

The influence of experienced racism and mixed ethnic identity on children's healthy development

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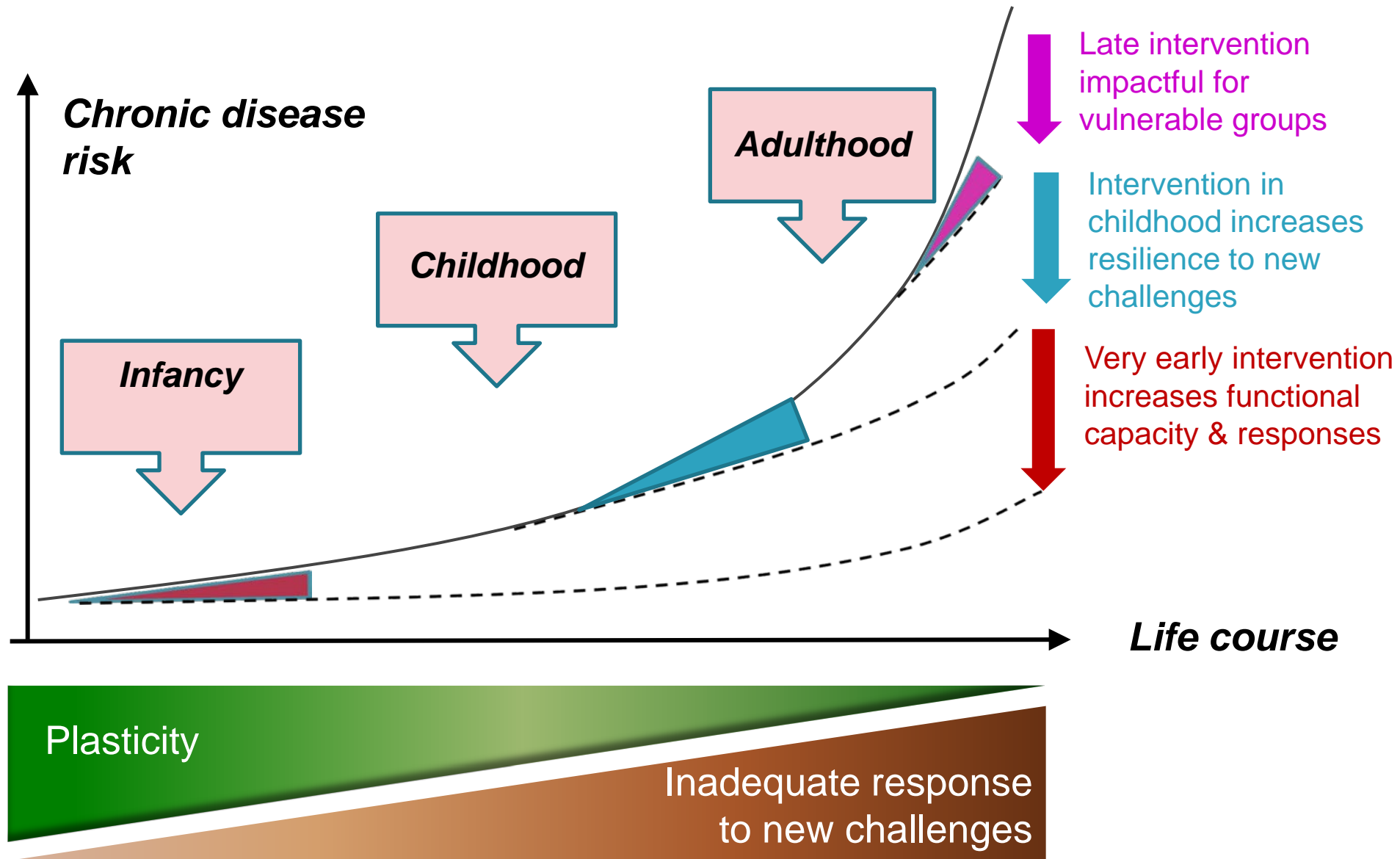
International Centre for Lifecourse Studies in Society and Health (ICLS)

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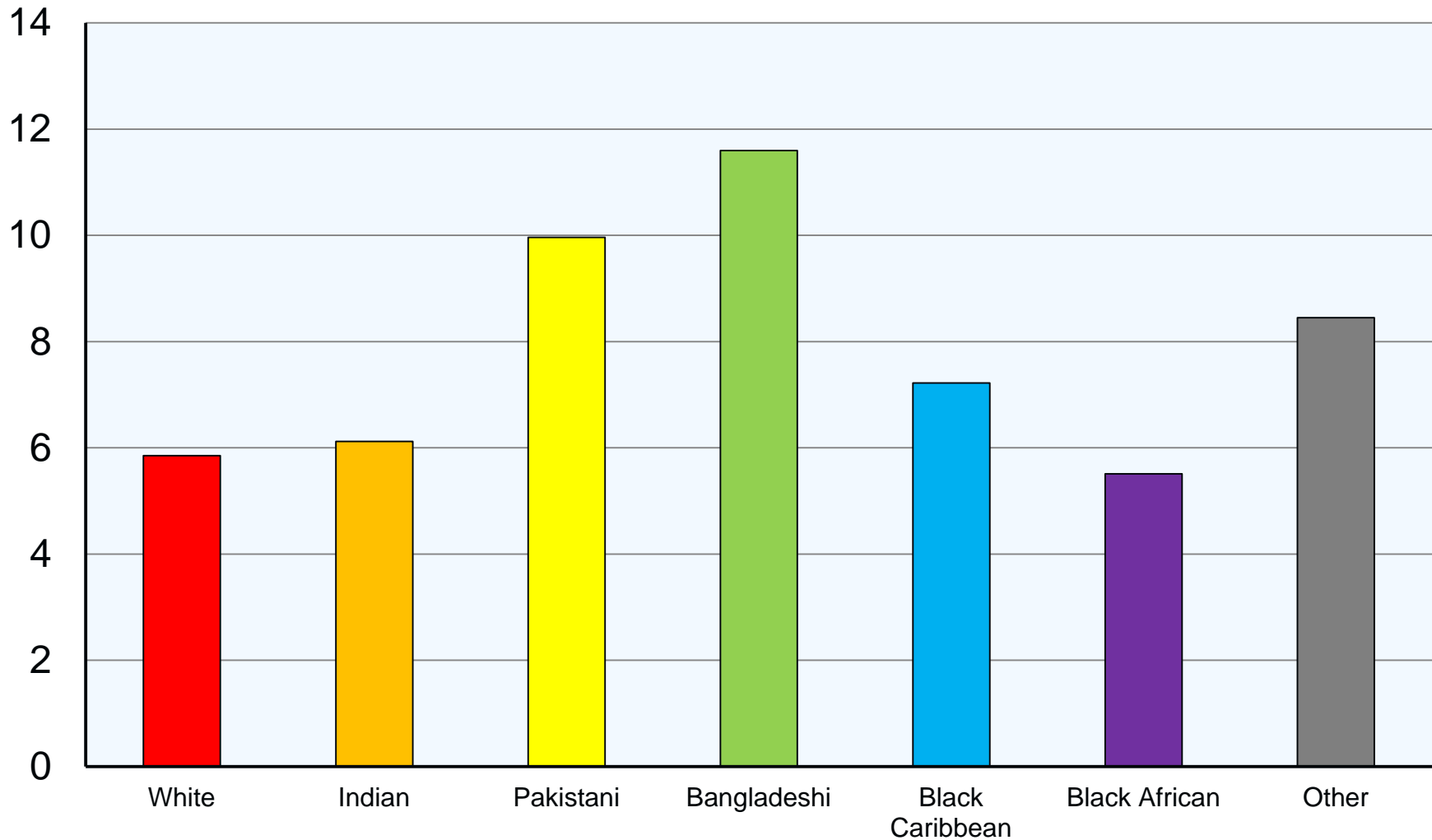
Lifecourse strategy for disease prevention



