

Niamh at 9 months



Niamh at 3 years



Niamh at 5 years



# Social Class Differences in Weight Gain from Birth to 3 Years

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# Introduction - 1

- Rates of child overweight and obesity are rising
- Obesity leading cause of preventable morbidity and mortality
- Gradients in child obesity risk by socio-economic status
- Some evidence for England and US of widening differentials
- Evidence from MCS in UK that gradient established by 5



# Introduction - 2

- **What explains these SES gradients in obesity risk in childhood?**
  - Evidence for role of rapid growth in early infancy
    - Correlation with birth weight and gestation
    - Prenatal exposures
    - Breastfeeding and weaning
    - Child diet and lifestyle
- **Important policy implications**
- **This paper investigates the contribution of different groups of factors to social class differentials in weight gain**



# Literature

- **More breastfeeding associated with less rapid growth**
  - Uncertainty around mechanism:
    - Higher levels of protein in formula
    - Passive consumption of more calories
    - Lack of development of satiety response
- **Early weaning associated with rapid growth**
- **Maternal smoking in pregnancy**
  - Possible influence on brain development, appetite and impulse control
- **Maternal pre-pregnancy weight and weight gain in pregnancy**
- **Child diet and lifestyle**



# Data

- **Growing Up In Ireland Infant Cohort**
- **Children born between December 2007 and May 2008**
- **Random sample from Child Benefit Register**
- **11,134 (69% response rate), 9738 re-interviewed in 2010/11**
- **Parents interviewed when child 9 months of age and again when child aged 3**
- **Total sample in analysis 8719**



# Physical Measures

- **Measured Child Weight**
  - **At Birth (National Perinatal Reporting System)**
  - **Child aged 9 months (SECA Class III Scales)**
  - **Child aged 3 years (SECA Class III Scales)**
- **Measured Child Height**
  - **Child aged 9 months (Leicester Height Stick)**
  - **Child aged 3 years (Leicester Height Stick)**
- **Maternal weight @ 9 months (SECA 761 Scales)**
- **Maternal height @9 months (Leicester Height Stick)**
- **Maternal pregnancy weight gain (Self-Reported)**



# Household Social Class

- **CSO Social Class Measure**
  - **Parental current and past occupations coded to CSO standard occupational codes (SOC)**
  - **SOCs coded to CSO social classes**
  - **Household class by dominance (highest FT)**
    - **Professional Workers**
    - **Employers and Managers**
    - **Clerical and Administrative**
    - **Skilled Manual**
    - **Unskilled Manual**
    - **Unclassified**



# Control Variables

- **Child sex**
- **Maternal Age (5 Groups)**
- **Maternal Ethnicity (8 Groups)**
- **Child Parity**
- **Gestation (4 groups)**



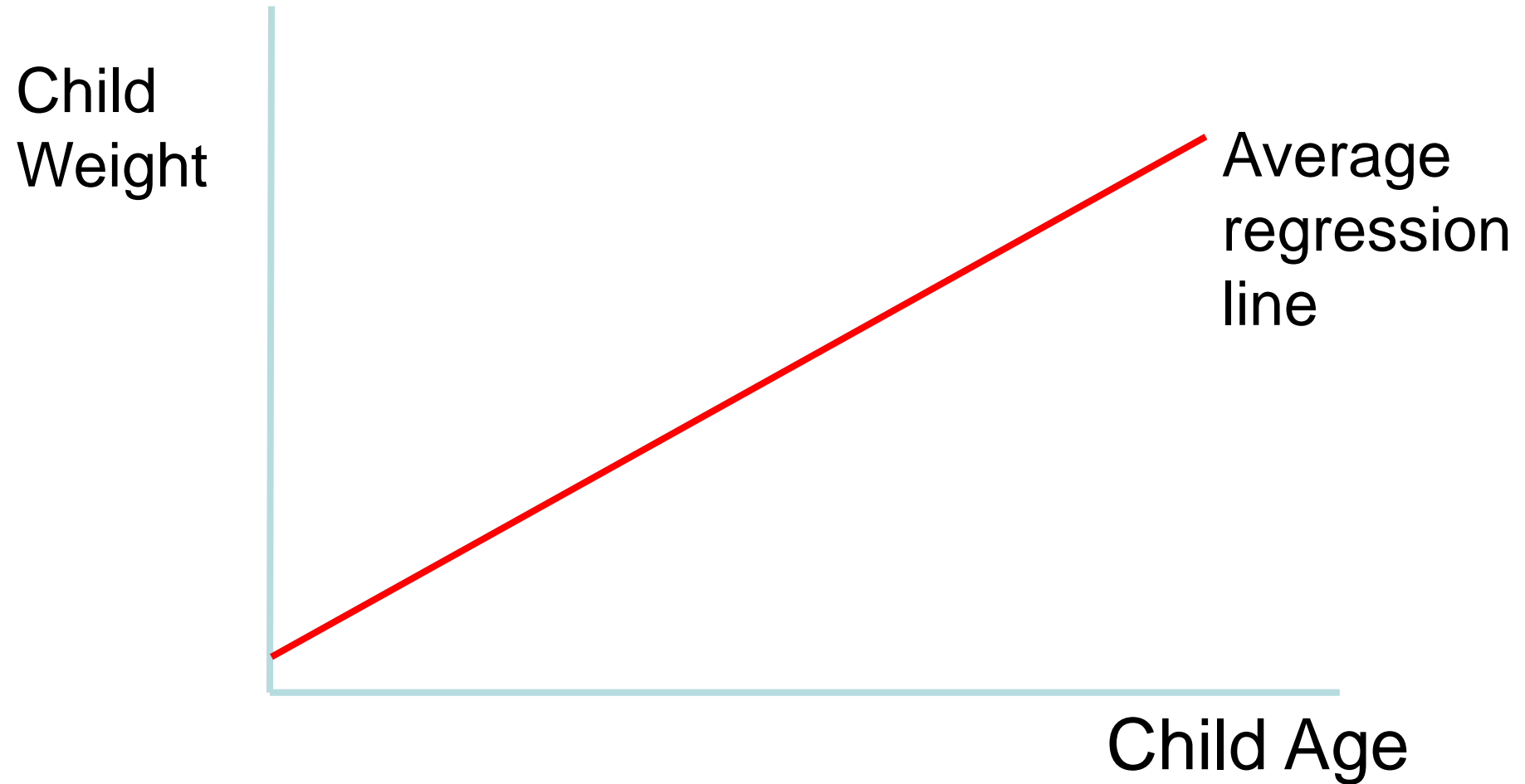


# Independent Variables

- **Duration of breastfeeding (any in days)**
- **Child age at weaning to regular solids (days)**
- **Daily cigarettes Third Trimester (number)**
- **Daily Hours of TV (4 Groups)**
- **Child dietary quality (20 item weighted)**
- **Maternal BMI @ 9 months (3 groups)**
- **Maternal weight gain in pregnancy (kgs)**



