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Good growing up right from the start?! The influence of parents and the welfare state on early childhood health (cumulative dissertation)

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References of published articles:

- Becker, S.; Stolberg, C. (2013): Ethnic Inequality in Preterm Birth. In: *Schmollers Jahrbuch 133* (2), S. 299-322.
- Stolberg, C.; Becker, S. (2015): Gesundheitliche Ungleichheit zum Lebensbeginn. Zum Einfluss der mütterlichen Bildung auf die Wahrscheinlichkeit einer Frühgeburt [Health Inequality at the Beginning of Life. The Influence of Maternal Education on the Probability of Preterm Birth]. In: Kölner Zeitschrift für Soziologie und Sozialpsychologie 67 (2), S. 321-354.
- Ostner, I.; Stolberg, C. (2015): Investing in Children, Monitoring Parents: Parenting Support in the Changing German Welfare State. In: *Social Policy and Society* 14 (4), S. 621-632.
- Stolberg, C. (2017): Converging interventions? Social Investment elements in child health strategies in Germany, Sweden, and the United Kingdom. In: T. Betz, M.-S. Honig und I. Ostner (Hg.): Parents in the Spotlight: Parenting Practices and Support from a Comparative Perspective (*Journal of Family Research*, Special Issue 11, 2016/2017), S. 293–312.

Summary:

Health inequalities are present not only in adulthood, but also in the early years of life. Children of parents with a migration background or a lower level of formal education (in Germany, a Certificate of Secondary Education) die earlier and have health problems more often. Social policy interventions aim to reduce health inequality in the early years by fostering children to grow up healthy independently of social circumstances. However, due to inadequate data, research gaps continue to exist regarding the explanation and reduction of child health inequality.

The published articles of my cumulative dissertation refer to the explanation (parental influence) and reduction (influence of the welfare state) of health inequalities in early childhood. Maternal human capital (health-related knowledge) forms the superordinate interface. Questions for the explanation of health inequalities can be found in the articles "Ethnic Inequality in Preterm Birth" (Becker and Stolberg 2013) and "Health Inequality at the Beginning of Life. The Influence of Maternal Education on the Probability of Preterm Birth" (Stolberg and Becker 2015). The focus is on how economic, cultural and social resources, maternal beliefs or maternal behaviours during pregnancy contribute to a better understanding of the adverse birth outcomes among immigrant women or among those with different levels of formal education. The two articles "Investing in Children, Monitoring Parents: Parenting Support in the Changing German Welfare State" (Ostner and Stolberg 2015) and "Converging Interventions? Social Investment Elements in Child Health Care Strategies in Germany, Sweden and the United Kingdom" (Stolberg 2017) deal with the reduction of health inequalities. They include questions of welfare state ideas in parental education and to what extent health care includes appropriate strategies to reduce health inequalities in the early years of life. Theoretically, recourse is made to material, psychosocial and cultural-behavioural explanatory approaches (see Townsend and Davidson 1982, Bartley 2004), Bourdieu's habitus theory (1983, 1987), pedagogical intervention according to Franz-Xaver Kaufmann (1982, 2005) and the social investment approach according to the Guidelines by the European Union (2013). The empirical analyses are based on quantitative and qualitative data.

The results show that mothers are central to the health of their children. Low resources and health-threatening beliefs or behaviours are theoretically and in part empirically considered to be an explanation for diverse birth outcomes (*Studies 1 and 2*). Welfare state interventions include the principle that parenting support has to start very early and services should be available to particularly socially disadvantaged mothers (*Study 3*). Strategies for reducing health inequalities are included in established health care facilities (*Study 4*). Future challenges can be identified with regard to the fathers, who receive little attention in health inequality research regarding both explanation and reduction.