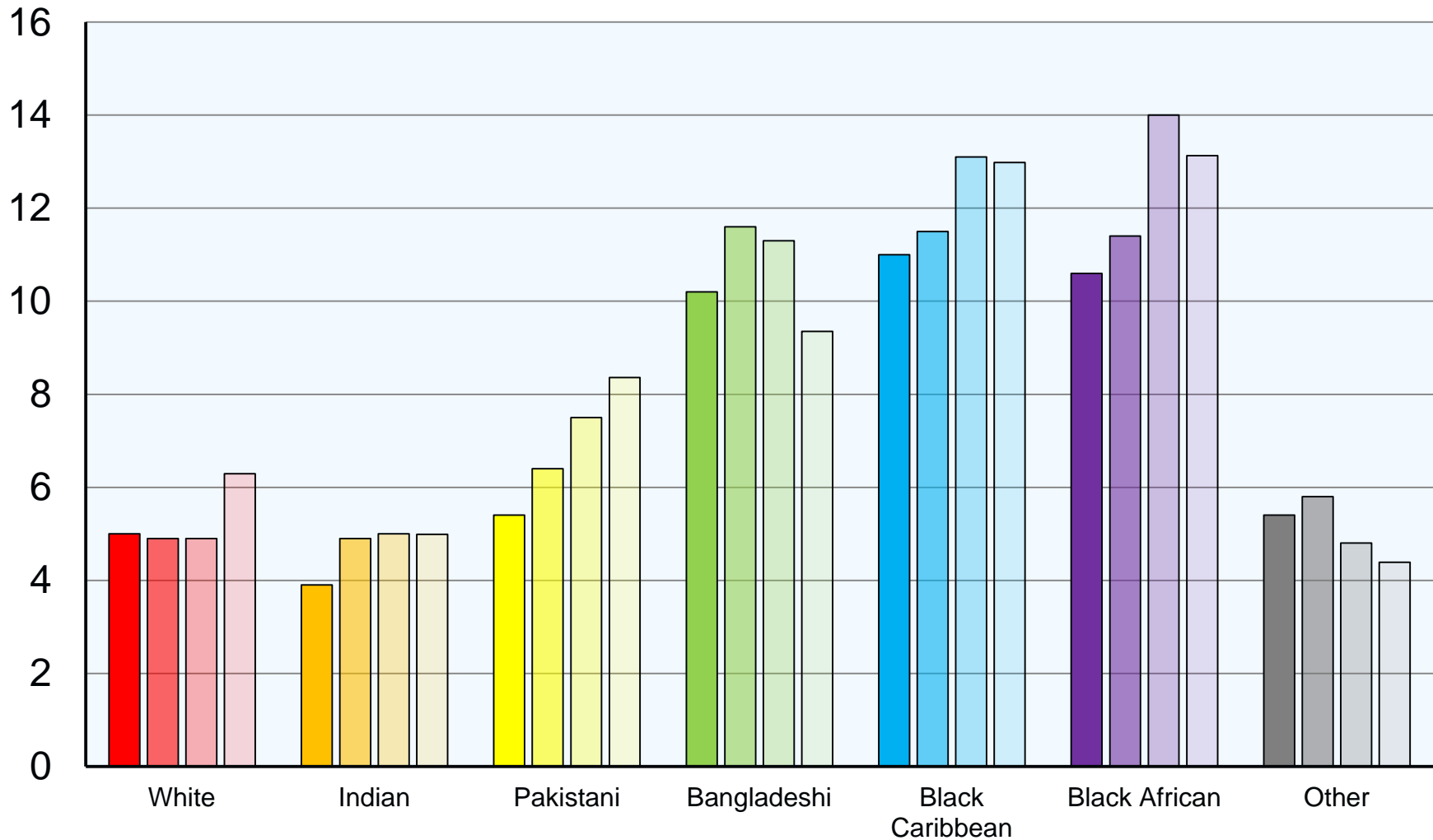
Mean birthweight (kg) and percent low birthweight (<2500g) by cohort member's ethnicity

Cohort member's ethnicity	Mean birthweight	% low birthweight
White (N=14988)	3.406	5.4
Indian (N=522)	3.051	13.7
Pakistani (N=932)	3.125	12.3
Bangladeshi (N=379)	3.067	12.6
Black Caribbean (N=488)	3.256	8.5
Black African (N=460)	3.333	8.5