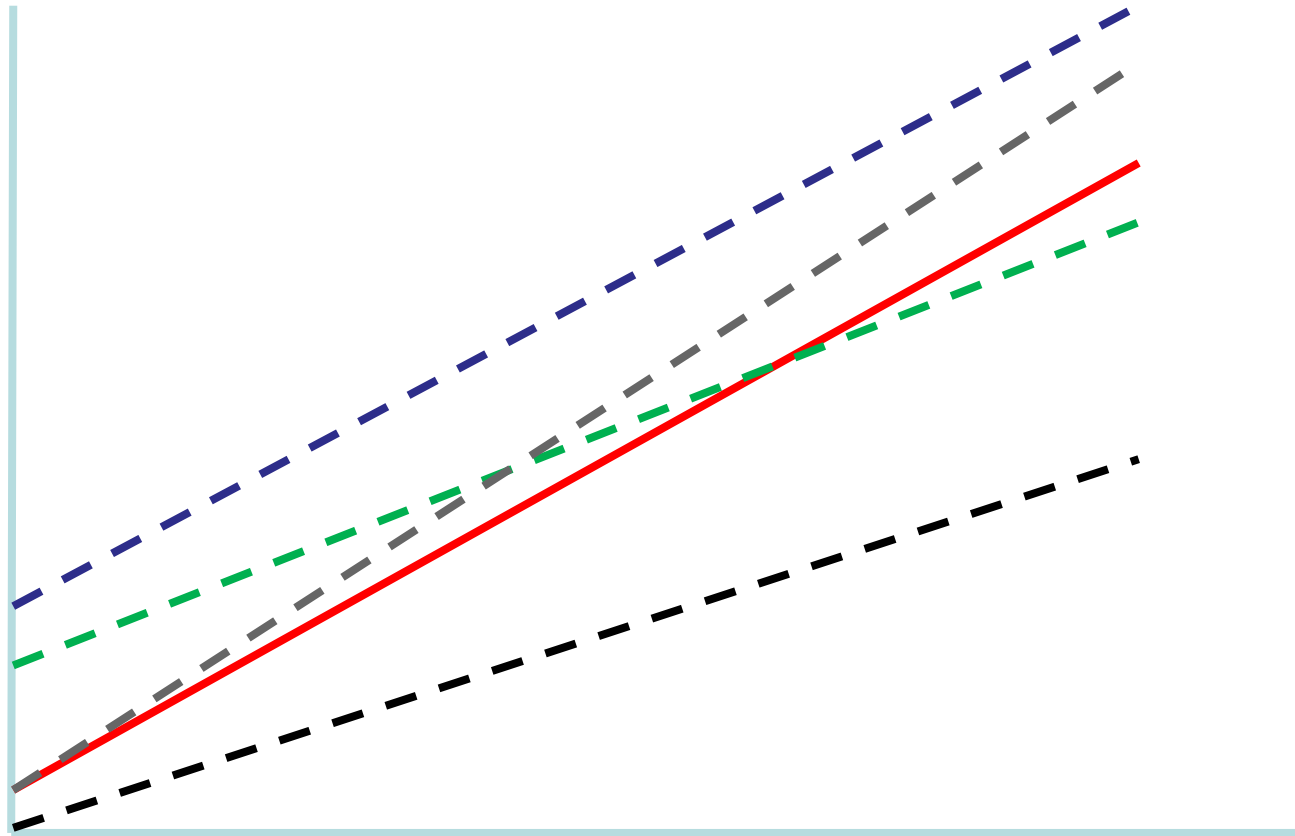
# Child Weight Gain





# Child Weight Gain

Child  
Weight



Child Age

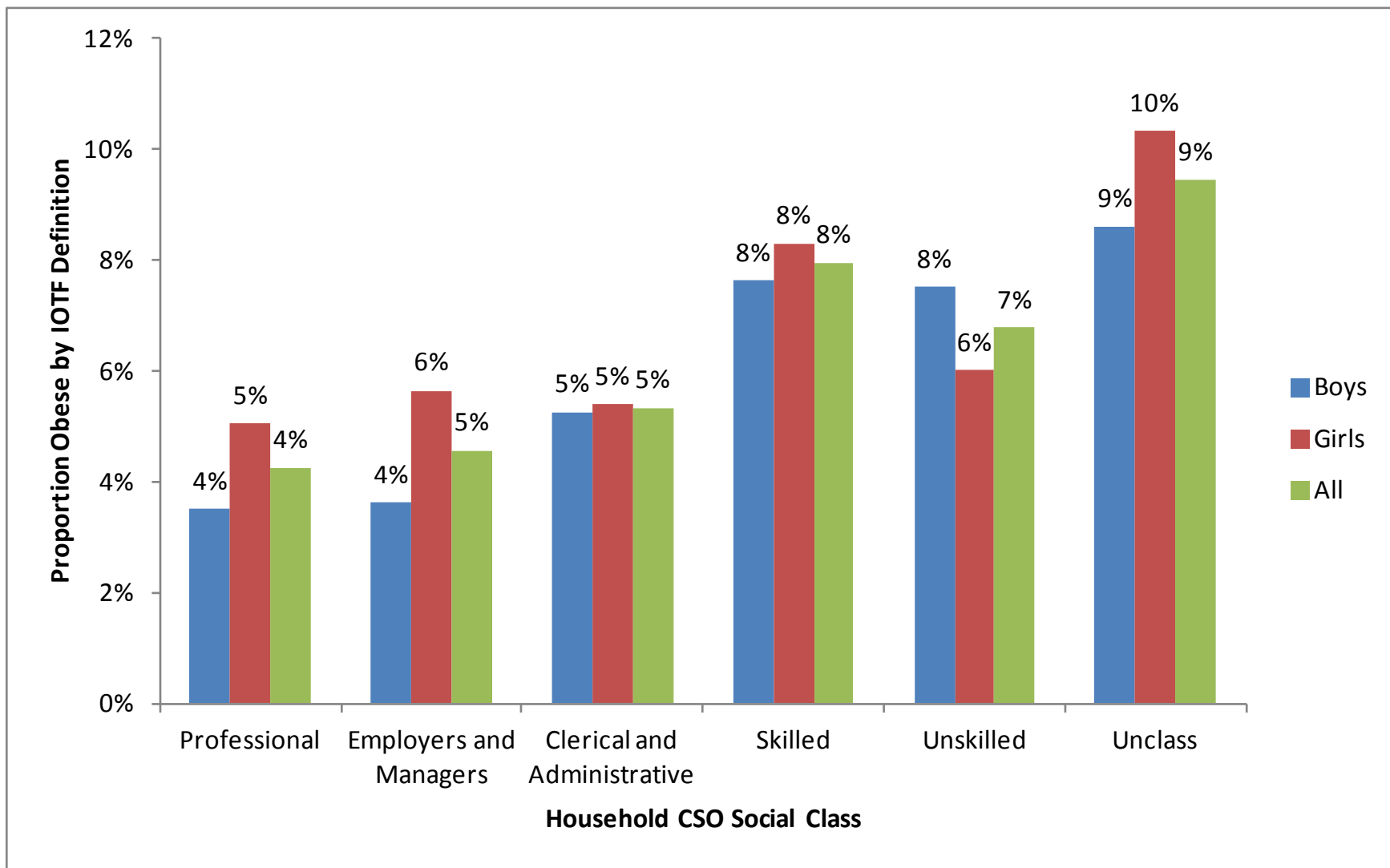


# Latent Growth Model

$$\begin{aligned} \text{Weight}_{ij} = & \gamma_{00} \\ & + \gamma_{01}(\text{SOCIAL CLASS}_j) \\ & + \gamma_{02}(X_j) \\ & + \gamma_{10}(\text{TIME}_{ij}) \\ & + \gamma_{23}(\text{SOCIAL CLASS}_j * \text{TIME}_{ij}) \\ & + \gamma_{34}(X_j * \text{TIME}_{ij}) \\ & + u_{0j} + u_{1j}(\text{TIME}_{ij}) + r_{ij} \end{aligned}$$

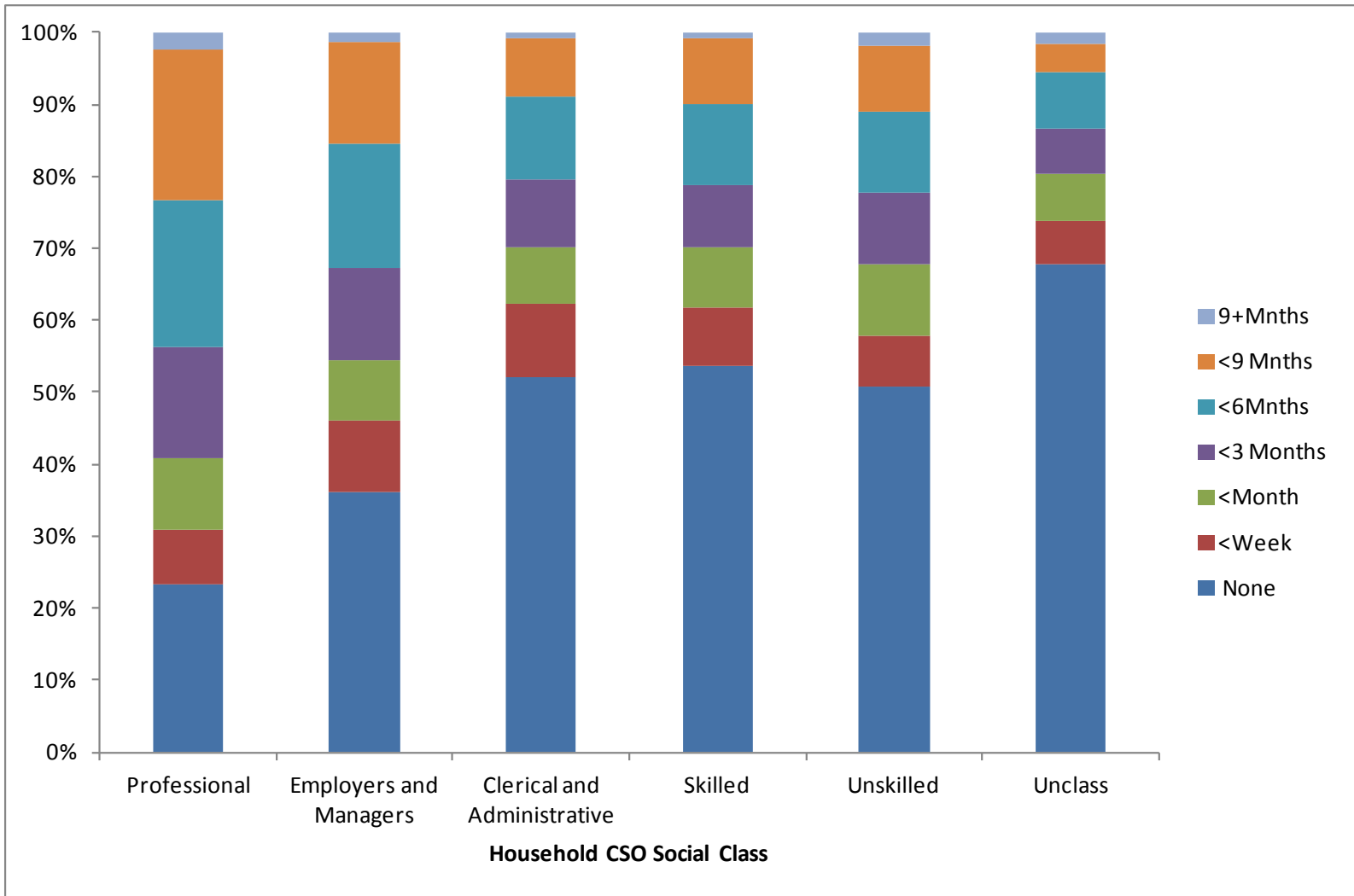
Each Model Conditions on Child Length at 9 Months and 3 Years

