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**The role of parenting style in the child health production function**Laure de Preux<sup>1,2</sup><sup>1</sup>Centre for Health Economics, University of York, York, UNITED KINGDOM<sup>2</sup>Centre for Economic Performance, London School of Economics, London, UNITED KINGDOM

Contact: LBdePG@gmail.com

**Objectivos (Objectives):** Socio-economic (SE) factors and the dynamics of the family that affect child health has generated major interest in Health Economics over the years. The main determinants of the child health production function, such as parents' health and lifestyle, have been clearly identified in the literature, but the process linking SE factors remains unclear. In this paper, we analyse the role of parenting style in the child health production function focusing on three key aspects of this relationship: first, family practices are correlated with SE factors, and one may ask whether the SE factors impact the child health directly or only indirectly. Second, evidence in the psychology literature identifies a strong link between parenting style and various child outcomes, but the causal effect on child health is not clear. Third, current evidence on the relationship between health and parenting style does not incorporate unobserved heterogeneity.

**Metodologia (Methodology):** We use the Millennium Cohort Study (MCS), a UK national longitudinal birth cohort. Parents have been interviewed a first time when the child was about 9 months old, and the last interview available - the fourth one - has been collected when the child was approximately 7 years old. The psychology literature identifies two relevant dimensions that characterise parenting style: involvement/affection and supervision/control, and we use 10 questions asked in the MCS that proxy these dimensions. The health of the child is reported by the mother on a five-point scale. We describe the relationship between child health and parenting style in a behavioural model where the mother maximises her utility as a function of her child's health, parenting style, some unobservable characteristics, and subject to time and budget constraints. We estimate the recursive equations system resulting from the utility maximisation problem using Maximum Simulated Likelihood that combines an ordered-probit model for the child's health and OLS for the normalised parenting style variables.

**Resultados (Results):** Preliminary results show that measures of the mother's involvement, such as the frequency of doing things together at home, have a positive but not significant effect on the child's health. Measures of supervision are more diverse and significantly affect the child's health: a child that has regularly breakfast in the morning and does not eat crisps between meal will be in better health. Telling off as well as ignoring a naughty child has a bad effect on his health, however reasoning a naughty child positively affect his health. Once we take into account the unobserved heterogeneity between the different measures of parenting style and the child's health, the role of the different SE factors such as mother education, income or ethnicity are even stronger.

**Conclusões (Conclusions):** Our results contribute to the debate on child health inequalities, and suggest that policies aiming at improving early inequalities may have even a larger benefit than expected when taking into account the role of parenting style.