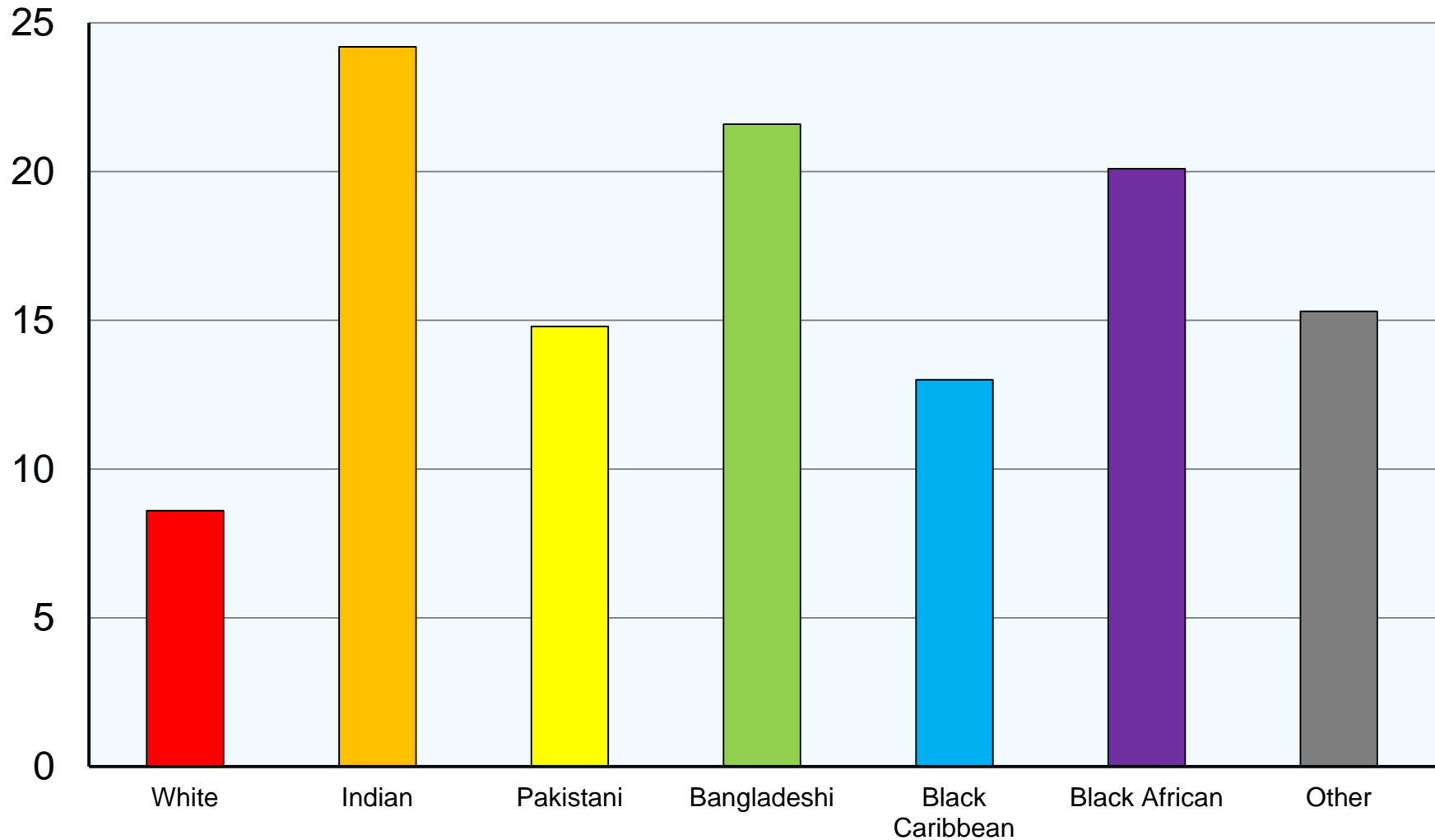
Prevalence of fine motor delay



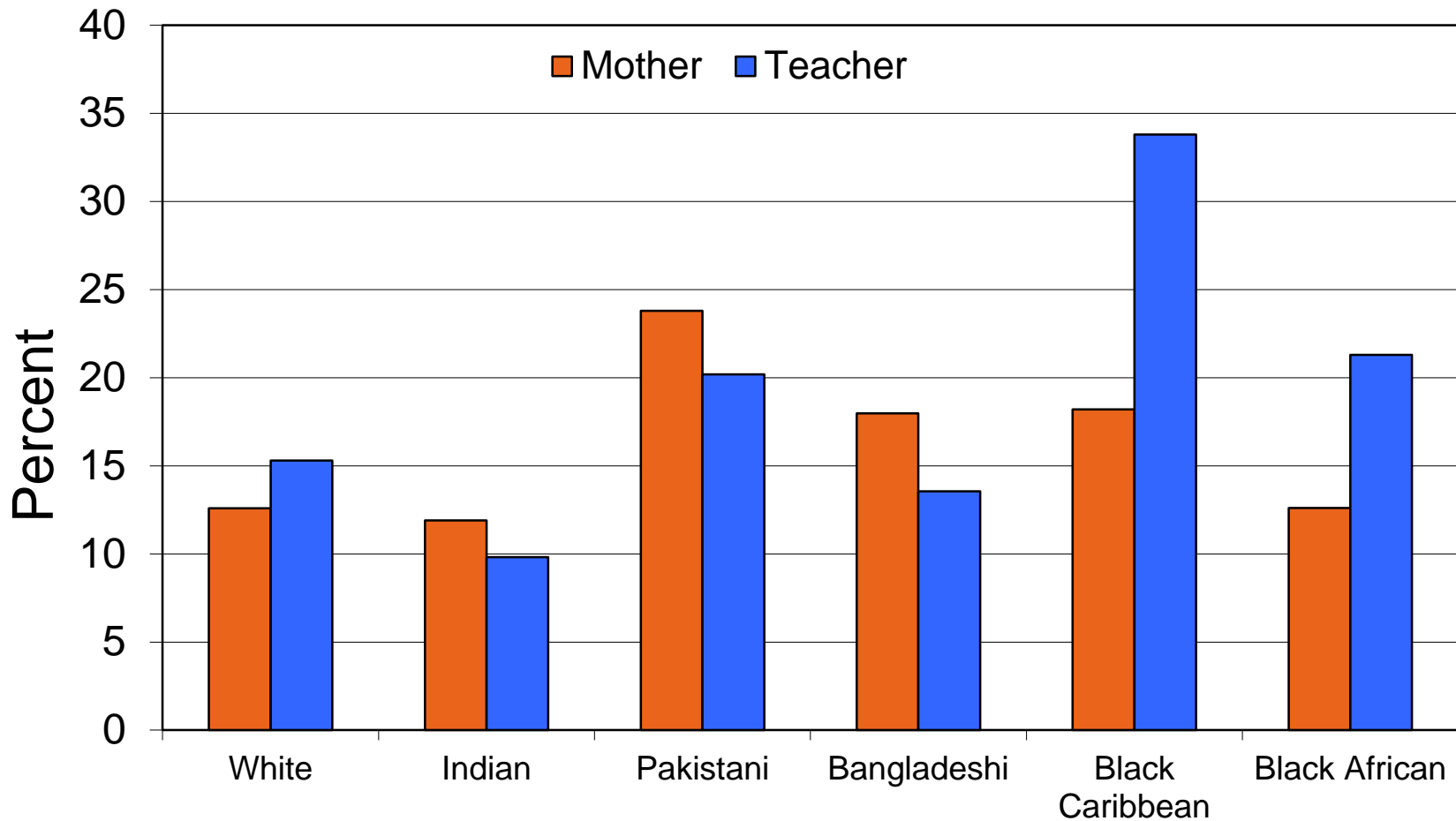
Prevalence of obesity at ages 3, 5, 7 & 11