# IOTF Obesity Prevalence – Infant Cohort Wave 2 (Age 3)

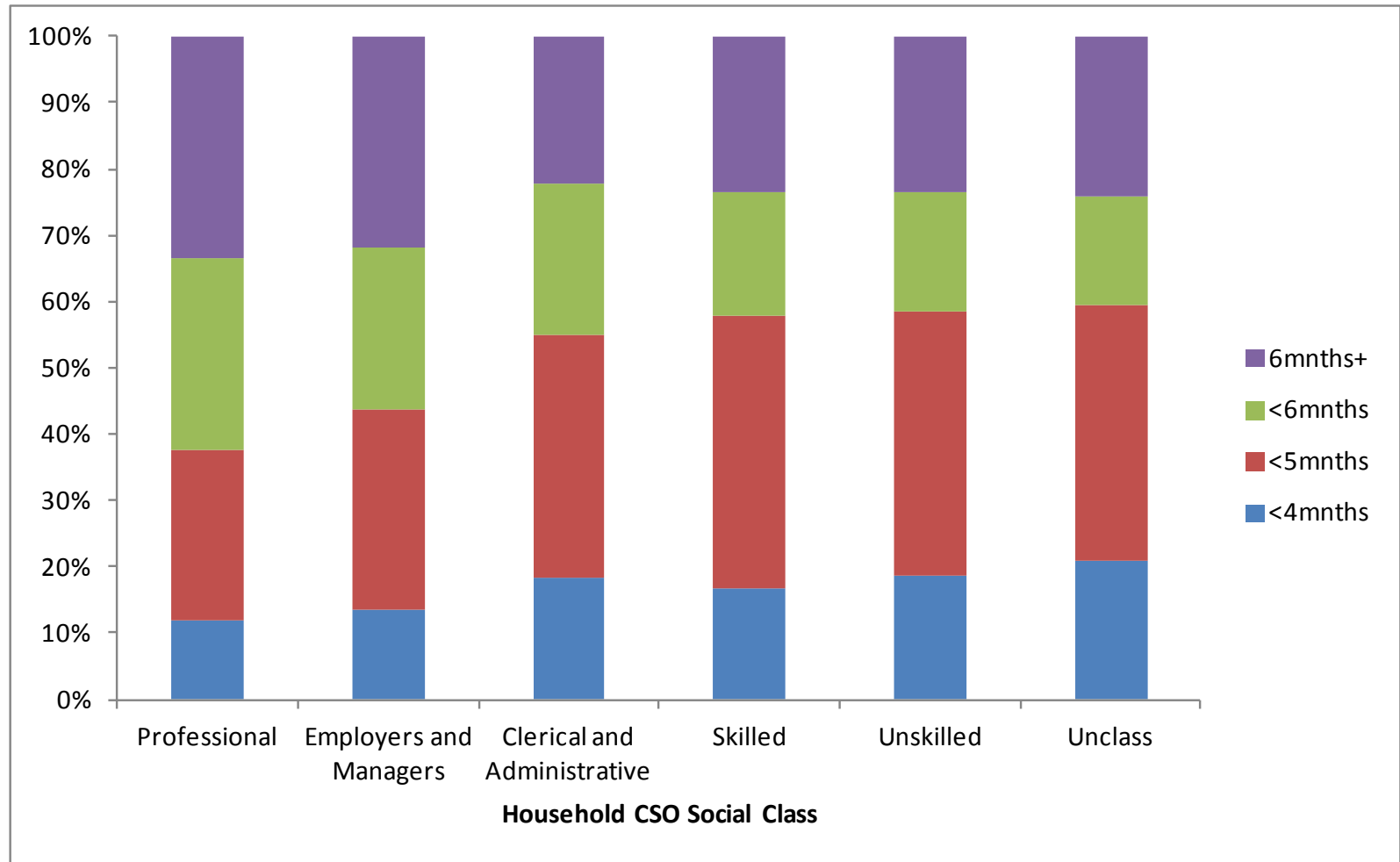




# Breastfeeding by Social Class

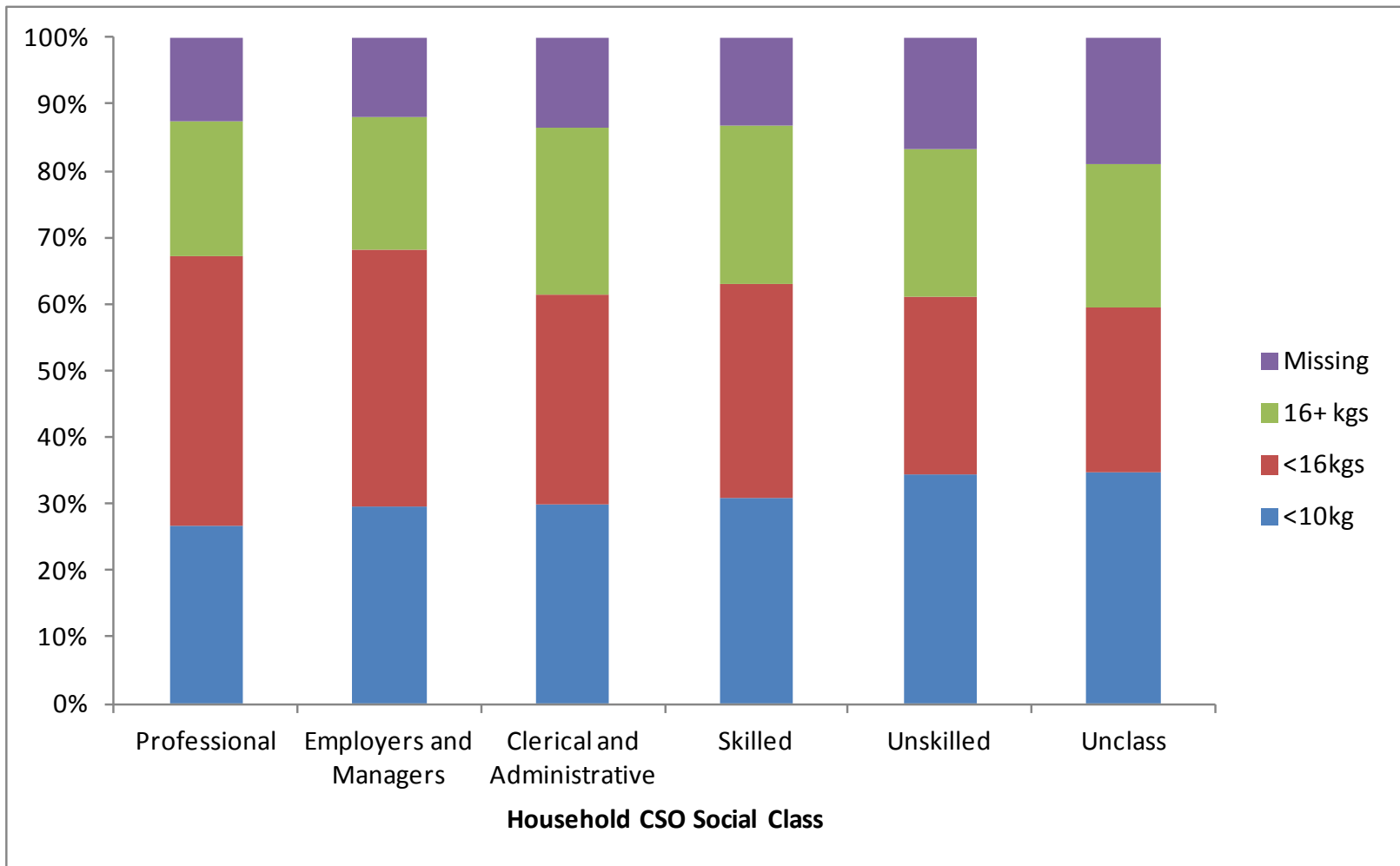


# Age at Weaning by Social Class





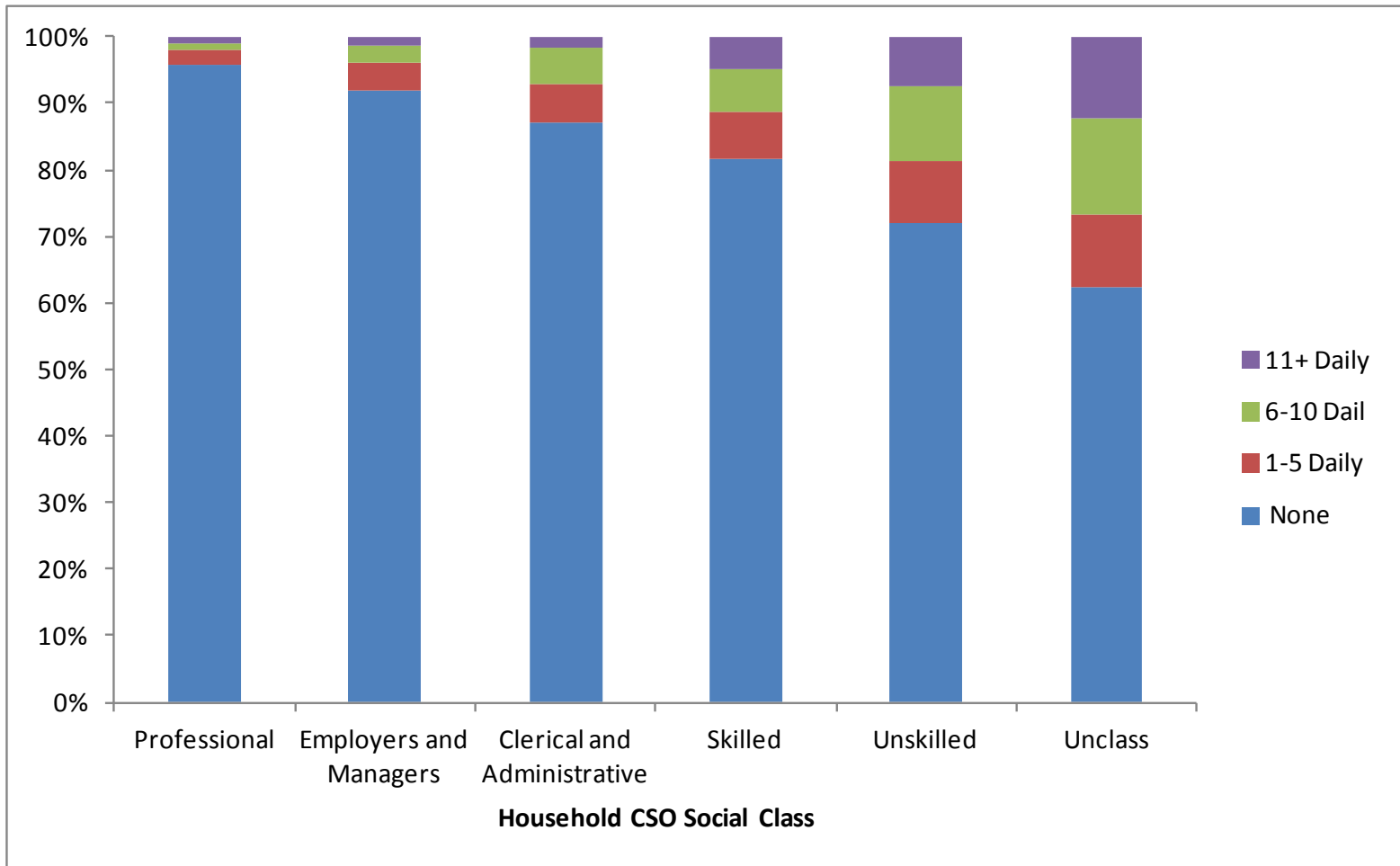
# Maternal Weight Gain in Pregnancy





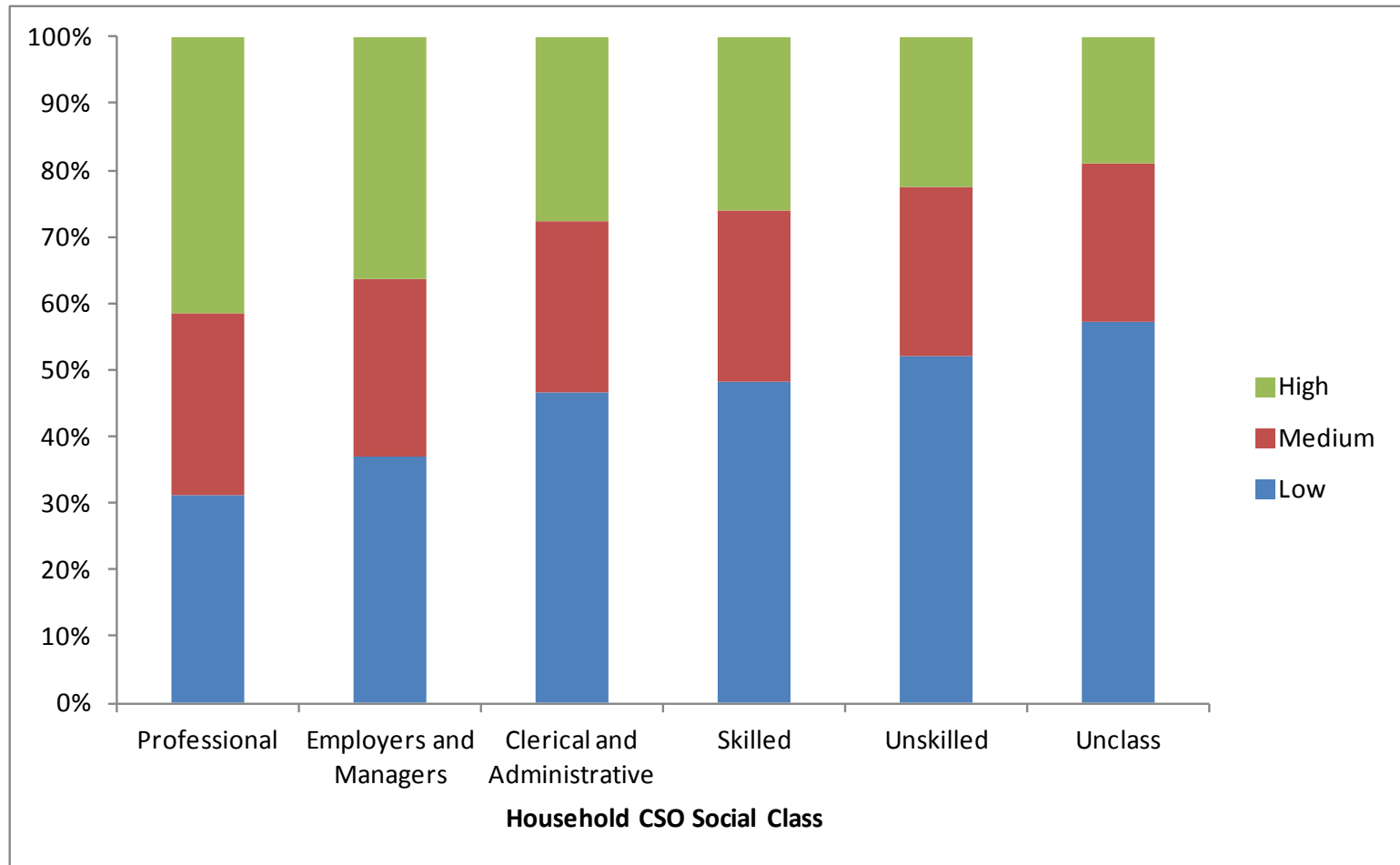


