (top 4 boxes)	81	73↓	66↓
Felt happy yesterday (top 4 boxes)	74	64↓	65↓
Did not feel anxious yesterday (bottom 5 boxes)	66	59↓	64
Felt satisfied with life nowadays (top 4 boxes)	78	66↓	59↓
Base: All 2012 women in each group: as shown. *Taken from the all adult survey			
↑↓ Indicates a significant difference, compared with pregnant women			

Figure 1: Positive responses to wellbeing questions, by parenthood status. The three categories are mutually exclusive. Positive responses are based on a score of 7 or more for worthwhile, happy and satisfied, and 4 or less for anxious (Source: Lifecourse Tracker Survey, Wave 2, 2012)

- **Women with planned pregnancies have higher levels of subjective wellbeing**, both during pregnancy and in their children’s early years^{1,2,3}.
- Pregnant women and mothers in the 25-34 age group feel best about themselves and are most satisfied with their lives, out of all age groups. **Socioeconomic status can affect pregnant women and mothers’ overall levels of subjective wellbeing**: being from the C2DE class, on a low income or living in poverty can reduce the likelihood of having high levels of wellbeing, compared with pregnant women and mothers who do not experience these factors¹.
- **Health is an important factor for pregnant women and mothers’ levels of wellbeing**¹. Women who rate their own health as poor have lower levels of wellbeing, and women who have experienced complications with their pregnancy or birth are less likely to feel good about themselves or to be satisfied with their lives. Mothers and pregnant women who have a longstanding disability or illness have lower levels of wellbeing overall than those who do not.
- **High levels of subjective wellbeing may protect pregnant women from experiencing depression during pregnancy**. Women with high levels of optimism, self-esteem, and self-worth are less likely to experience depression during pregnancy⁴.
- Childless couples are happier than parents about their relationships with each other. **Parents with a pre-school child are least happy with their relationship**, and happiness with their relationship with their partner increases with the age of the youngest child⁵.

3. Child Wellbeing Begins During Pregnancy

- **Mothers’ health behaviours in pregnancy may have an impact on children’s wellbeing**. Infants whose mothers smoked more than 10 cigarettes a day during pregnancy are more likely than children whose mothers never smoked to have low positive mood at 9 months⁶, and children whose mothers smoked during pregnancy are more likely to have emotional difficulties at age 2⁷.

- **On average, alcohol consumption during pregnancy is associated with an increase in the likelihood of low positive mood among children at 9 months⁶.** Consistent high levels of alcohol intake (more than 6 units a week) and single incidents of binge drinking (more than 4 units in a day) during pregnancy are both associated with lower levels of wellbeing in children’s early years^{8,9}. However, confounding factors are likely to be key and children whose mothers drank lightly or moderately had better outcomes than those who did not drink at all (see Figure 2).

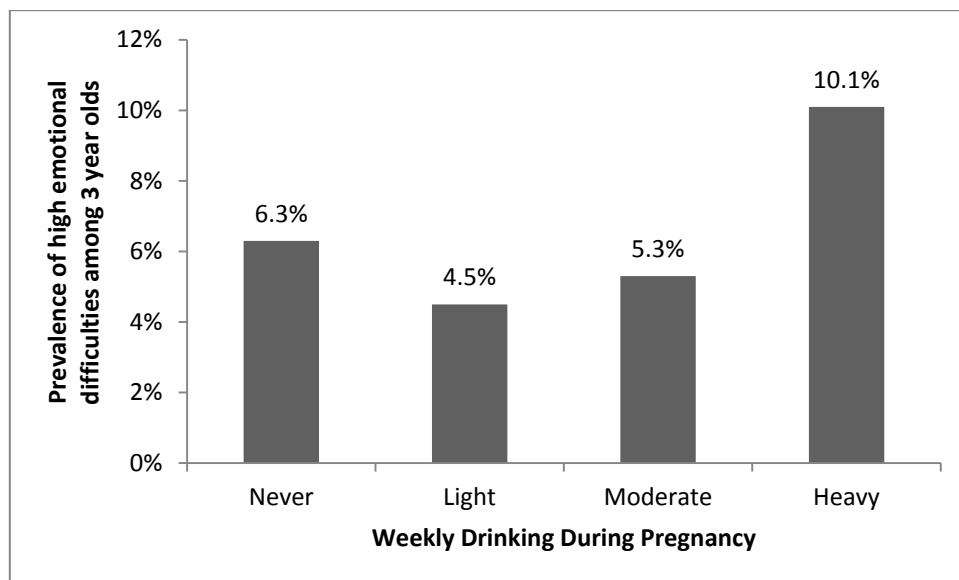


Figure 2: Prevalence of emotional difficulties in children by mother’s weekly drinking during pregnancy (Source: Kelly et al (2009). Data from the Millennium Cohort Study, Wave 2. Children aged 3 years)

- **Mothers’ mental health during pregnancy is strongly associated with child wellbeing.** Antenatal depression and anxiety are both related to higher levels of emotional and behavioural problems at ages 3-5^{10,11}. **Fathers’ mental health during pregnancy can also influence children’s wellbeing:** children whose fathers were depressed during the pregnancy tend to be more likely to have emotional difficulties when they are 3 years old¹².