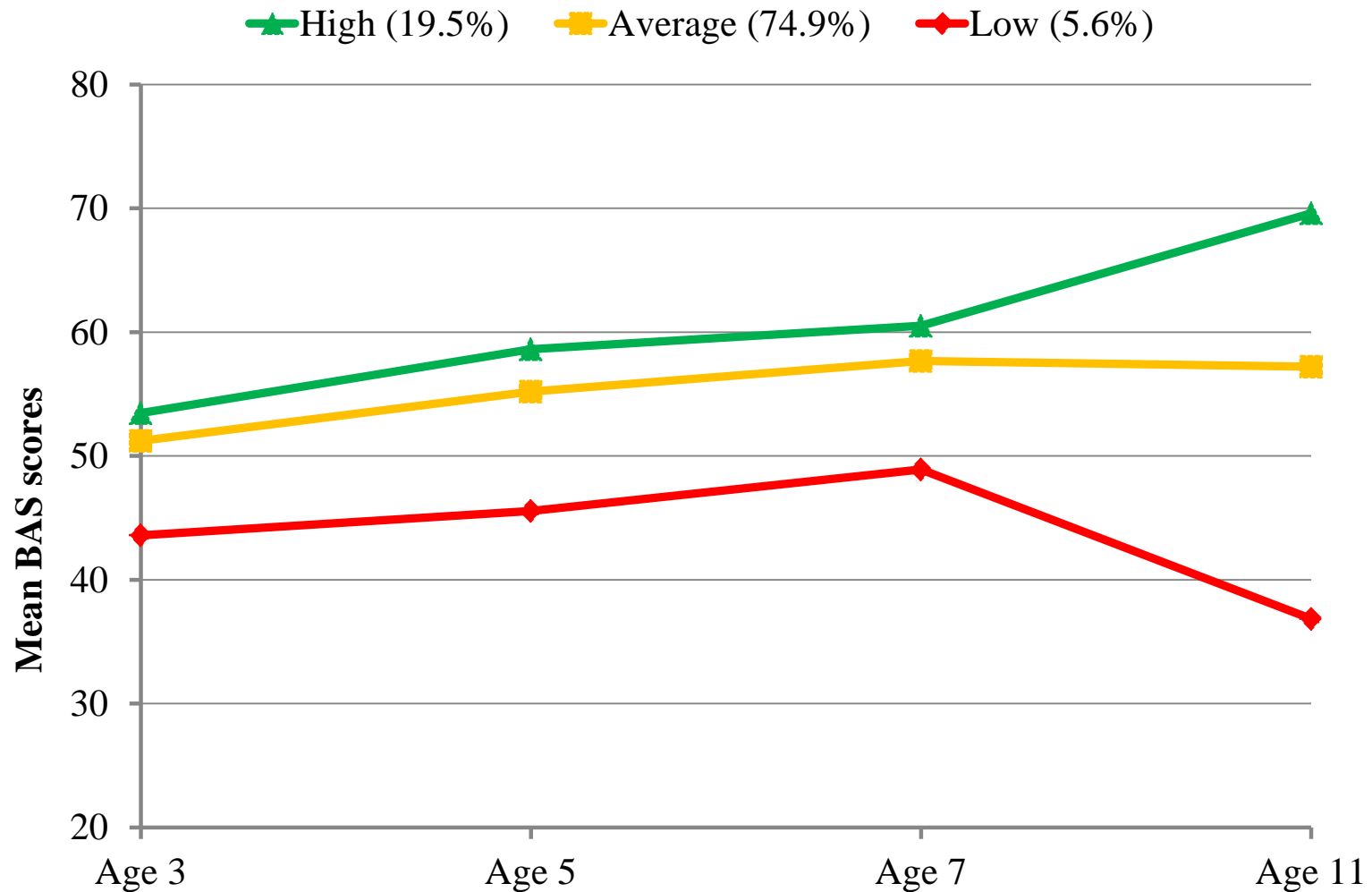
Prevalence of early menarche



Mother and teacher reports of clinically relevant behavioural difficulties by ethnicity



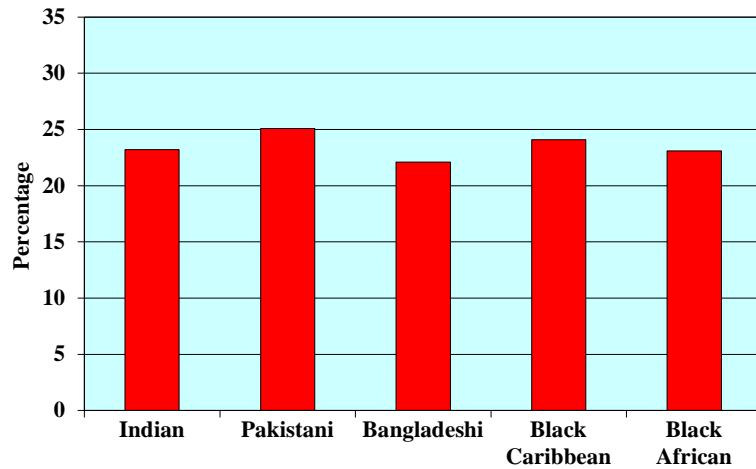
Longitudinal latent verbal profiles



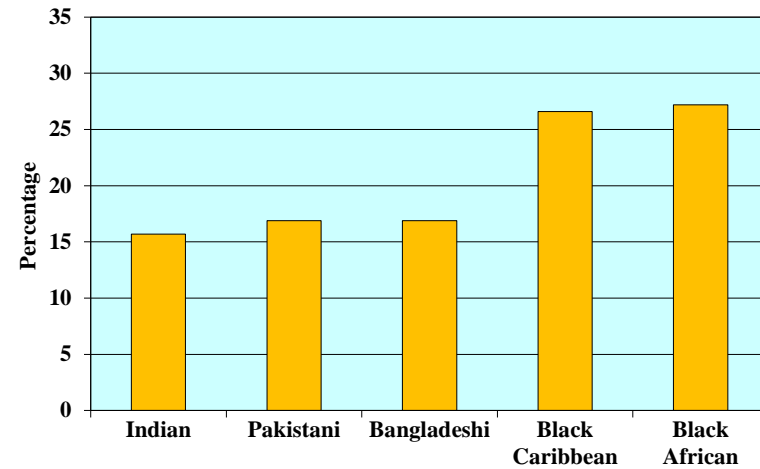
How might experiences of racism influence children's health and development?

- Restricted access to social resources – employment, education, healthcare, housing and recreational facilities along with increased exposure to risk factors crime, pollution etc.
- Family environment – parent/carer mental health, 'supportive parenting'
- Reduced uptake of healthy behaviours and increased uptake of unhealthy behaviours – coping strategies/reduced self regulation
- Physical injury due to violent attack
- Psychological and physiological 'insults' affecting function

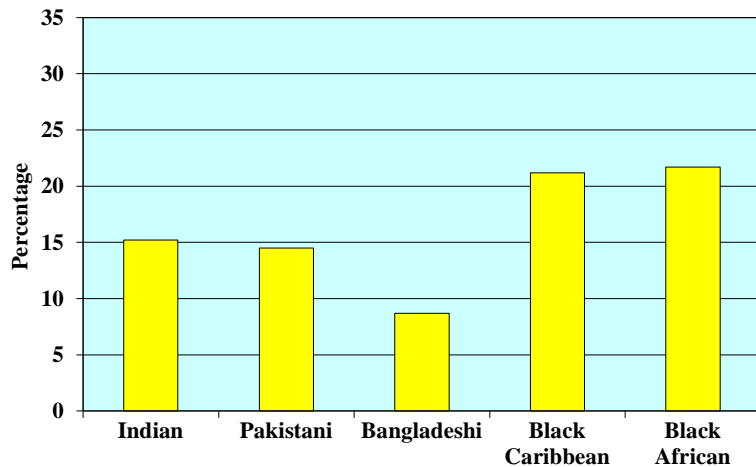
How common are reports of experiences of racism?



