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The influence of maternal intergenerational education on health behaviors of women in peri-urban Bolivia

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Abstract

The influence of maternal education on infant mortality has been demonstrated repeatedly in health and social science literature. Less explored is the influence of the education level of the mother's mother. In the present paper the authors examine the possible effect of grandmother's education on maternal behaviors. The relationship between intergenerational education and selected health behaviors, including utilization of health services for prenatal care, breast-feeding and family planning, are reported. The data were collected in peri-urban Santa Cruz, Bolivia among mothers of infants between 0 and 18 months of age. It appears that grandmother's education does exert an effect on health behaviors above and beyond the effect of maternal education. This effect is more pronounced for health services which fall clearly in the domain of the formal health care system. While the results are exploratory, the results suggest the worth of further study and consideration of the influence of mothers' mothers in the design of culturally sensitive quality health services. © 2000 Elsevier Science Ltd. All rights reserved.

Keywords: Maternal education; Intergenerational influences on health behaviors; Peri-urban Bolivia

Introduction

The influence of maternal education on infant mortality has been demonstrated repeatedly in health and social science literature (Caldwell, 1979; Ware, 1984; Cleland and VanGinneken, 1989; Bicego and Boerma, 1991). Higher levels of maternal education have also been found to be positively associated with protective health behaviors, including early and timely use of prenatal care and infant health, in research done by the

authors of this paper among women in peri-urban Bolivia (Bender et al., 1993, 1994; Bender and McCann, 1993).

Caldwell has suggested that higher levels of maternal education result in (a) a reduced sense of fatalism in the face of children's ill health; (b) an increased sense of control over distribution of household resources; and (c) an increased ability to take positions different than those advocated by mothers-in-law or other authority figures in the household (Caldwell, 1979). Caldwell's explanation does not take into account the level of education of other authority figures in the household and the resultant quality of their influence. Within the family decision-making model, there has been some exploration of the relationship between husband's education and health outcomes (Martin, 1995).

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However, this relationship is generally weak; stronger correlations appear to exist between husband's employment and income level and related health outcomes.

Less explored is the influence of the education level of the mother's mother (the person we call 'grandmother', for ease of reference, in the remainder of this paper). The influence of the grandmother on economic and demographic strategies, including family planning and child rearing, under conditions of rapid change and drought, has been studied by Ingstad in Botswana (1994). The study collected data on 94 households, using semi-structured interviews, observations and conversational interviews, during a 12-month period in 1984–1985. There, the study found, the maternal grandmother is the individual most often responsible for ensuring that the new mother and baby rest during the postpartum confinement period. "This time period", the author states, "is obviously an important time for the passing-on of knowledge about breast-feeding and child-care, in general... Grandmothers play an important part in ensuring that breast-feeding is given a successful start, thus influencing child nutrition, and also — in an indirect way — child spacing" (p. 222). In a theoretical article exploring the effects of maternal education on child mortality, Ware (1984, p. 194) suggests testing the relative power balance between younger and older generations. She suggests that opportunities for the first generation to experience formal education broadly as compared to the previous generation (i.e. their mothers) would be greater than for other generations. This thesis may be particularly applicable to Bolivia, where the 1952 Agrarian Reform gave the majority Indian population legal access to formal education for the first time.

Illsley (1986) raised a similar question in a study of intergenerational social mobility in relation to low birth weight. Analyzing data from Scotland, Illsley found low birth weight to be affected by both current occupational class (defined by the husband's occupation) and mother's childhood occupational class (defined by her father's occupation). Low birth weight

was least common in the highest husband occupational group, intermediate in the intermediate occupational group and most frequent in the lowest occupational group. Furthermore, within each of those three husband occupational groups, the same pattern was found for mother's childhood occupational group. Thus, the highest rate of low birth weight was found for women with both husbands and fathers in the low occupational group.

The question of interest in the present paper is whether there is an effect of grandmother's education on maternal behaviors with respect to the use of formal health care services, such as prenatal care and family planning. The authors explore patterns of association between mother's and grandmother's education, called intergenerational education, and selected health behaviors, including utilization of health services for prenatal care, breast-feeding and family planning.

Methods

For this analysis, the variable intergenerational education (IGE) was created by combining years of completed education for the child's mother (called mother) and the maternal grandmother's (called grandmother). In delimiting the variable, the following groups were created (Table 1).

Low IGE was defined as low *mother's* education (0–4 yr of schooling) with low *grandmother's* education (0–4 yr) ($n = 51$);

Medium IGE was defined as (1) medium or high *mother's* education (5–8 and 9 or more yr) with low *grandmother's* education ($n = 123$);

High IGE was defined as (1) medium or high maternal education (5 or more yr) with medium or high grandmother's education (5 or more yr) ($n = 110$).

An anomalous category, low maternal education

Table 1
Levels of mother's and grandmother's education used in creation of variable "intergenerational education"

Grades of school completed by mother	Grades of school completed by grandmother		
	0–4 (% (n))	5–8 (% (n))	9 or more (% (n))
0–4	29.3 (51) ^a	10.6 (5)	10.3 (3)
5–8	37.4 (65) ^b	40.5 (34) ^c	40.5 (8) ^c
9 or more	33.3 (58) ^b	53.6 (45) ^c	53.6 (23) ^c

^a Low ($n = 51$).

^b Medium ($n = 123$).

^c High ($n = 110$).

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