

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

Yvonne Kelly

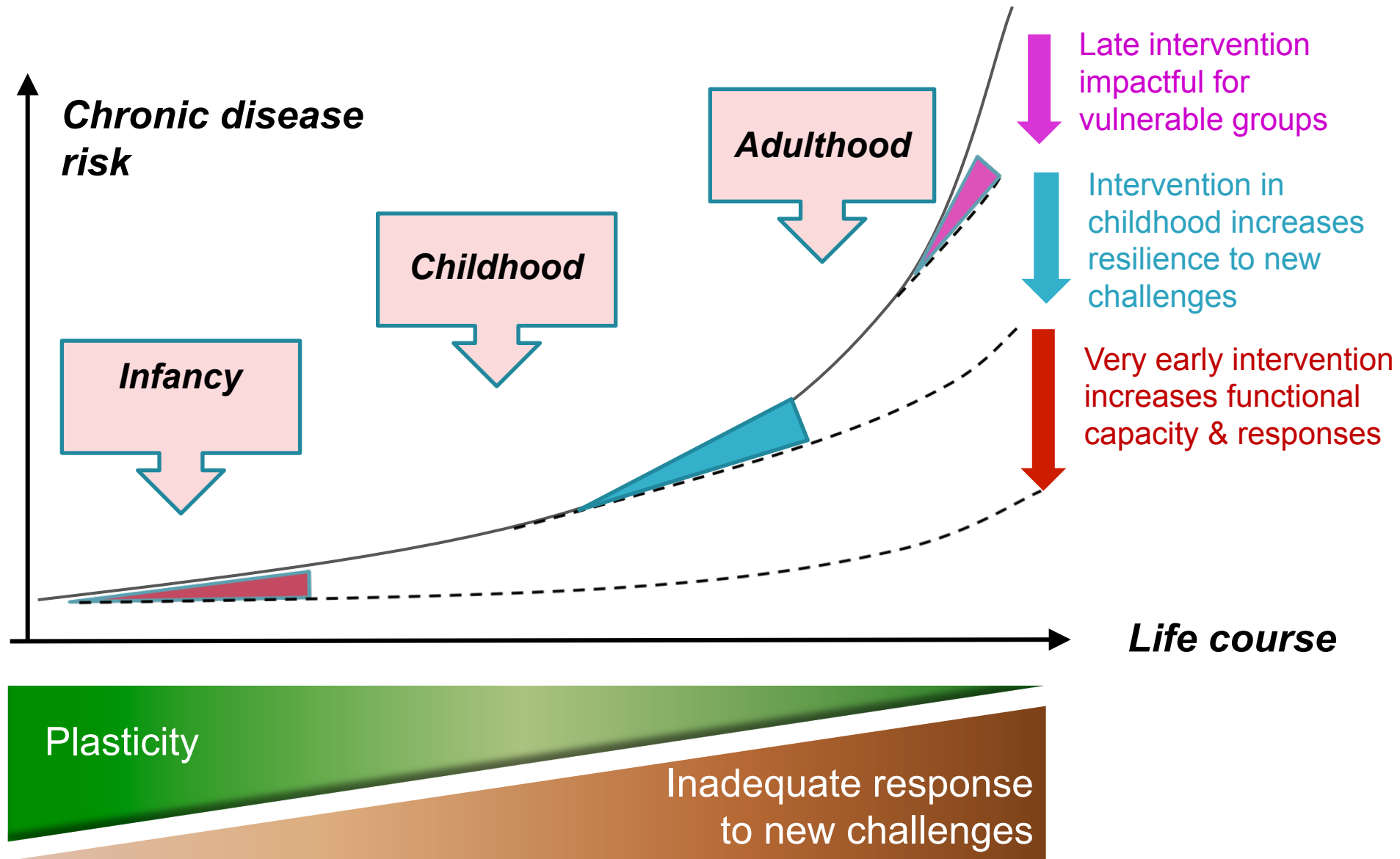
International Centre for Lifecourse Studies in Society and Health (ICLS)

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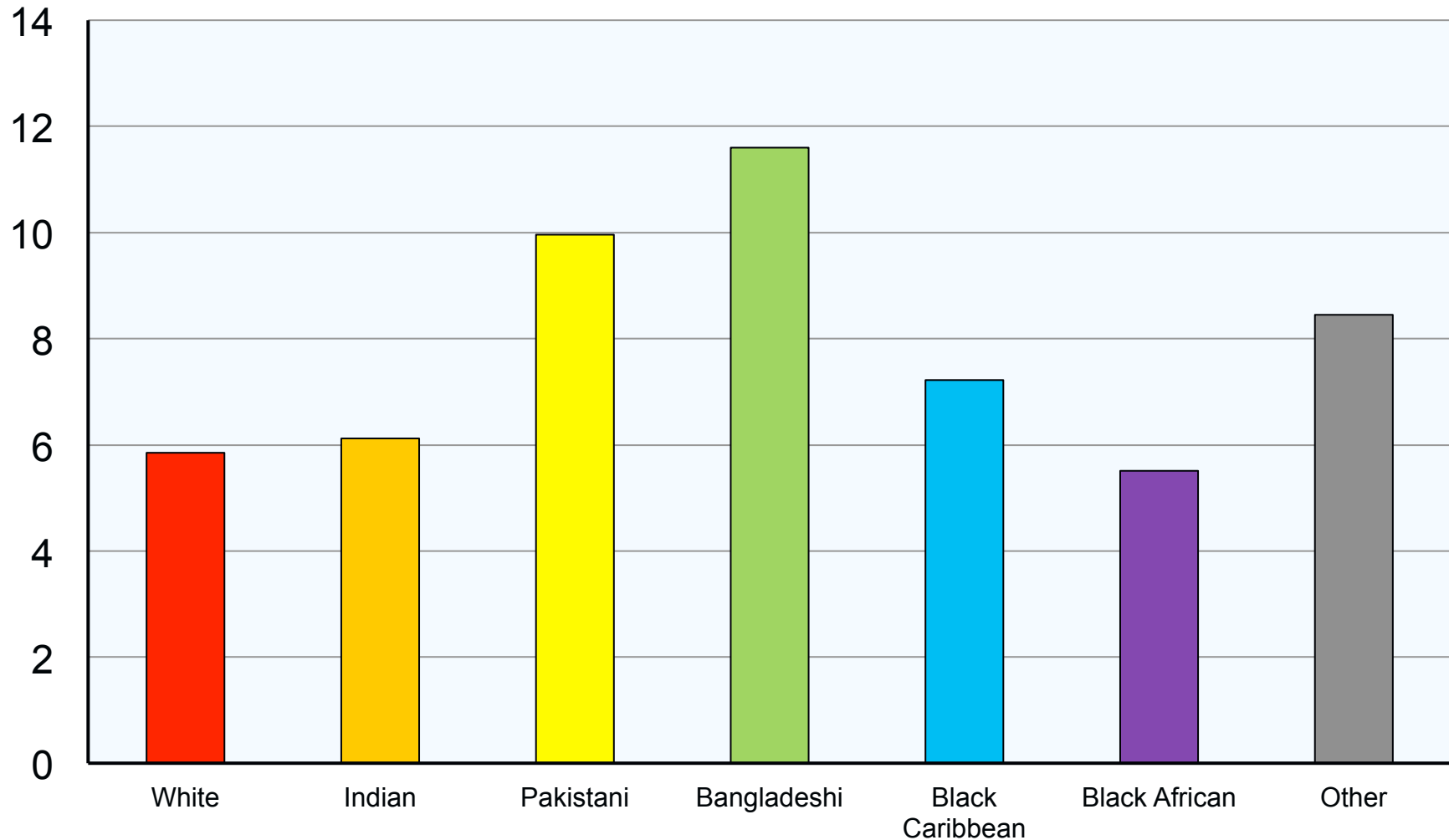
# Lifecourse strategy for disease prevention