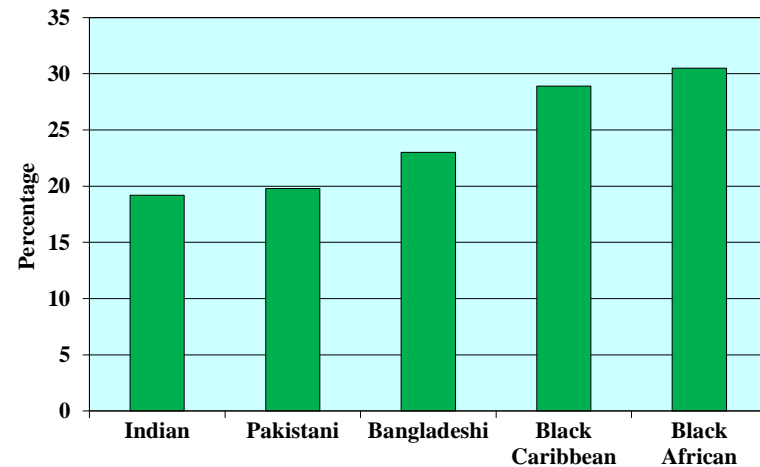
Received insults



Unfair treatment



Disrespectful treatment from shop staff

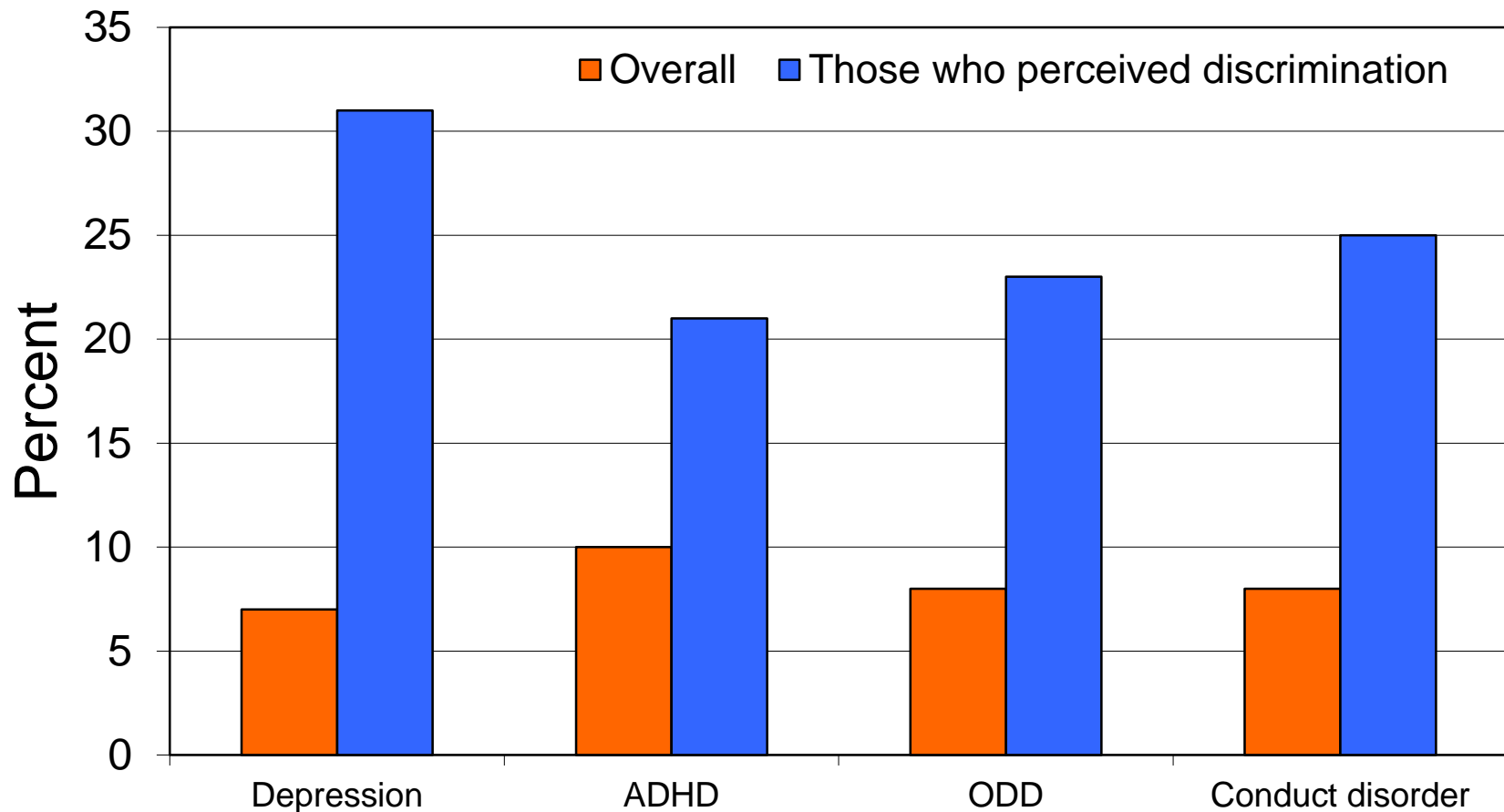


Family treated unfairly

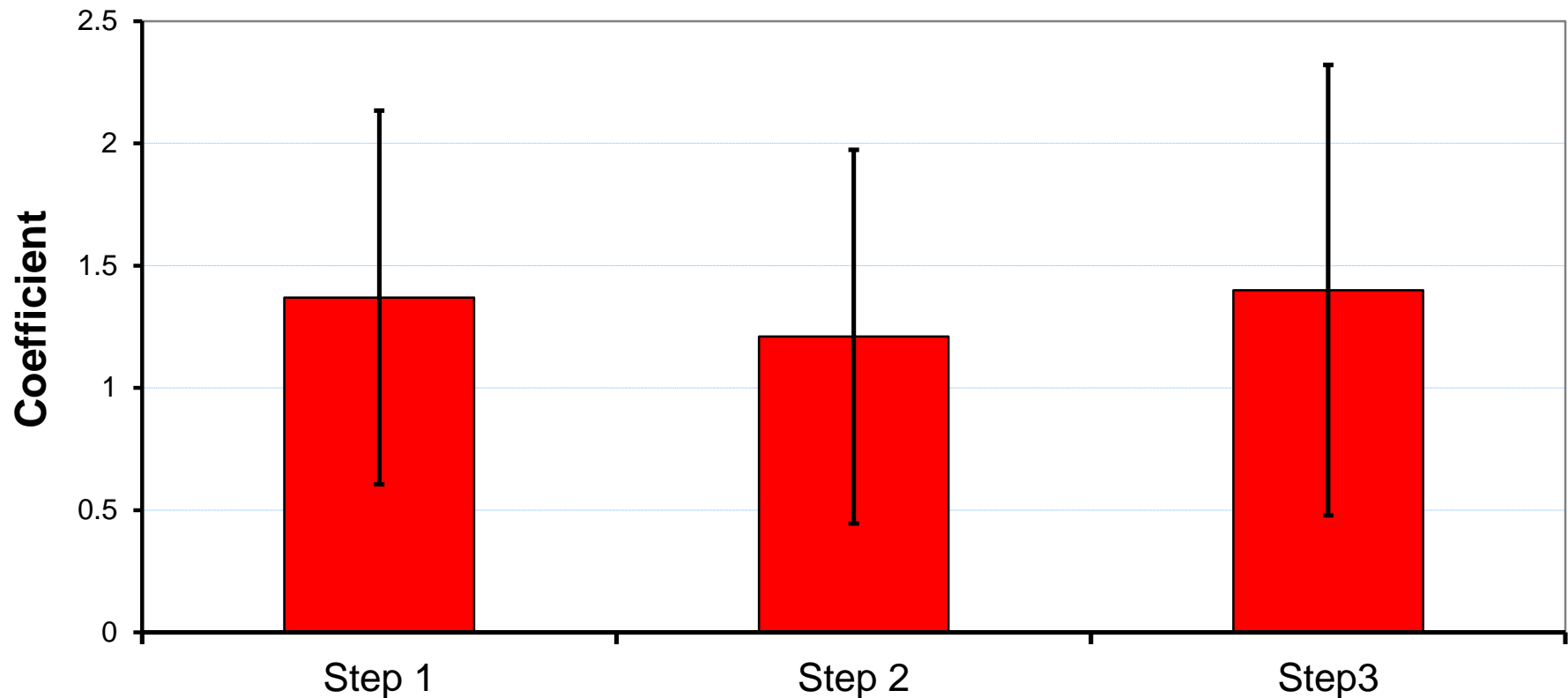
Experienced racism: children's health and development

- Gestation and birthweight
- Socioemotional- problem behaviours
- Cognitive performance
- Metabolic processes – BMI, insulin resistance, allostatic load