4. Early Diet, Activity and Screen Time: Links with Child Wellbeing

- Parents of children who are **breastfed for more than four months** report that their children have **fewer emotional difficulties** at age 5 compared with children who were breastfed for less than four months¹³.
- Children who engage in more **sporting activities**, such as sports clubs, tend to have fewer emotional difficulties at age 5¹⁴.
- **Viewing television for more than three hours a day** tends to be associated with more emotional and behavioural difficulties among five-year-olds¹⁵.

5. Parental Mental Health in Children's Early Years and Child Wellbeing

- **Three-year olds whose mothers experienced depression during the 9 months after birth are 1.5 times more likely to have emotional difficulties¹⁶.** Children whose mothers are currently experiencing depression are over 2.5 times more likely to have emotional difficulties at this age¹⁶. This relationship is partly due to the impact of mental health difficulties on parental state: parents with mental health difficulties tend to be less warm and have poorer relationships with their children, which in turn can affect child wellbeing¹⁷.
- **Boys may be more susceptible to the effects of maternal mental health – boys show greater reductions in socio-emotional development** at age 5 when their mothers score highly on a psychological distress measure than girls do¹⁸.
- There is far less research relating fathers' mental health to children's wellbeing, as most large cohort studies collect data from mothers and children. What data there is suggests that **fathers' depression after the birth and in early years tends not to predict child wellbeing** independently of mothers' depression and marital conflict when children are three years old¹⁹.

6. Family Factors

- **Family structure tends not to be associated with child wellbeing** once other demographic factors are taken into account. **The marital status of their parents has no effect on children's temperament at 9 months⁶ or their likelihood of having emotional and behavioural problems at three years¹⁶.** Lower levels of wellbeing among young children in lone parent, step-parent and cohabiting families are due in part to the higher proportion of these families experiencing poverty and parental mental health difficulties during children's early years¹⁶.
- **Children who experience adverse family events, such as parental separation, death or imprisonment, between nine months and three years may have an increased risk of emotional problems at age three^{20 21}.** Earlier adverse life events (before nine months) have a smaller but still significant association with children's risk of problems at age three.
- **Positive family relationships are important for wellbeing in early childhood.** Parental warmth and expression of positive emotion and affection in parent-child interactions is associated with fewer socio-emotional problems among three year olds, as are positive relationships between parents and children¹⁷. **High quality relationships with older siblings reduce the negative impact of adverse family events on five-year-olds' emotional wellbeing²².**
- **Parent relationships can affect children's wellbeing.** Low quality relationships between parents tend to be associated with higher levels of emotional and behavioural problems among five year olds in intact families²³.

7. Income, Unemployment and Poverty

- **Parental employment and family income can be powerful influences on children’s wellbeing.** Children who live in households with 2 adults in employment are likely to experience significantly fewer emotional and behavioural problems at age three²⁴.
- **At three years of age, children currently living below the poverty line (60% median income) have 25% higher scores of emotional and behavioural difficulties than children living above the poverty line²⁴.** Earlier experiences of living below the poverty line (at nine months of age) can be associated with higher levels of socio-emotional problems at three years, even if the children’s family have since moved above the poverty line¹⁷.
- Children who experience persistent povertyⁱ in their early years are considerably more likely to have emotional and behavioural difficulties at age three than children who have never experienced poverty²⁵.
- **Poverty mainly affects children’s wellbeing through the strain it places on their parents.** This strain can lead to poor parenting practices, which in turn can result in lower child wellbeing²⁶.