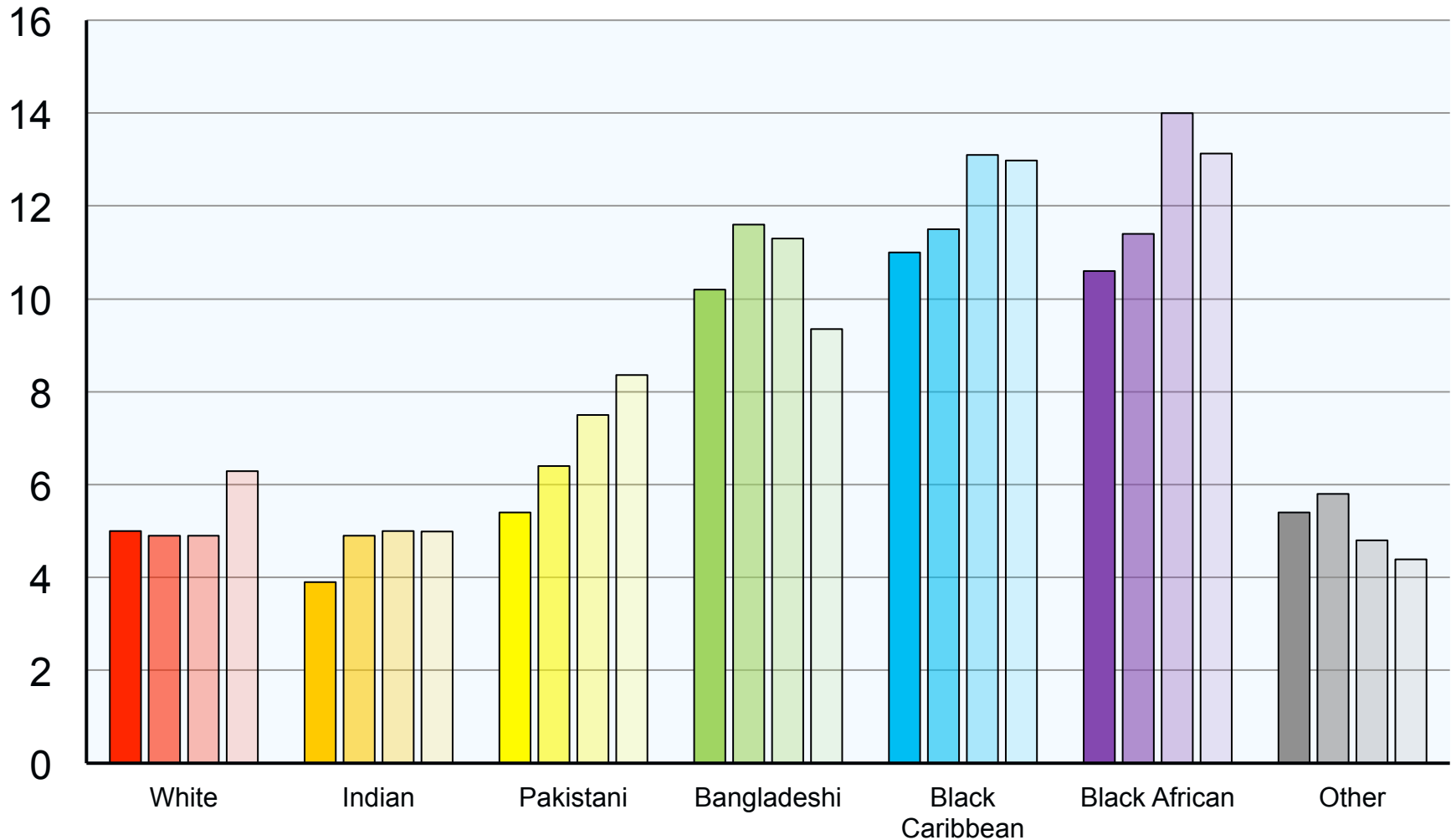
## Mean birthweight (kg) and percent low birthweight (<2500g) by cohort member's ethnicity