- Common illnesses

Prevalence of mental health condition symptoms among fifth-grade students, by perceived racial/ethnic discrimination 2004–2006



Regression coefficients for socioemotional difficulties in ethnic minority cohort members when racism in area is fairly/very common

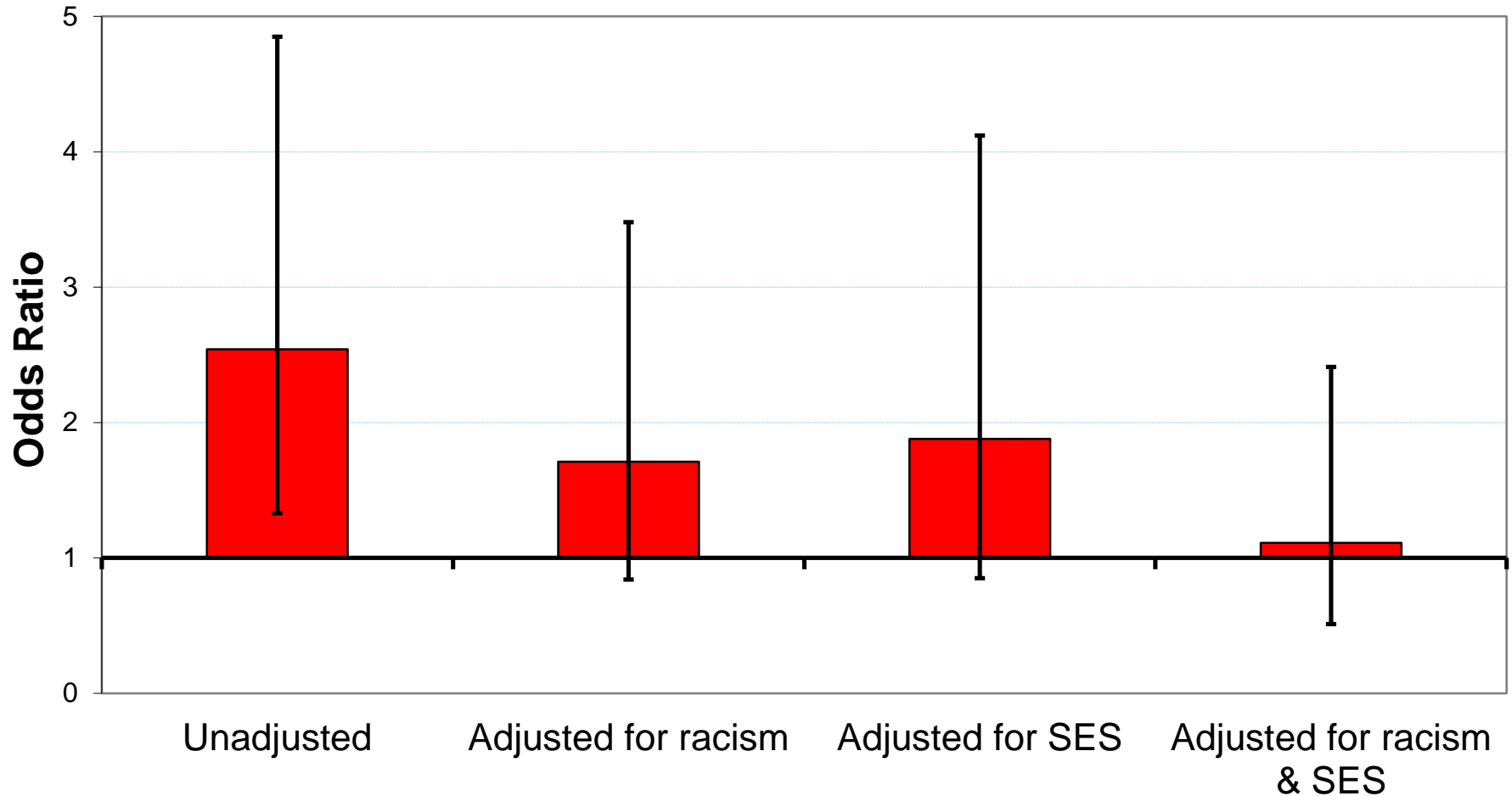


Step 1 adjusts for mother's age at time of birth, gender, languages spoken at home and ethnicity.