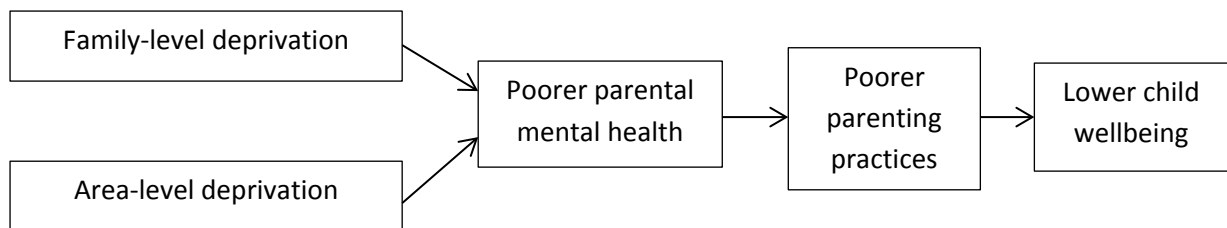


Figure 3: Indirect effects of deprivation on child wellbeing (Adapted from Fauth & Thompson (2009))

- **Children’s homes and neighbourhoods can also influence their wellbeing.** Living in social housing and in houses with damp problems can be linked to higher rates of emotional and behavioural problems among 5 year olds^{15,23}. Two year olds living in more deprived areas tend to experience higher levels of behavioural difficulties, compared with children who live in less deprived areas²⁷.

8. Multiple Risks, Increasing Difficulties

- Many risk factors for poor childhood wellbeing tend to be strongly associated with one another, meaning children suffering from one form of disadvantage often suffer from another as well, with high costs to their levels of wellbeing.

ⁱ Poor at all waves of the longitudinal survey.

- Women who experience prenatal depression are far more likely than women who do not to experience postnatal depression²⁸ and exposure to early maternal depression is associated with re-exposure to maternal depression across childhood.²⁹ Maternal depression is often associated with both family and neighbourhood deprivation levels^{17,30}.
- Mental illness tends to be associated with poorer quality parenting, such as increased hostility and lower levels of attachment and warmth towards their children^{17,18}.
- Poverty also tends to be associated with poorer parent-child relationships, due to its links with family stress and mental health of parents¹⁷.

Looking Forward: Foundations for Later Wellbeing

The first five years of children's lives are incredibly important: events children experience and the skills they develop during this time can be the foundations for their later wellbeing.

We know that wellbeing is a relatively stable trait within individuals: earlier measures of wellbeing predict later ones. This stability is present in early childhood:

- Difficult temperament at 9 months often predicts later emotional problems in 3 year olds²⁰
 - Socio-emotional problems at age 3 are strongly associated with those experienced later on: they explain over 38% of the variation between children in socio-emotional problems at age 5³¹
- Poor wellbeing in early childhood may therefore be a precursor to poor wellbeing in later childhood and adulthood.

Family circumstances and events in this early period of children's lives can have an impact on wellbeing later on, as they become adolescents and adults

- Early maternal depression, whether ante- or postnatal, can have significant impacts on children's mental health in later childhood and adolescence
 - The effects of antenatal psychological distress have been shown to extend into later childhood (ages 7 and 12)^{32,33}
 - Both types of early maternal depression were associated with increased risk of emotional disorder, such as depression or anxiety, at 16 years of age³⁴
- Breastfeeding's benefits to socio-emotional wellbeing extend beyond early childhood
 - Children breastfed for more than 6 months maintain their emotional advantages over children breastfed for less than 6 months at 8, 10 and 14 years of age³⁵

Children's early years are a particularly critical time for children to develop the social skills they may need to contribute to future wellbeing.

- Development of social skills in this age period is associated with better social adjustment and relationships in later life,^{36,37} and social relationships can have a strong impact on wellbeing, both in later childhood and in adulthood³⁸
- Warm, responsive relationships between parents and children in early childhood are important for the development of social skills³⁹

- Factors which disrupt parents' ability to provide these relationships in children's early years, such as family deprivation or parental mental illness, may therefore have significant ramifications for children's future wellbeing

Brief Note on Measurement of Wellbeing in Early Childhood

It is worth noting that there are two potential issues with the measurement of wellbeing in this stage of life:

- First, particularly for 3-5 year olds, assessment of wellbeing is based on whether they have 'problems', with wellbeing represented by an absence of these. Research in adulthood has highlighted that the absence of mental health problems, for example, is not equivalent to wellbeing – subjective wellbeing research takes an 'assets based' approach with adults, but this has not extended to young children.
- Second, these problems are rated by parents or caregivers, which makes it difficult to assess the true relationship between factors such as parental mental health and child wellbeing: maternal depression could be linked to reports of socio-emotional problems because depressed mothers may be more likely to *perceive* their child as having emotional problems, rather than because of any relationship between their mental health and the child's actual level of problems.

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¹ GfK NOP Social Research (2012). Lifecourse tracker research: Wave 2 results.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251802/Lifecourse_Tracker_survey_Wave_2_Report_final.pdf

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