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

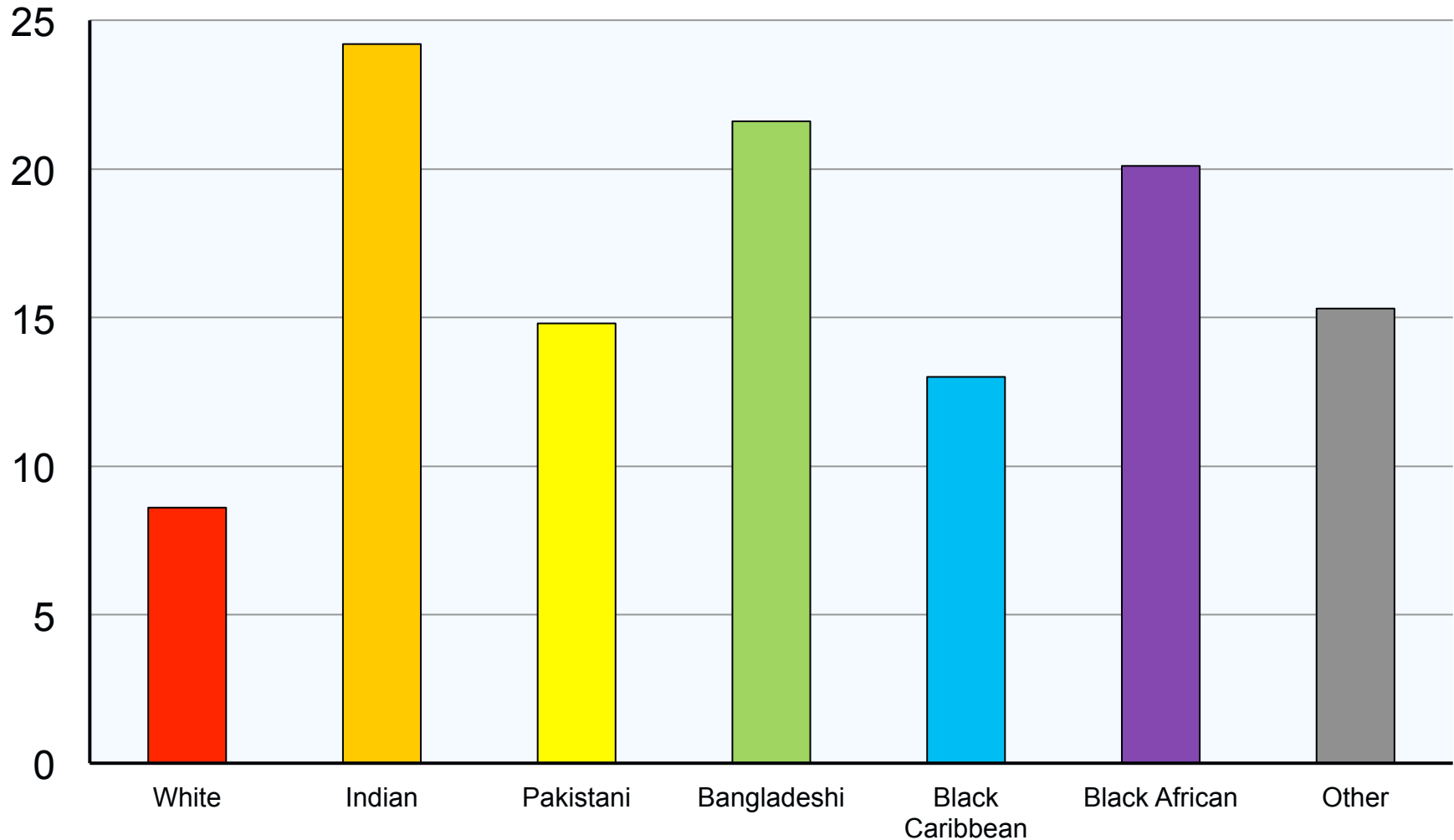
## Prevalence of fine motor delay



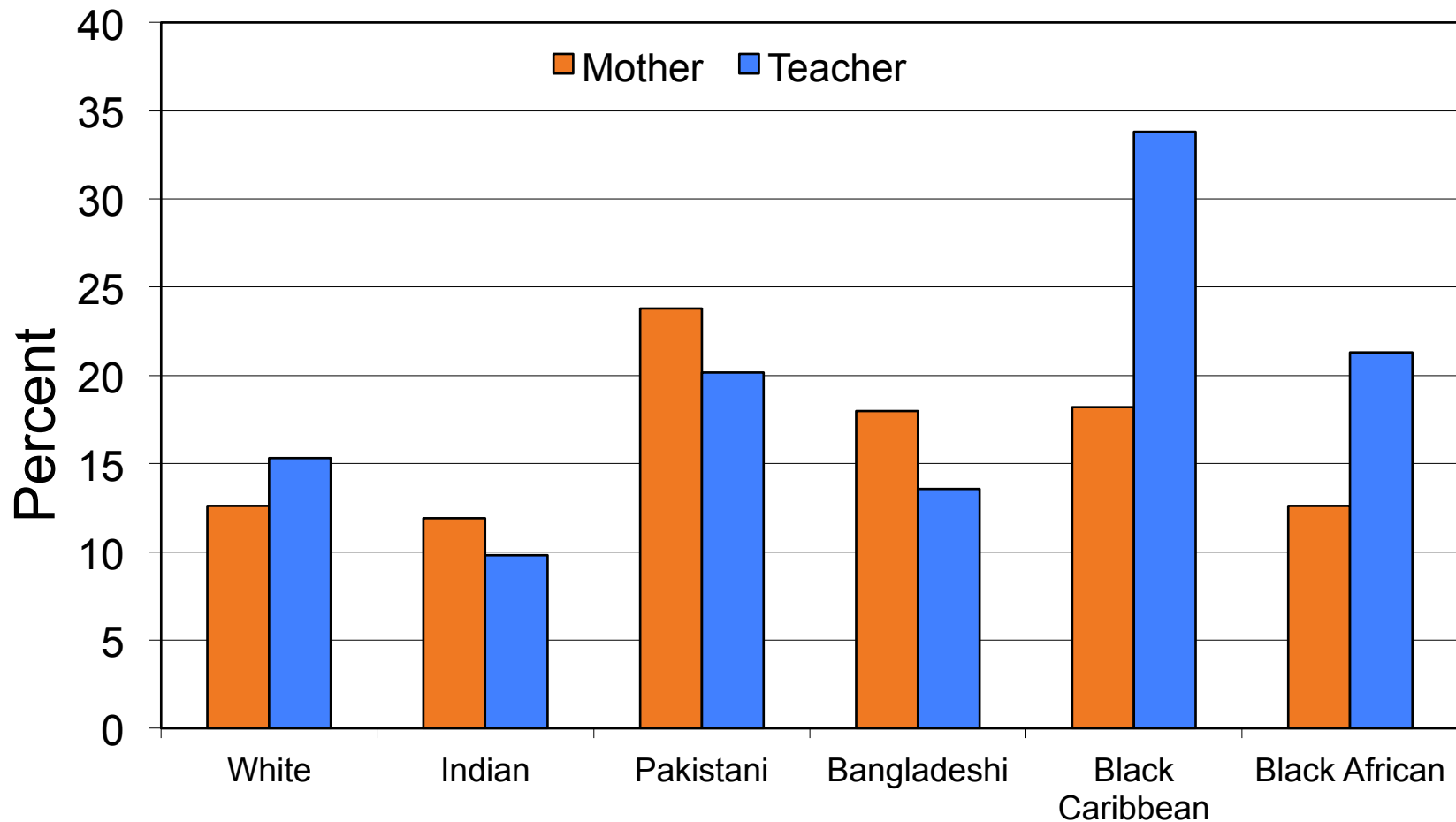
## Prevalence of obesity at ages 3, 5, 7 & 11



