

Part IV Social determinants

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19 Relationships and social participation

Social participation and close relationships have important effects on the health and wellbeing of individuals. This includes interaction with family, friends, and other individuals at school/ other educational establishment or employment. It is also important to recognise that the interaction between the quality of social interactions is two-way: poor relationships or social participation can adversely affect health and wellbeing as well as physical or emotional health problems having a negative impact on social participation.

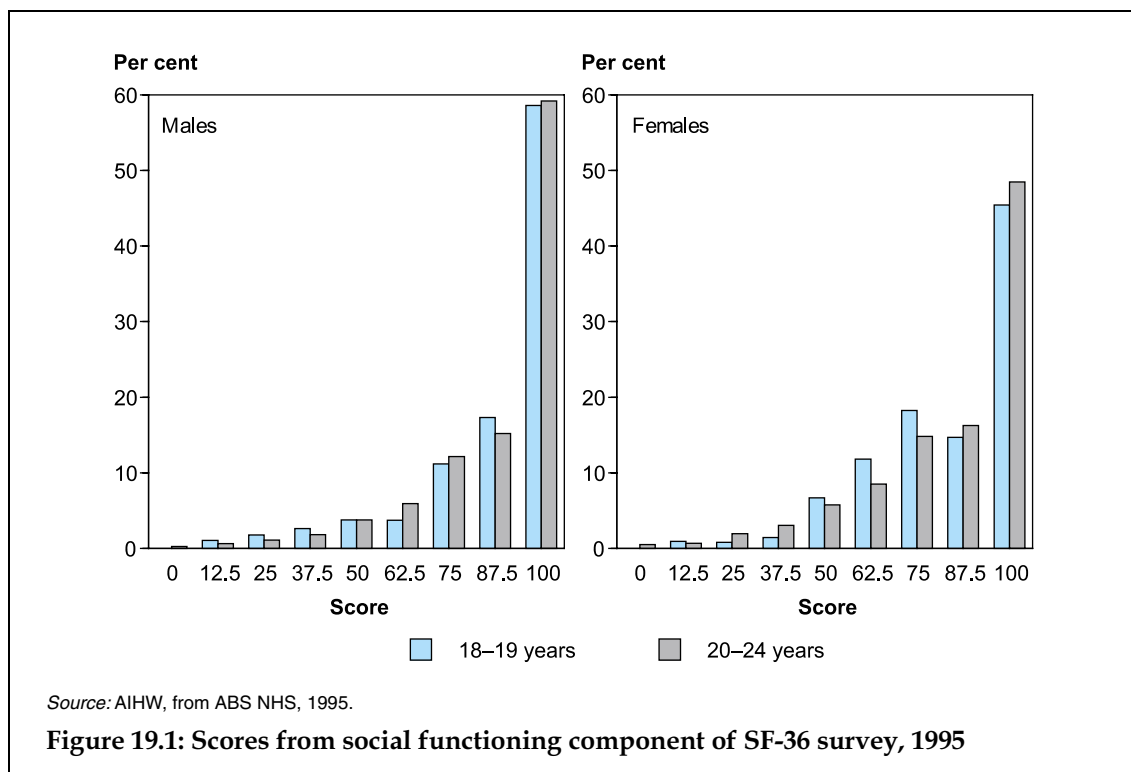
Despite the importance of relationships and social participation on the health and wellbeing of young people, there is only limited national data available for inclusion in this chapter. This deficiency in the availability of data will be an important area for future data development (see Chapter 29 for more discussion). Information presented below includes young people's assessment of the effect of their health and wellbeing on social functioning, and how young people used their time. Some summary results on young people's perceptions of school attachment and peer attachment are also included.

Self-assessed social functioning

Information included in this section is part of the SF-36 survey conducted in conjunction with the ABS 1995 National Health Survey (see Chapter 3 for more details). One of the eight dimensions of the SF-36 survey is 'social functioning', which measures the impact on both the quantity and quality of social activities of the individual's health and wellbeing (Ware et al. 1993:3.9). Two questions were asked:

- During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (possible responses: not at all, slightly, moderately, quite a bit, extremely)
- During the past 4 weeks, how much of your time has your physical health or emotional problems interfered with your normal social activities like visiting with friends, relatives, etc.? (possible responses: all of the time, most of the time, some of the time, a little of the time, none at all).