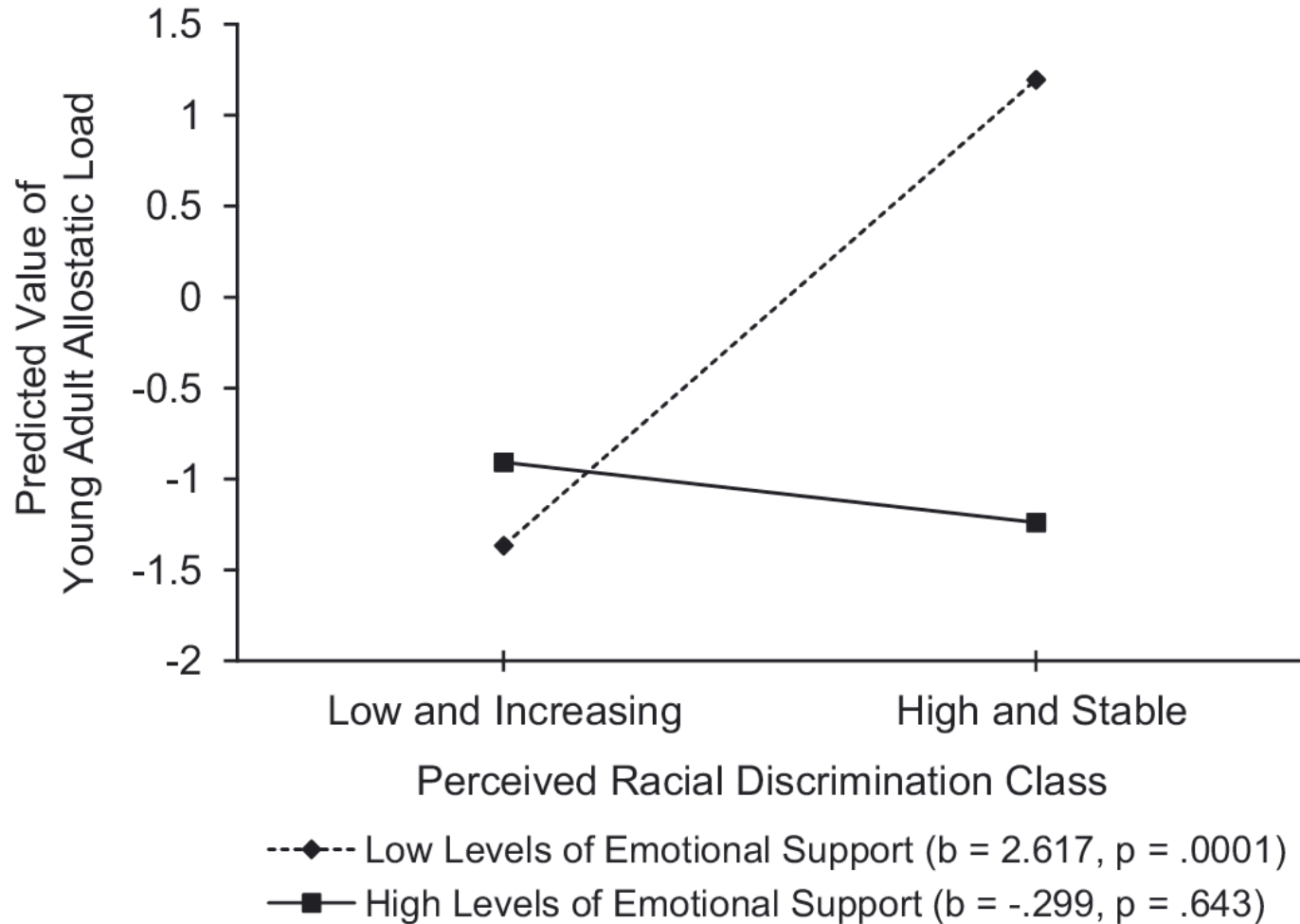
Step 2 additionally adjusts for family income, highest parental educational attainment and area deprivation.

Step 3 additionally adjusts for all other markers of experienced racism.

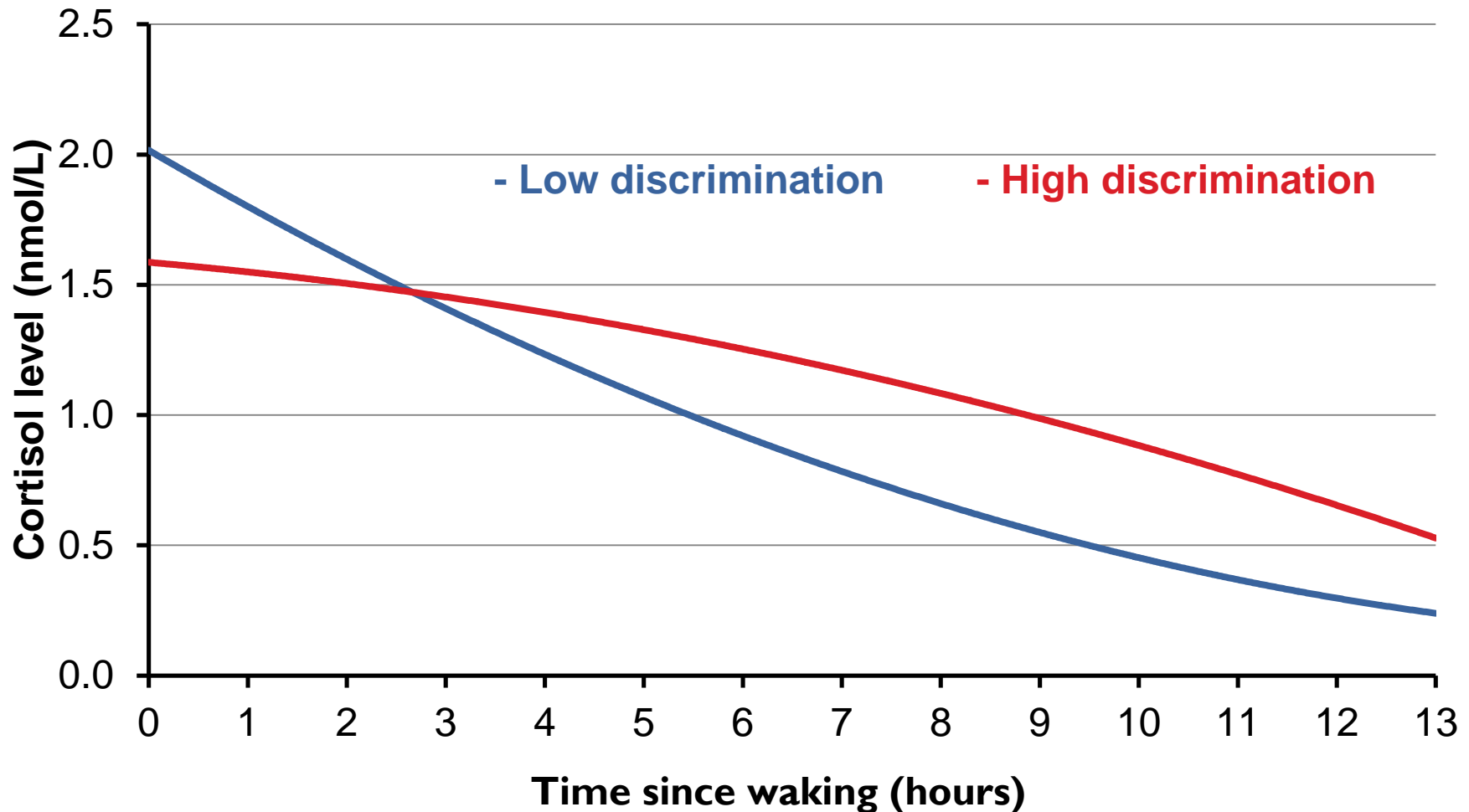
Risk of preterm delivery for Black vs. White women in the CARDIA study