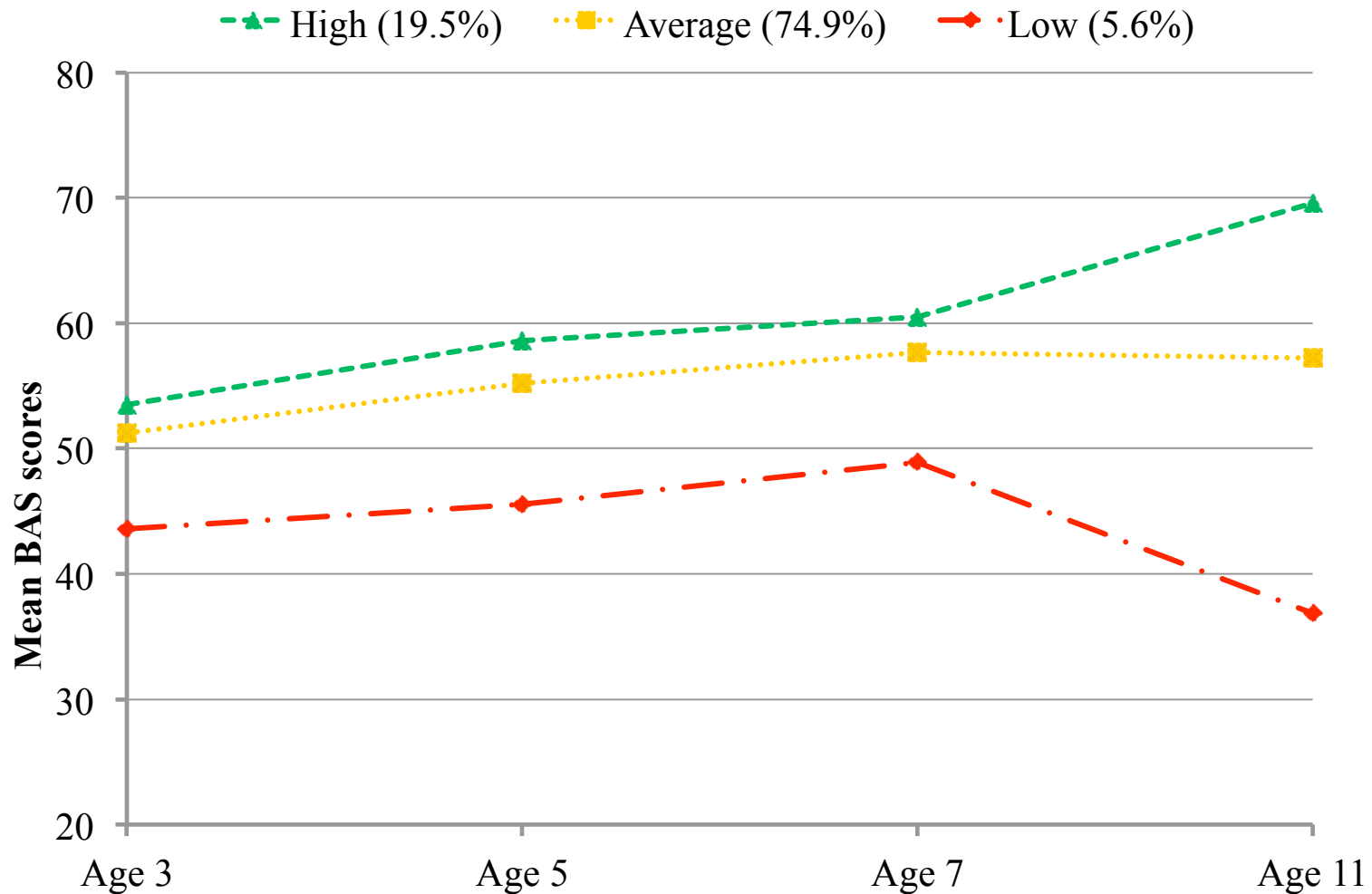
## Prevalence of early menarche



## Mother and teacher reports of clinically relevant behavioural difficulties by ethnicity



# Longitudinal latent verbal profiles

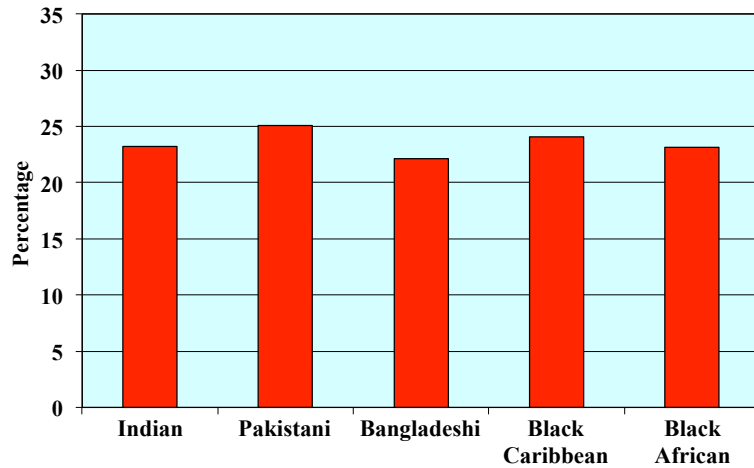




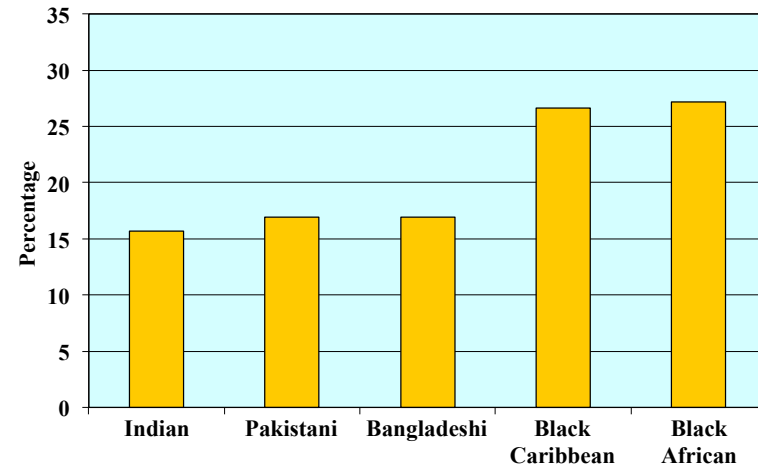
# How might experiences of racism influence children's health and development?

- 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

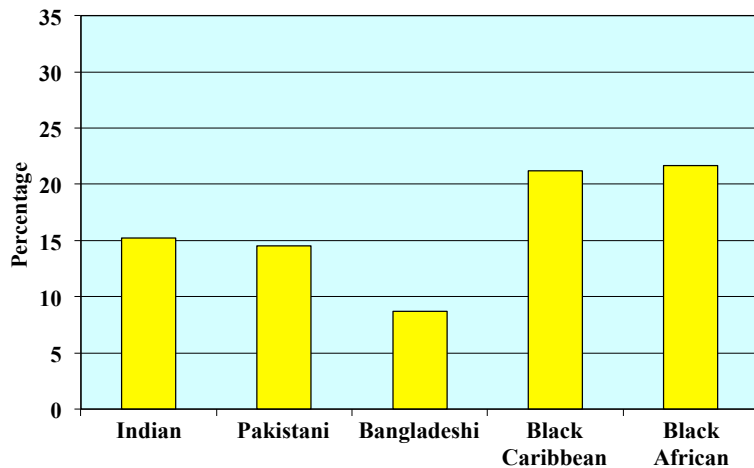
# How common are reports of experiences of racism?