# Prenatal Smoking by Social Class





# Child Dietary Quality at 3 Years by Social Class



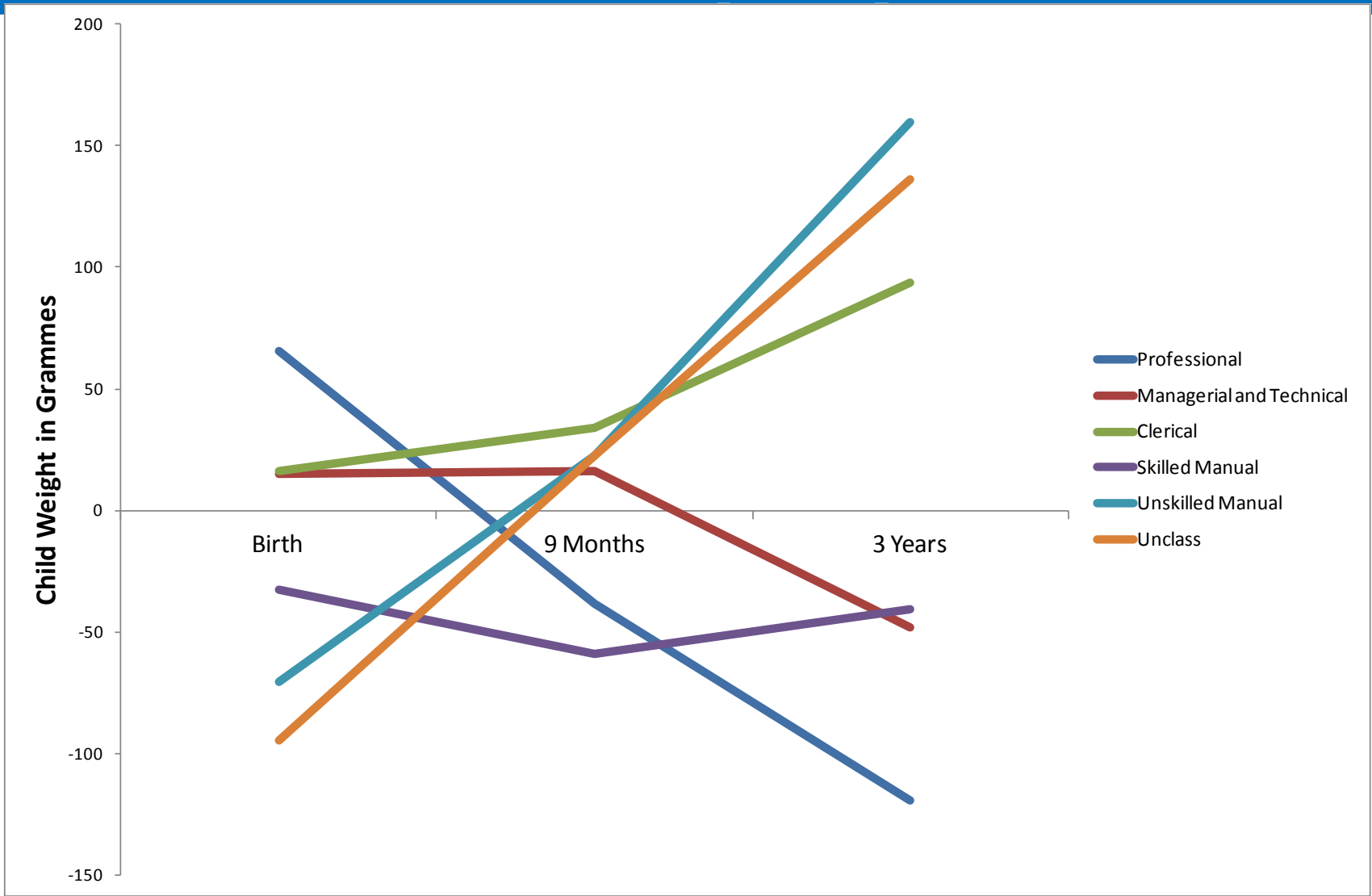


# TV Time at 3 Years by Social Class





# Unadjusted Social Class Child Weights





# Model Fits

	Deviance	Parameters	$\Delta$ Deviance	$\Delta$ Degrees of Freedom	$\Delta$ LL/DF
Independence Model	442572.3	20			
Random Intercept	442275.0	21	297.3284	1	297.3284
+ Class Intercept	442267.1	26	305.1884	6	50.86473
+ Class Interactions	442186.9	36	385.3884	16	24.08677
+ Random Slopes	432391.3	38	10181.05	18	565.6138
+ Early Nutrition	432230.8	44	10341.49	24	430.8953
+ Prenatal Smoking	432297.8	41	10274.49	21	489.2614
+ Child Lifestyle	432340.5	50	10231.81	30	341.0603
+ Maternal BMI and Gain	431975.3	56	10597.01	36	294.3613
All	431692.0	77	10880.29	57	190.8823