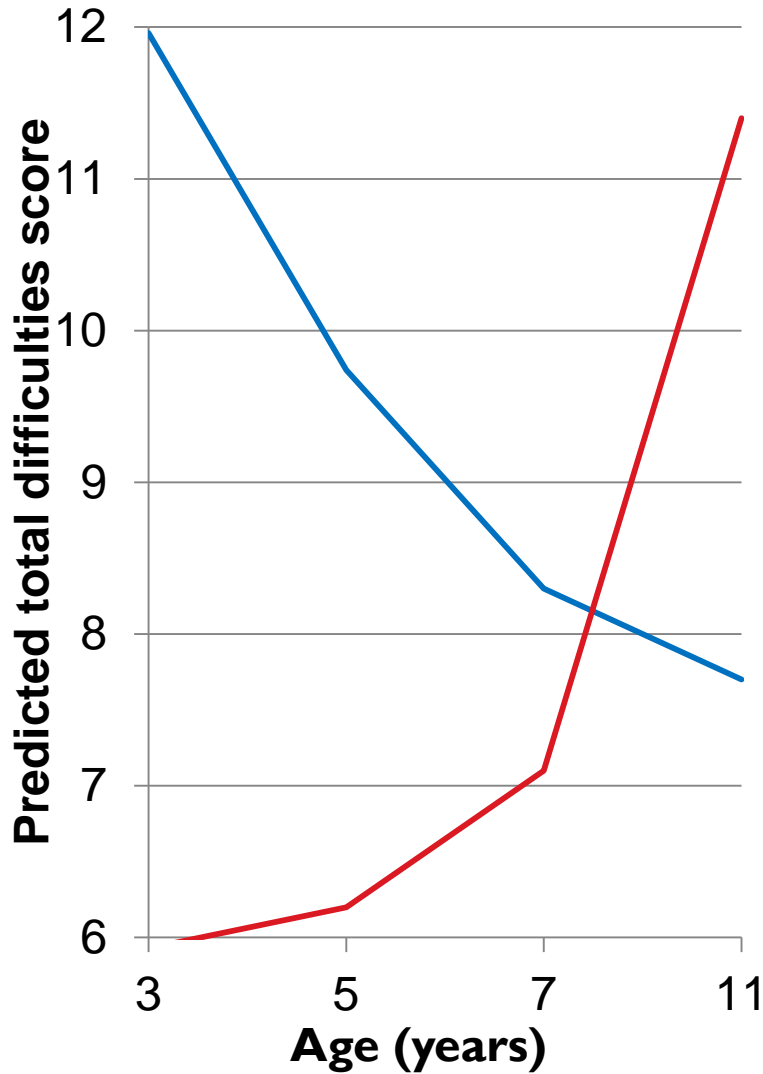
The effect of perceived racial discrimination on allostatic load by level of emotional support.



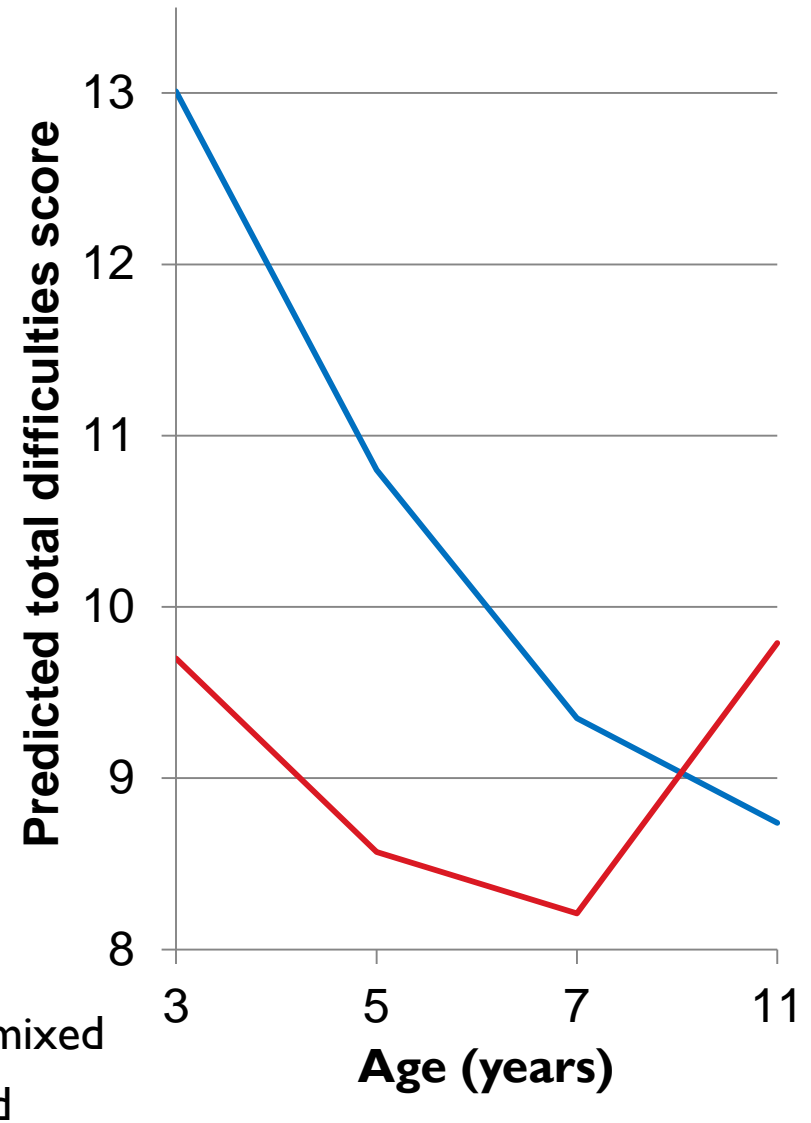
Diurnal cortisol slope for racial/ethnic minorities with high and low levels of perceived discrimination.



Bangladeshi children



Pakistani children



Conclusions

- Growing body of evidence supports links between experiences of racism and wide range of health and developmental markers
- More detailed data on racialised experiences, and biomarkers are required along with studies that employ longitudinal designs
- Links between ‘mixedness’ and children’s development are sensitive to context



Bridging social and biological sciences

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