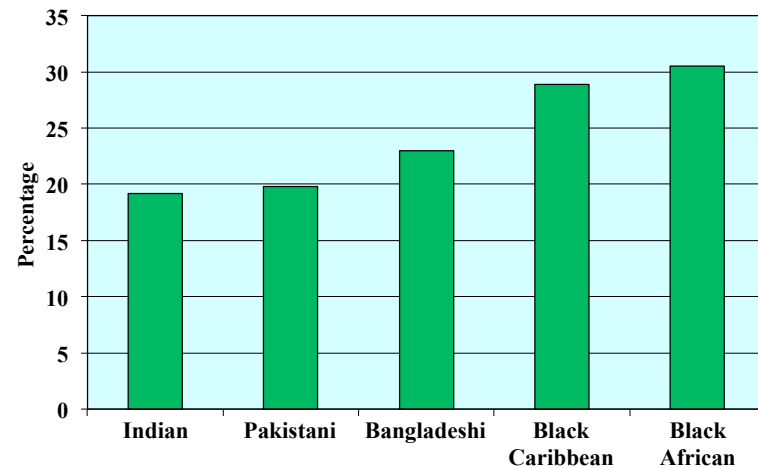
**Received insults**



**Unfair treatment**



**Disrespectful treatment from shop staff**

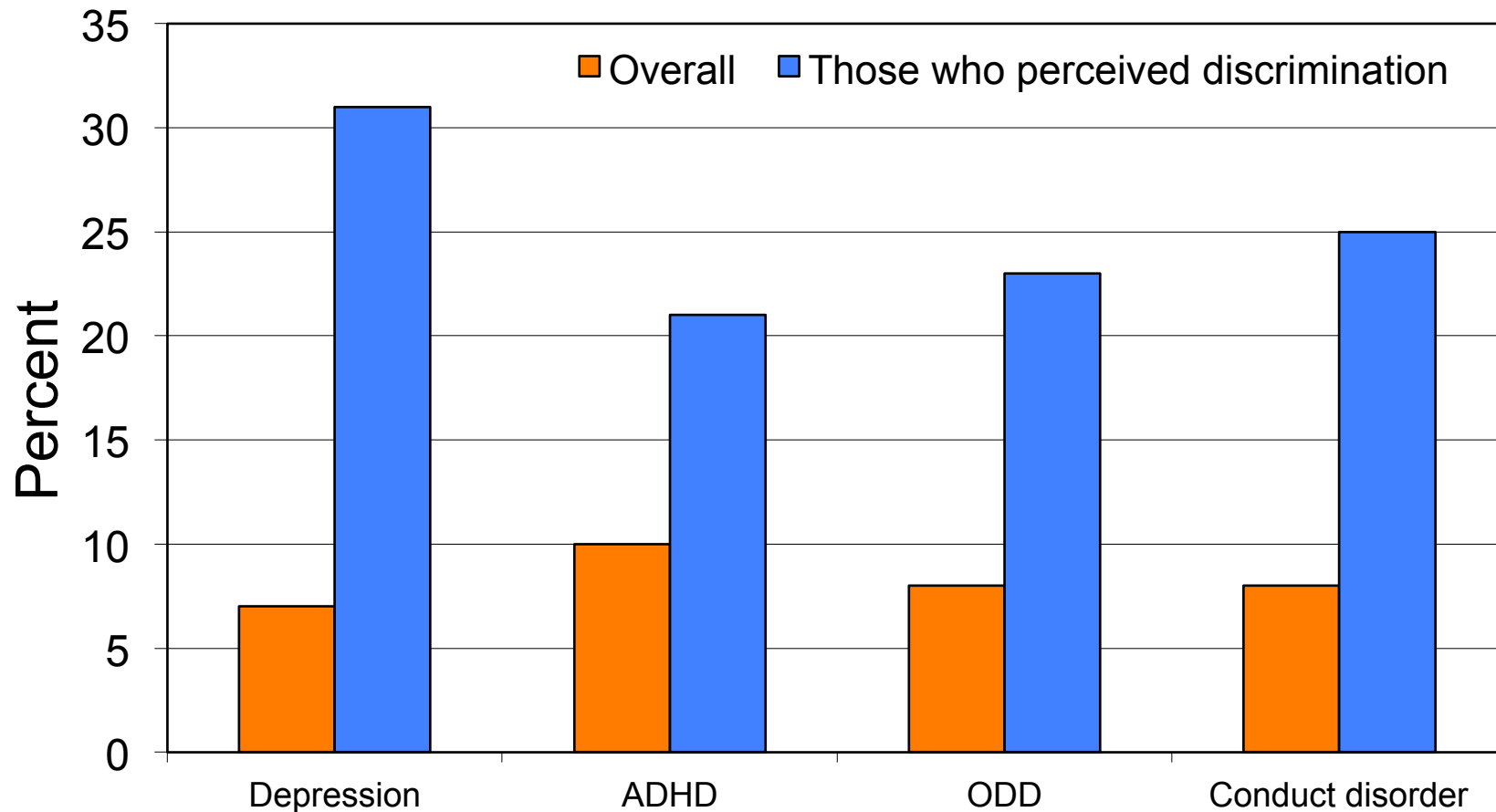


**Family treated unfairly**

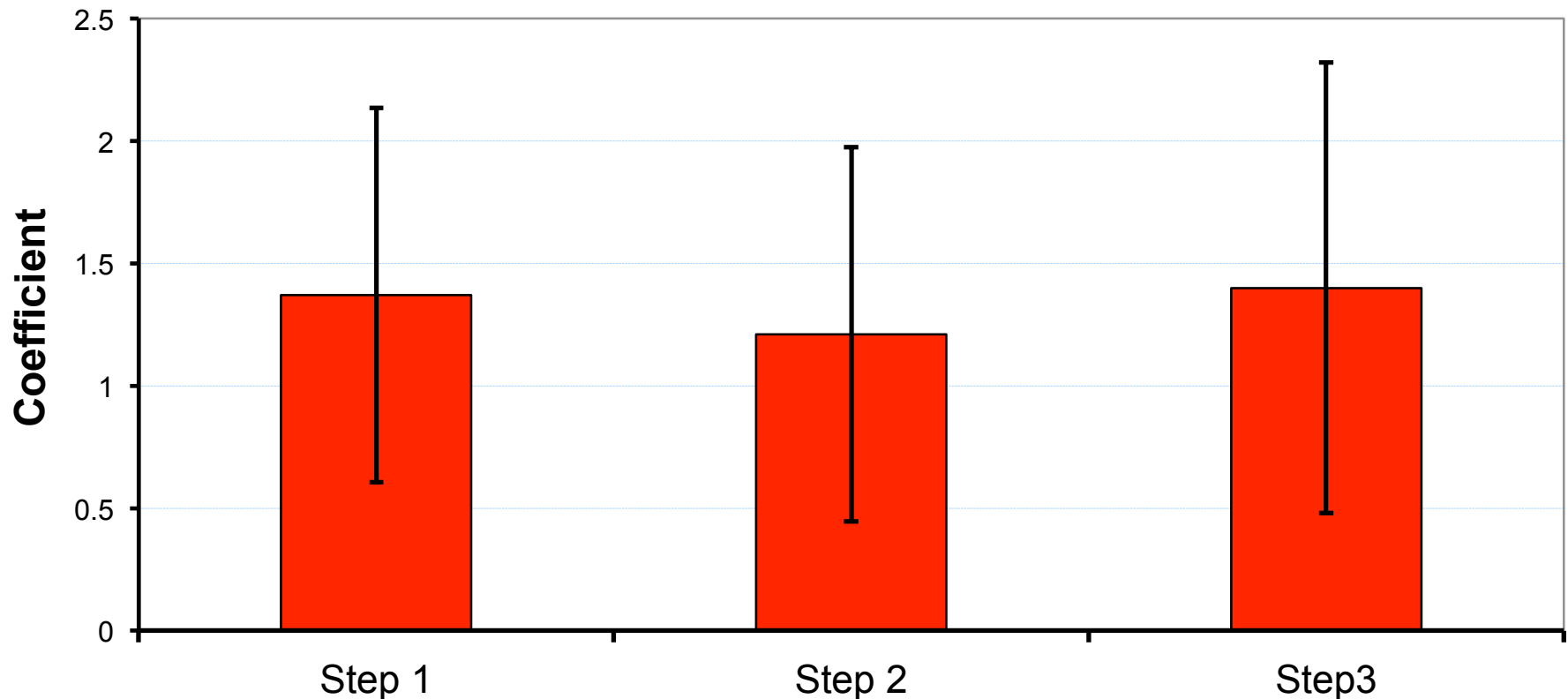
