

A New Standpoint of Daughters' Health Behaviors in Single Mother Headed Households

Jaewon Lee^{1*} and Jennifer Allen²

¹Department of Social Welfare, Inha University, South Korea

²School of Social Work, Michigan State University, Michigan, United States

*Correspondence to: Jaewon Lee, Department of Social Welfare, Inha University, South Korea; Tel: 82-32-860-9324; Fax: 82-32-863-3022; E-mail: j343@inha.ac.kr

Citation: Lee J, Allen J (2021) A New Standpoint of Daughters' Health Behaviors in Single Mother Headed Households. *J Womens Health Care Manage*, Volume 2:2. 119. DOI: <https://doi.org/10.47275/2692-0948-119>

Received: January 18, 2021; Accepted: January 29, 2021; Published: February 03, 2021

Women's Health Behaviors and A New Standpoint

Health behaviors refer to a variety of activities related to one's health, such as cigarette smoking, substance use, diet, and physical activities. There are gender differences between men and women for certain health behaviors. For instance, women are less likely to engage in physical activities while men are more likely to engage in cigarette smoking and other substance use [1-5]. In addition, there have been a large body of studies identifying what factors influence women's health behaviors [6-8]. However, little is known about the intergenerational transmission of mothers' socioeconomic status (SES) to their daughters' health behaviors. In particular, single mothers are less likely to have the economic resources to support their children's healthy behaviors compared to mothers in two-parent households [9]. Thus, it is important to deeply consider the role of single mothers' SES on their daughters' health behaviors.

According to attachment theory, children build a close relationship with their mother or other primary caregiver from infancy to early adulthood [10]. Particularly, girls may be more highly attached to their mothers than boys, so that girls are more likely to be affected by mothers' influences and to mutually interact with their mothers [11,12]. The close relationship between daughters and mothers influences girls' healthy behaviors, such as food consumption [13]. For example, girls with mothers who are in poverty and therefore struggle to buy healthy foods might not develop healthy eating habits, while women who grow up with mothers who exercise on a regular basis may be more likely to exercise as well as they imitate their mother's behaviors [12,14]. In other words, simply identifying individual factors or personal characteristics within women themselves might not explain their healthy behaviors. Therefore, it is necessary to account for the intergenerational transmission of mother's SES or daily behaviors to understand daughters' healthy behaviors.

Single Mother Headed Households

Single mothers are more likely to experience economic challenges than mothers in married couple families [15]. They might not have high-paying jobs or they may not have sufficient time for full-time work because they have to spend time caring for their child. As a result,

single mother headed families might have a lower income, leading to fewer economic resources to support their children. For these reasons, single mothers might not purchase healthy food, which affects their children's physical health and nutrition. On the other hand, as single mothers need to work to support the household and may be less often at home to monitor their children, the children of single mothers might be frequently at risk for unhealthy behaviors such as substance use or smoking. That is, children raised in single mother families might be less likely to develop healthy behaviors compared to those in married couple families.

Support for the Healthy Behaviors of Daughters Raised by Single Mothers

Daughters raised by single mothers may exhibit unhealthy behaviors because they have relatively limited resources and support compared to those from married couple families. In particular, as girls are greatly influenced by their mothers, it is imperative to provide more social services and implement policies that target girls with single mothers in order to protect them from unhealthy behaviors. For instance, programs that work to alleviate hunger, such as cash transfers and food distribution programs including food banks, should target single mother and single parent families as they tend to be at an economic disadvantage when compared to two-parent families. Additionally, girls, particularly those raised by single mothers, should be targeted for participation in programs that work to improve health behaviors, such as preventing cigarette smoking, alcohol or other substance use, or increasing one's participation in physical activities.

References

1. Allen AM, Scheuermann TS, Nollen N, Hatsukami D, Ahluwalia JS (2016) Gender differences in smoking behavior and dependence motives among daily and nondaily smokers. *Nicotine Tob Res* 18: 1408-1413. <https://doi.org/10.1093/ntr/ntv138>
2. Azevedo MR, Aratijo CL, Reichert FF, Siqueira FV, da Silva MC, et al. (2007) Gender differences in leisure-time physical activity. *Int J Public Health* 52: 8-15. <https://doi.org/10.1007/s00038-006-5062-1>
3. Buckworth J, Nigg C (2004) Physical activity, exercise, and sedentary behavior in college students. *J Am Coll Health* 53: 28-34. <https://doi.org/10.3200/JACH.53.1.28-34>



4. National Institute on Drug Abuse (2020) Are there gender differences in tobacco smoking?. United States.
5. National Institute on Drug Abuse (2020) Sex and gender differences in substance use. United States.
6. Felton GM, Parsons MA (1994) Factors influencing physical activity in average-weight and overweight young women. *J Community Health Nurs* 11: 109-119. https://doi.org/10.1207/s15327655jchn1102_6
7. Office on Smoking and Health (2001) Women and smoking: A report of the Surgeon General. Centers for Disease Control and Prevention, Georgia, United States.
8. Sallis JF, Hovell MF, Hofstetter CR (1992) Predictors of adoption and maintenance of vigorous physical activity in men and women. *Prevent Med* 21: 237-251. [https://doi.org/10.1016/0091-7435\(92\)90022-A](https://doi.org/10.1016/0091-7435(92)90022-A)
9. Wasserman M (2020) The disparate effects of family structure. *Future Child* 30: 55-81. <https://doi.org/10.1353/foc.2020.0008>
10. Bretherton I (1992) The origins of attachment theory: John Bowlby and Mary Ainsworth. *Dev Psychol* 28: 759-775. <https://psycnet.apa.org/doi/10.1037/0012-1649.28.5.759>
11. Diener ML, Isabella RA, Behunin MG, Wong MS (2007) Attachment to mothers and fathers during middle childhood: Associations with child gender, grade, and competence. *Soc Dev* 17: 84-101. <https://doi.org/10.1111/j.1467-9507.2007.00416.x>
12. Wickrama KA, Conger RD, Wallace LE, Elder Jr GH (1999) The intergenerational transmission of health-risk behaviors: Adolescent lifestyles and gender moderating effects. *J Health Soc Behav* 40: 258-272. <https://doi.org/10.2307/2676351>
13. Lee J, Allen J (2020) Mother's educational attainment and their young adult daughters' fast food intake: The role of race/ethnicity. *Health Care Women Int* 41: 169-187. <https://doi.org/10.1080/07399332.2019.1669606>
14. Olson CM, Bove CF, Miller EO (2007) Growing up poor: Long-term implications for eating patterns and body weight. *Appetite* 49: 198-207. <https://doi.org/10.1016/j.appet.2007.01.012>
15. Thomas A, Sawhill I (2005) For love and money? The impact of family structure on family income. *Future Child* 15: 57-74.