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Swedish Birth Cohort, Associations between out-of-Home Care and Mental Health Issues

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Abstract

Previous research has suggested that parental mental health disorders (MHD) may be a key factor in the intergenerational transmission of out-of-home care (OHC) [1]. The current study sought to learn more about this interaction by looking into the relationships between OHC and MHD within and between generations. On 9033 cohort members (Generation 1; G1) and their 15,305 sons and daughters, we used prospective data from the Stockholm Birth Cohort Multigenerational Study (SBC Multigen) (Generation 2; G2). We studied the intergenerational transmission of OHC and MHD, as well as the connection between OHC and MHD within each generation, using odds ratios from generalised structural equation modelling. Second, we looked at the relationships between OHC and MHD in both generations. We wanted to see whether there were any sex disparities, so we did some research.

This paper investigates the unexpected impact that enforcing birth control policies in China has upon the educational stratification between the Han majority, the policy target group, and ethnic minorities, a partially excluded group. Exploring county-level variation in the value of fines levied for unsanctioned births, we find that a stricter enforcement of the birth control policy leads to a larger educational gap between ethnic minorities and the Han majority in both rural and urban areas. More specifically, we find that higher fines lead to a larger improvement in the educational attainment of the Han majority and that this is principally due to the greater effect of these fines upon the reduction of family size and the subsequent concentration of family resources (among this population). Our findings indicate that the birth control policy has substantially contributed to the rising Han-minority.

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MHD was found to be transmitted intergenerational in both sexes, however only statistically significant in G2 males. Within both generations, OHC was linked to MHD, with the men having a stronger link in G2. While there was no clear link between OHC in G1 and MHD in G2, MHD in G1 and OHC in G2 did have a substantial relationship. G2 females showed more of the latter than G2 men. We conclude that OHC and MHD appear to be processes that are interwoven within and between generations, with some sex differences. Although there appeared to be no direct effects of OHC in one generation on MHD in the next, there was some evidence of indirect effects.

Out-of-home care (OHC) is intended to provide children with better developmental opportunities than they would have in their own homes, as these children are frequently exposed to adversities (such as maltreatment, neglect, psychosocial problems, and socioeconomic disadvantages) or struggle with serious conduct problems and delinquency. Adverse circumstances, on the other hand, tend to be passed down through the generations. Individual experiences may cause disadvantage to expand through time, resulting in their descendants starting at a disproportionately higher level of disadvantage, making it difficult for them to catch up [2,3]. The Occupational Register from 1953 provided information about G1's childhood occupational class (reflecting the occupation of the head of the household, typically the father, at the time of the birth of the G1 member).

'Middle/upper class' (middle class + upper-middle/upper class) and 'Working class' (working class, skilled + working-class, unskilled + unclassified) were used to categorise the data. G1 and G2's biological sex at birth (Males and Females, respectively) were also included. G1's sex was utilised as a covariate in the analysis, while G2's sex was used to stratify the analysis.

The intergenerational relationships in the opposite direction were less clear: we were unable to find any direct statistical influence of OHC placements among parents on their children's MHD in adulthood. Rather, there was some evidence of indirect impacts on the children's MHD and/or OHC via the parents' MHD and/or OHC. Thus, the lack of a direct effect does not rule out the possibility that the hardships endured by a previous generation have an impact on the mental health of their descendants. Previous research have revealed a minor but significant influence on this association, which was further diminished by maternal depression, by thoroughly assessing the intergenerational effect of mother childhood abuse on offspring's sensitivity to MHD.

To our knowledge, this is the first study to look into the links between OHC and MHD between and across generations, as well as the explicit assessment of whether parental OHC experiences lead to MHD in their adult children. We employed extensive prospective data with low attrition, and participants' (and their children's) involvement in the trial was not contingent on prior OHC exposure or poor mental health. Nonetheless, our birth cohort contains a substantial number of people who have had OHC. Another benefit is that we didn't have to rely on retrospective self-reports or parental reports about OHC experiences.

Conclusion

It's worth mentioning that most studies on this subject focus on

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mothers' experiences with their children, whereas our study included data from both moms and fathers. Despite this, more research on the influence of parent-child sex symmetry and its impacts on parental negative experiences and offspring mental health relationships are required [4,5]. While putative hereditary factors have a role in the intergenerational transmission of mental and behavioural illnesses, we are unable to investigate these factors further due to a lack of data. Nonetheless, we tried to rule out genetic causes by omitting MHD with a young onset and a high heritability. Despite the fact that information on both generations' mental health comes from the same source (Patient Registers; inpatient care), differences in diagnosis and routine around MHD must be taken into account.

This paper provides evidence that the one-child policy that mainly targets the Han majority contributes unexpectedly to the educational disadvantaged of ethnic minorities in China [6]. We use the amount of the fine for unsanctioned births to measure the enforcement of the one-child policy and show that a more stringent enforcement of the birth control policy leads to a larger Han-minority education gap in both rural and urban areas [7-9]. The main factor leading to this enlarged gap is the improved educational attainment of the Han majority. As their family size is reduced sharply by the one-child policy, households invest more in human capital for each child.

Another possible channel is the spill over effect from the increased educational attainment of the Han majority (both rural and urban) residing in the same county. While a positive spill over effect from the Han majority to ethnic minorities is possible when these minorities benefit directly from having better school peers, the negative impact we find can potentially be explained by increased competition intensity in high school admissions process. To investigate if this is the case, we split the sample by the scarcity of high school education resources, measured by the local number of high schools per thousand population, and reestimate the impact of fines on education of urban ethnic minorities.

In order to rebalance the demographic structure of society in the face of rapid population aging, the Chinese government launched a series of reforms, including the "selective two-child policy," which allowed a couple to have two children if either husband or wife was a "single child," and the "universal two-child policy," which further allowed all couples to have two children. Recognizing the unexpected initial impact of the one-child policy on the Han-majority education gap is important for projecting the overall policy impact of more relaxed policies. Even though the new policies mean that ethnic minorities are no longer allowed to have more children than the Han majority, they do offer these minorities the opportunity to make gains in the area of education [10].

Conflict of interest

The authors declare that they have no conflict of interest.

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