# Experienced racism: children's health and development

- 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

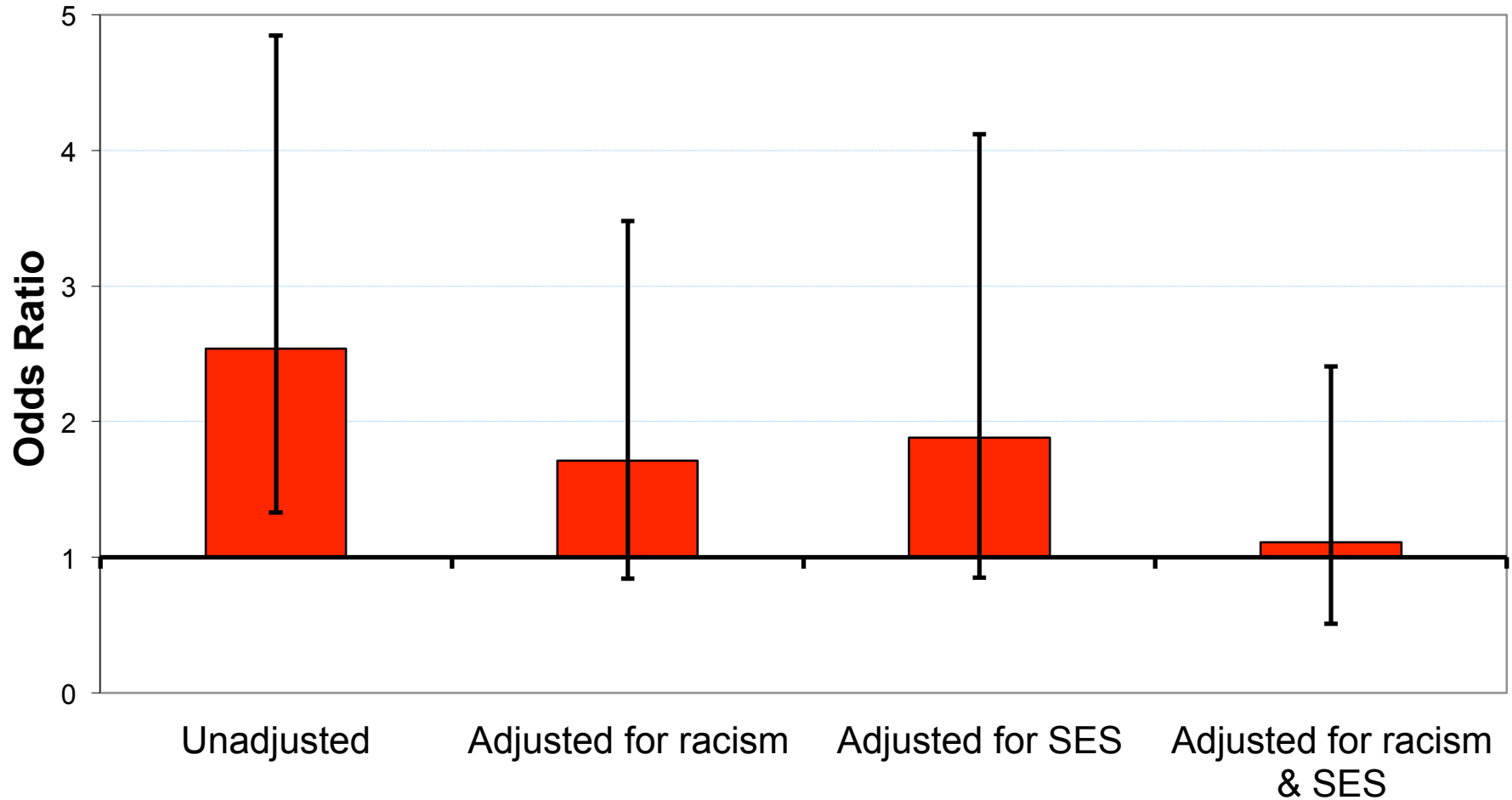


Step 1 adjusts for mother's age at time of birth, gender, languages spoken at home and ethnicity.