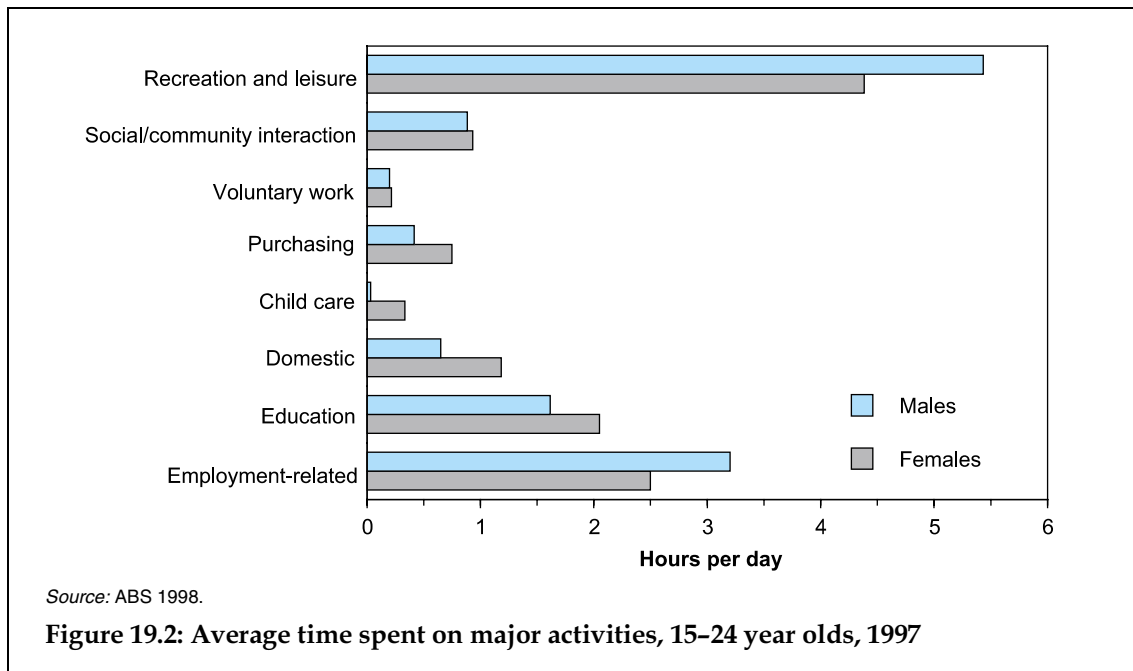
From the responses, a score was assigned reflecting social functioning. The lowest score (0) indicates 'extreme and frequent interference with normal social activities due to physical or emotional problems' (Ware et al. 1993:8.6). The highest score (100) signifies that the individual 'performs normal social activities without interference due to physical or emotional problems'.



- Nearly 60% of young males aged 18-24 years scored the highest possible score for social functioning, while only a small proportion reported very low scores. There was very little difference between the scores for the two age groups included in the figure.
- As was found to be the norm for the Australian population, young women reported lower SF-36 scores than young males. Nevertheless, the majority of young women still recorded high scores for this dimension of the SF-36 survey – 45% of 18-19 year olds and 48% of 20-24 year olds scored the highest possible score of 100.

Time use

Information presented below gives an indication of the amount of time young people spend on different activities. This information comes from the ABS Time Use Survey, last conducted in 1997.



- The activity group accounting for the largest proportion of young people’s time use was recreation and leisure. On average, young men spent 5.4 hours on this activity, and young women spent 4.4 hours.
- The next largest activity groups in terms of young people’s time use were employment-related (males 3.2 hours, females 2.5 hours), and education (males 1.6 hours, females 2.1 hours).
- Young females spent more time on domestic activities than young men (1.2 hours compared with 0.7 hours), on purchasing (0.8 compared with 0.4), and on childcare (0.3 compared with just over 0).

Other issues

Feelings of belonging to family and communities have been shown to be beneficial to the health and wellbeing of young people. A large survey of school students in grades 7-12 in the United States (aged approximately 12-18 years) investigated the effect of ‘connectedness’ on a range of health status and risk factor measures (Resnick et al. 1997). Connectedness was measured in terms of both family and school. Parent/family connectedness was described as ‘closeness to mother and/or father, perceived caring by mother and/or father, satisfaction with relationship to mother and/or father, feeling loved and wanted by family members’. School connectedness was described as ‘felt that teachers treat students fairly, close to people at school, feel part of your school’. Results of the survey demonstrated a strong protective effect from both family connectedness and school connectedness against nearly every risk behaviour measure studied

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(including use of a range of substances and sexual activity/pregnancy). Connectedness also had a strong protective effect against emotional distress, suicidal tendencies and violence. Peer and family relationships is also an important component of the health behaviour in school-aged children cross-national survey (King et al. 1996).

In the Australian context, a study conducted by the Centre for Adolescent Health in Melbourne highlights the importance of school social environments in relation to the emotional wellbeing of young people (Glover et al. 1998). A survey of Year 8 students in 26 schools showed that more than 40% of students felt that they did not have anyone who knows them well. Also, nearly a quarter of students had no one to talk to if they were upset, had no one to trust, and had no one to depend on.

References

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