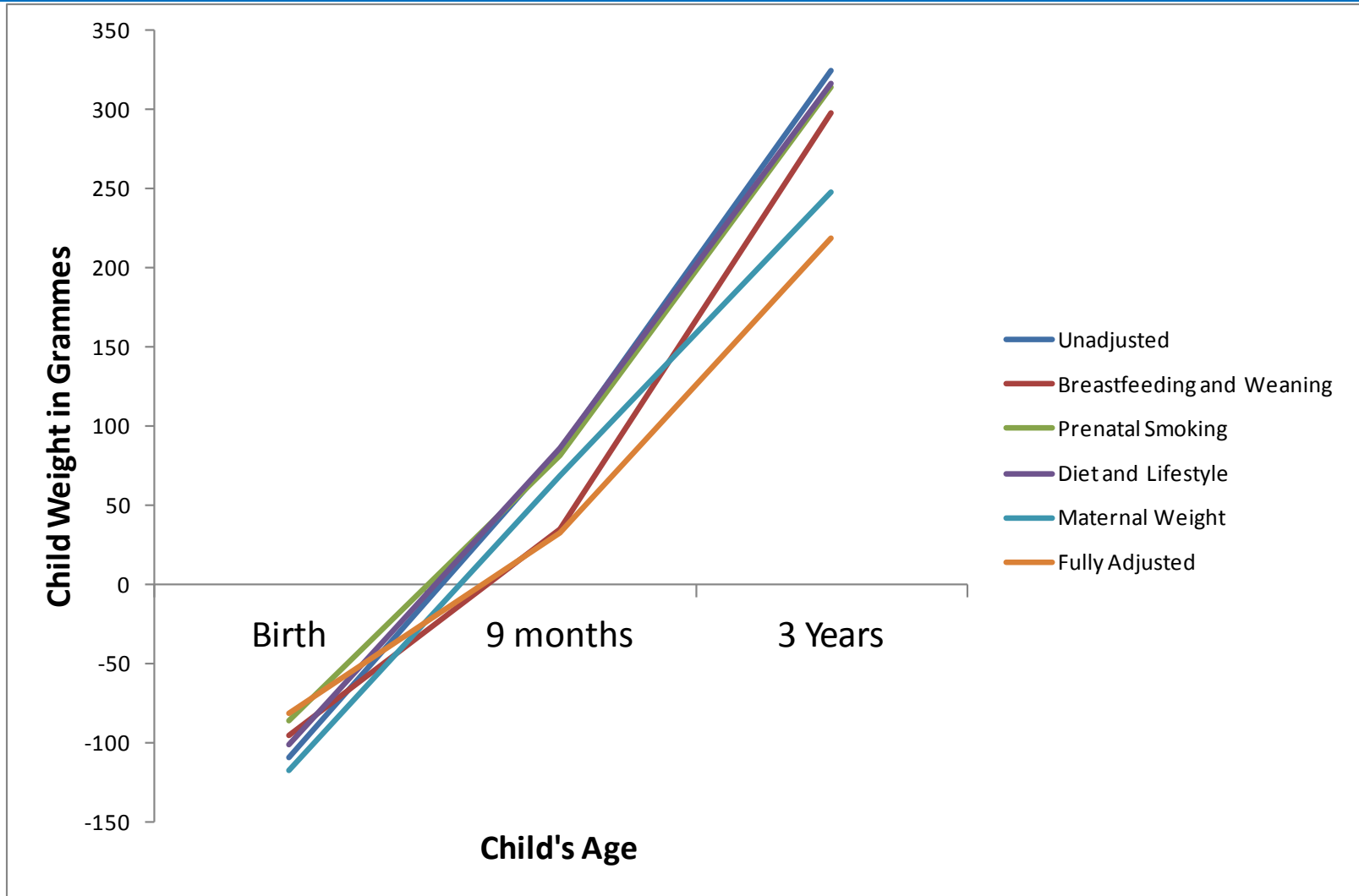


# Direct Effects of SES on Mediators

	Emps	Clerical	Skilled	unskilled	Unclass	Mean
Breastfeeding and Age at Weaning	9.00%	12.20%	16.60%	8.70%	8.60%	11.00%
Maternal Prenatal Smoking	3.10%	3.60%	10.70%	6.70%	11.70%	7.20%
Child Dietary Quality and TV Viewing	5.90%	2.80%	6.10%	1.60%	0.10%	4.10%
Maternal weight Gain and BMI	27.30%	27.60%	54.90%	24.30%	25.70%	33.50%
All	36.80%	38.10%	76.30%	35.50%	39.60%	46.70%