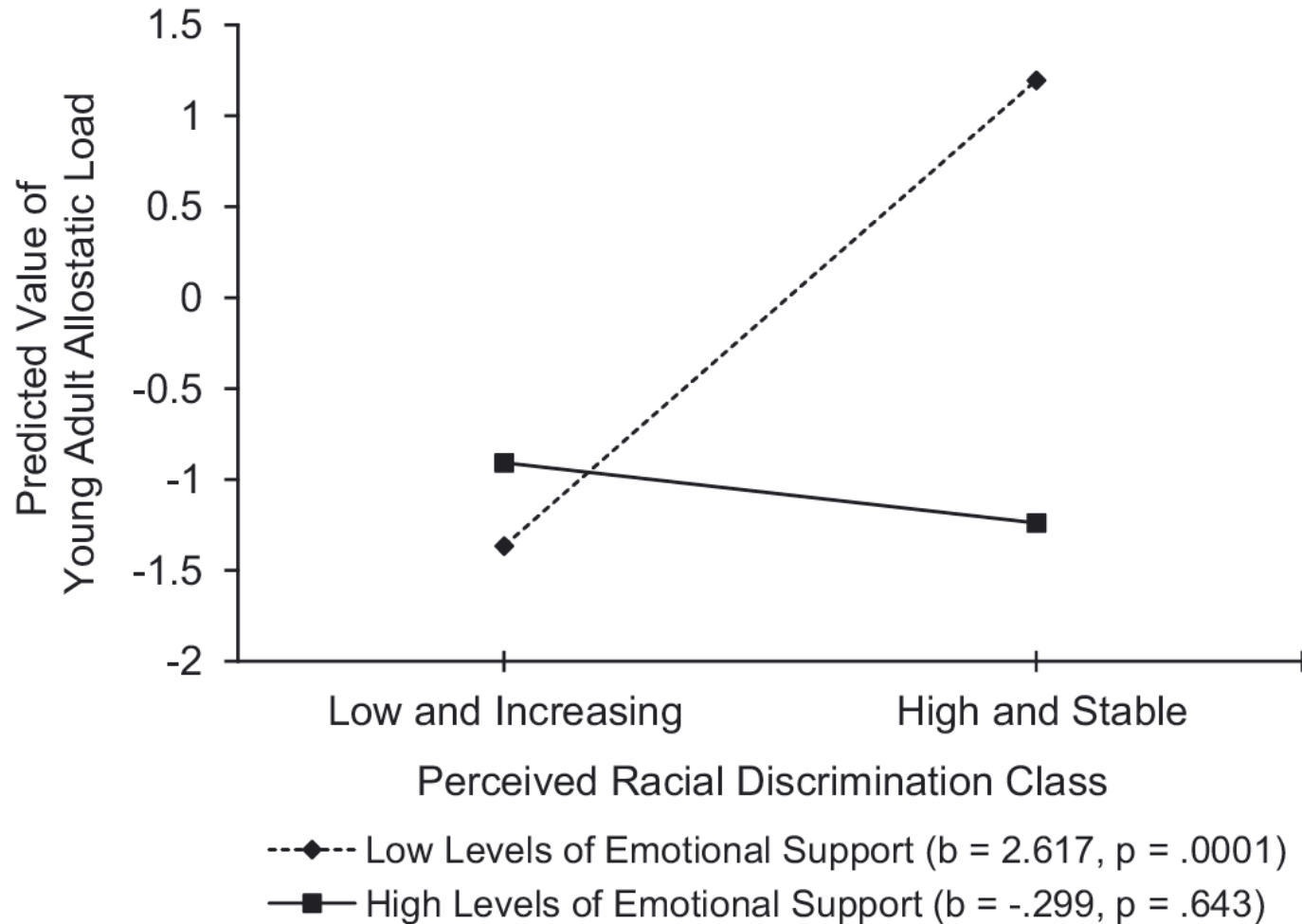
Step 2 additionally adjusts for family income, highest parental educational attainment and area deprivation.

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

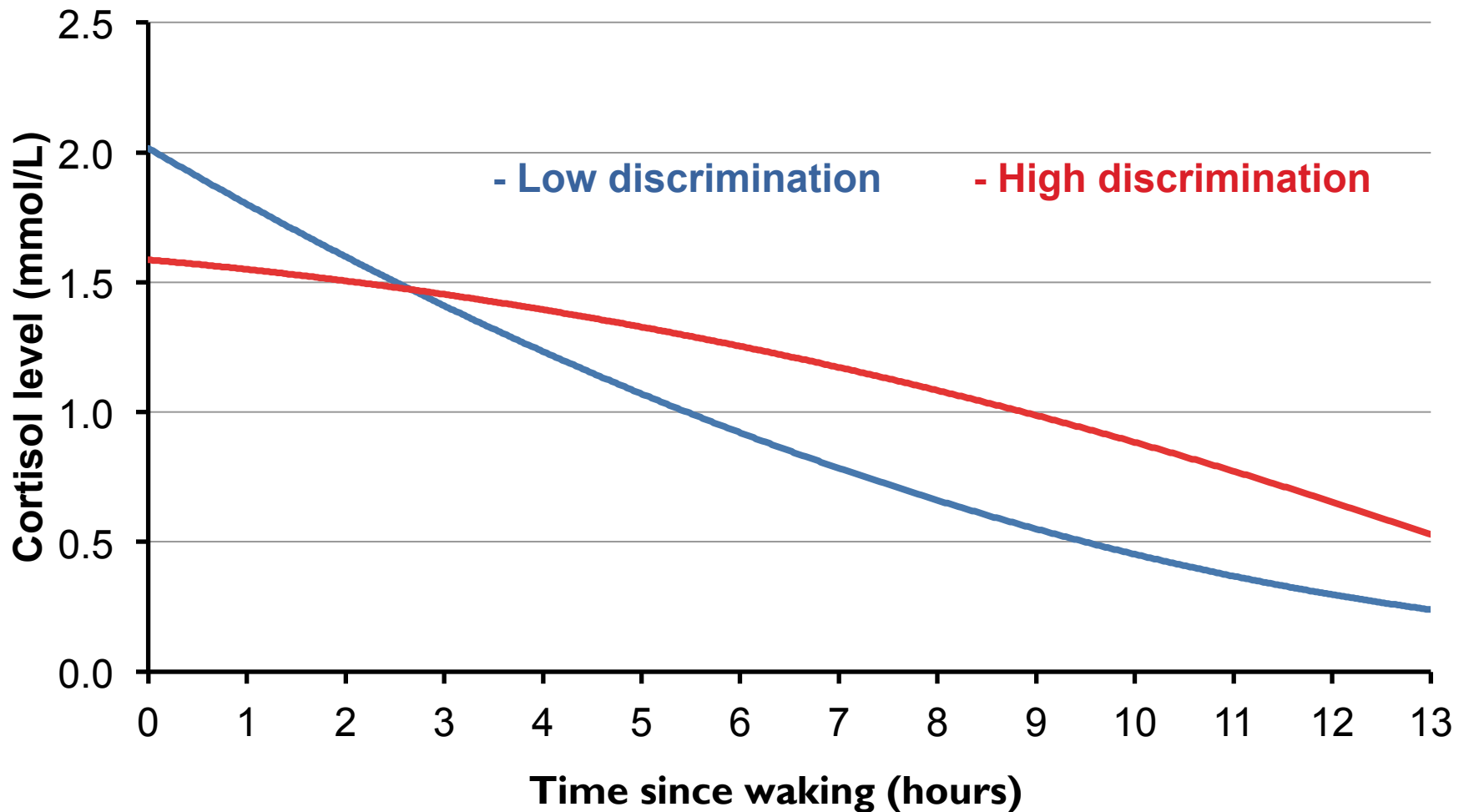
# Risk of preterm delivery for Black vs. White women in the CARDIA study



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

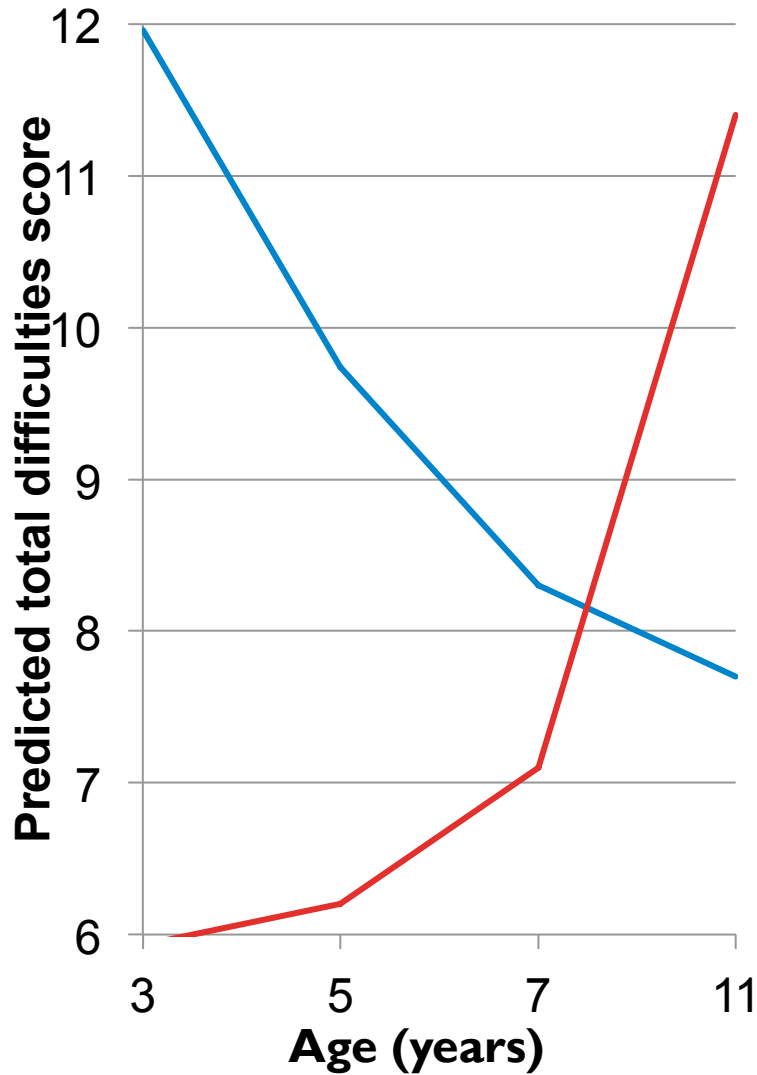


## Diurnal cortisol slope for racial/ethnic minorities with high and low levels of perceived discrimination.

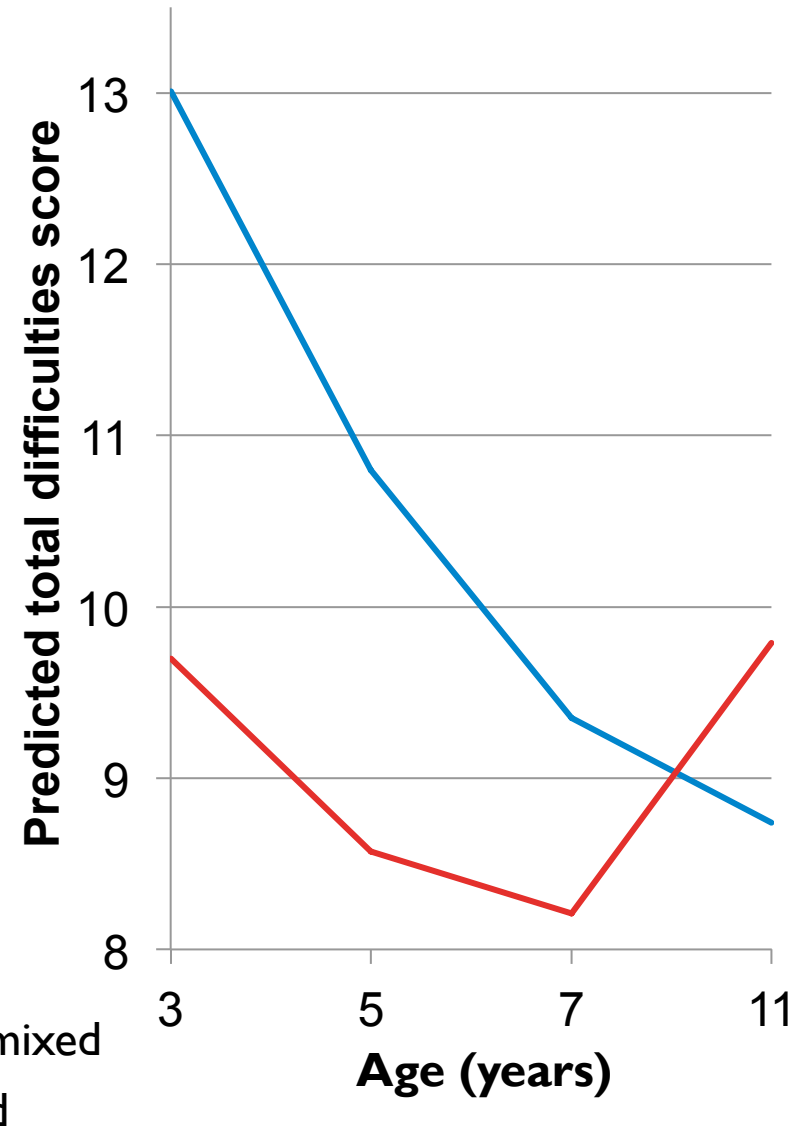




## Bangladeshi children



## 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



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