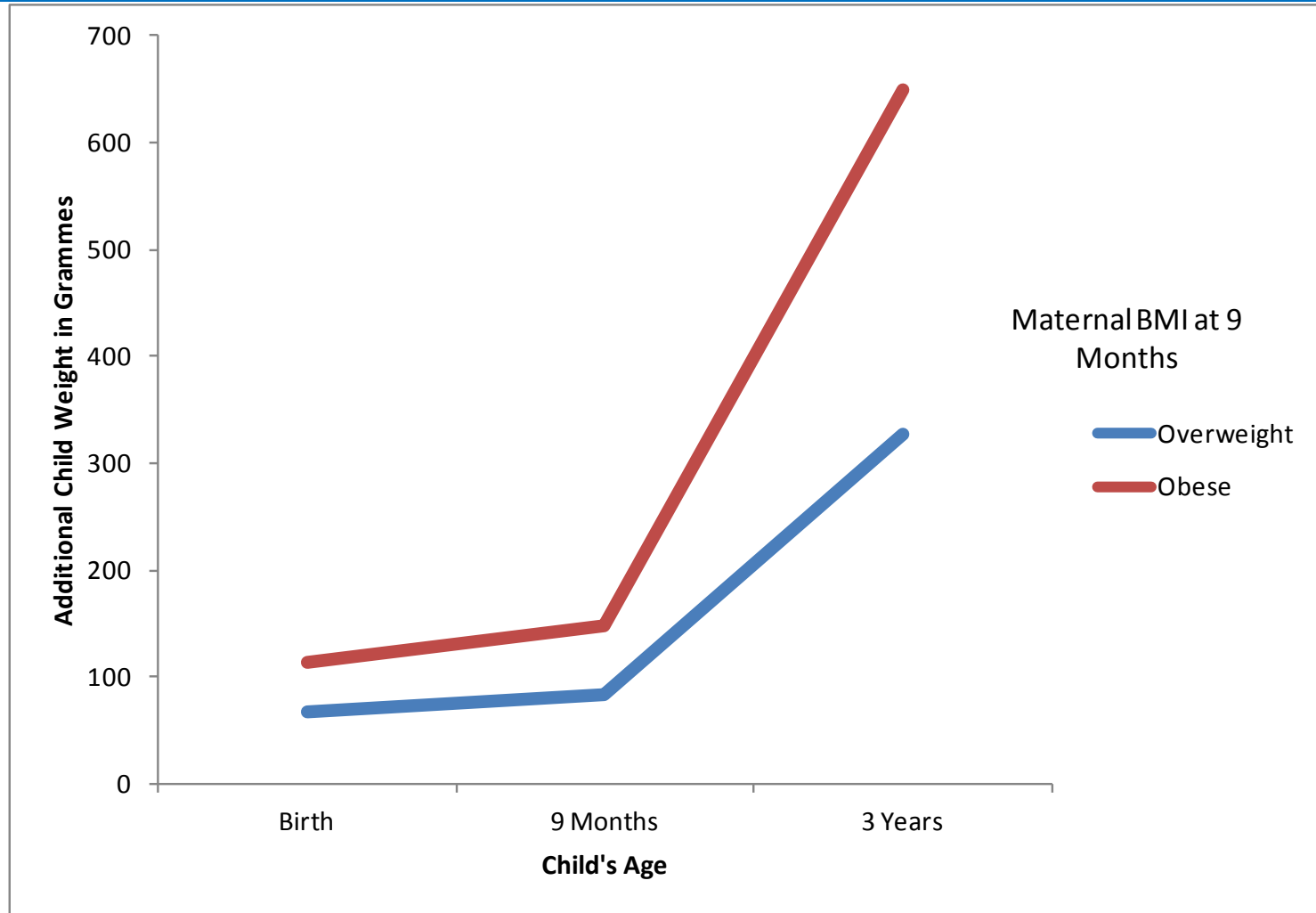


# Reduction in Differential for Unskilled Manual to Professional Workers by Variable Groups





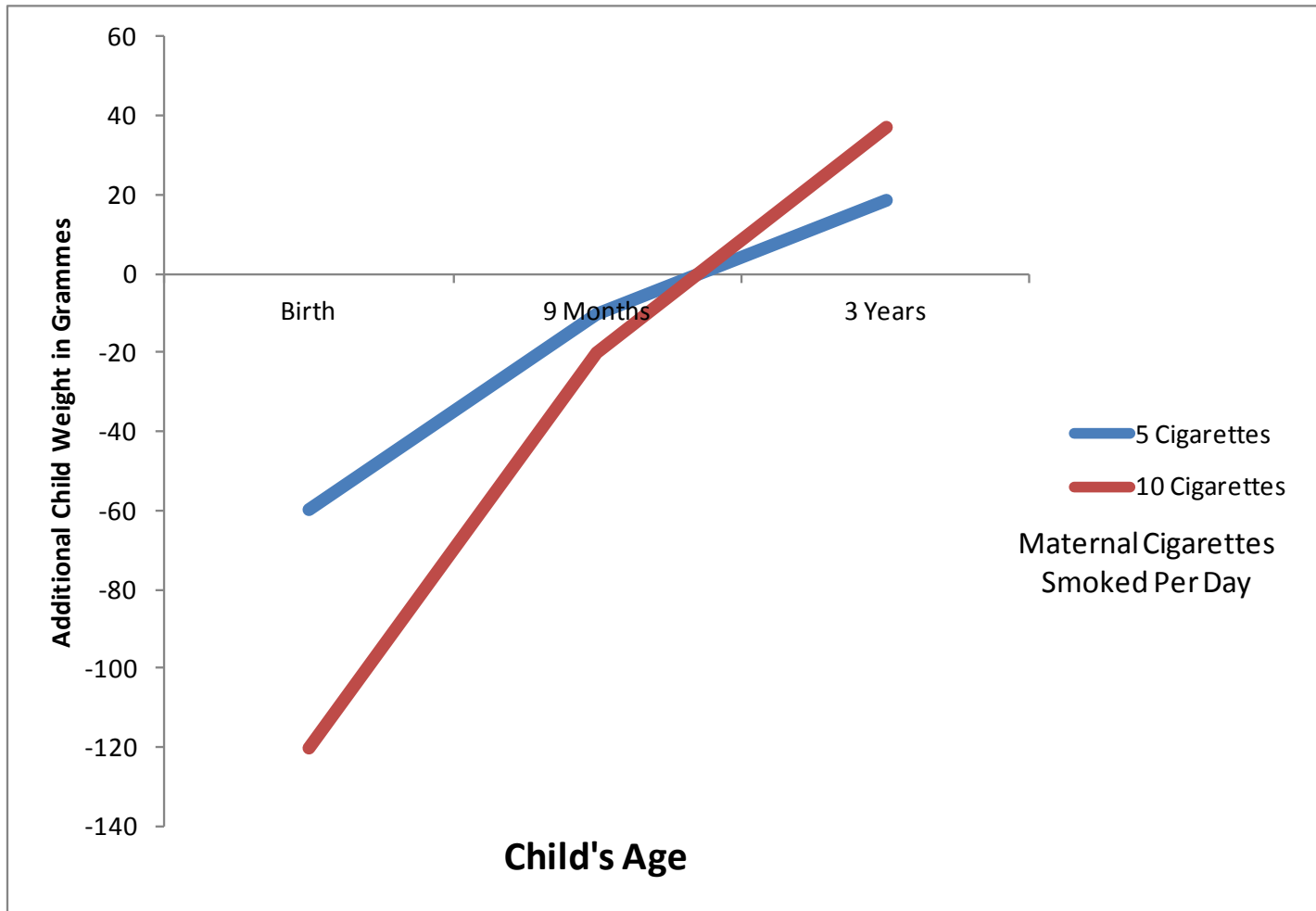
# Direct and Indirect Effects of Maternal BMI?







# Predicted Prenatal Smoking Effects





# Discussion

- Parental social class is strongly associated with patterns of child weight gain
- Manual working class children are significantly lower weight at birth and higher weight by 3 years
- Four groups of factors account for almost 50% of the social class differential
- Maternal weight gain in pregnancy/BMI accounts for 34% of the differential
  - BMI likely to be associated with child lifestyle
- Breastfeeding and weaning 11%
- Child diet and lifestyle @ 3 just 4%
- BUT, prenatal smoking accounts for more variation overall



# Policy Implications

- Ireland's low rate of breastfeeding (56%) requires more resources and action
- Parental education on the early weaning a priority
- Prenatal smoking still among 1 in 8 pregnant women
- Child inactivity and dietary quality still an issue