Family structure and relationships and health among schoolchildren

Joanna Todd, Rebecca Smith, Kate Levin, Jo Inchley, Dorothy Currie and Candace Currie
Child & Adolescent Health Research Unit, The University of Edinburgh

Introduction

For adolescents, as well as younger children, the family represents a vitally important setting for physical, emotional and social development. It is the context in which social behaviour and attitudes are formed. The influence of the family continues throughout adolescence and indeed through the life course in varying degrees (Pedersen et al, 2004a). Patterns of adolescent health have been shown to be associated with family factors such as quality of relationships and family composition (King et al, 1996; Nic Gabhainn and Francois, 2000; Settertobulte, 2000; Griesbach et al, 2003).

This briefing paper describes the health and well-being of 11–15 year olds in Scotland in the context of the family using data from the 2001/02 Health Behaviour in School-aged Children: World Health Organisation Cross-national Collaborative survey (HBSC). Comparisons are also made with the other 34 HBSC countries.

Details of HBSC survey methodology, including the family and health questions, are detailed in the Technical Appendix along with a map and a list of participating HBSC countries.

The composition of the family unit has undergone significant change in recent decades due to wide-ranging social, cultural and historical developments (Pedersen et al, 2004a) and varies across Europe (Iacovu, 2004). HBSC attempts to capture some of the complexities of contemporary family life by studying family structures and relationships and revealing the variety of ways in which adolescents and their families are living across Europe and North America.

Family structure

Young people were asked who they lived with in their main or only home. On average 78% of young people across all HBSC countries report living with both their parents (Figure 1.1). However, there is considerable variation ranging from 60% in the USA to 93% in Malta. Scotland has one of the lower rates of both parent families at 70%. Figure 1.1 shows data from Scotland, England and Wales as well as a further four countries, one from each quartile of the range.

Summary of main findings

~ Fewer young people in Scotland live with both parents (70%) and more live in single parent households and step families compared to many other European countries.
~ Health outcomes among adolescents are related to family structure and to quality of communication with their mother and father
~ Young people who have good communication with their mother and/or father are generally less likely to report low life satisfaction, smoking or drunkenness than their peers who have poor communication with their parents.

Thirteen percent of adolescents across the HBSC countries live in single parent families and 8% live in step families. Scotland has higher rates of both these family types with 17% of adolescents living in single parent families and 12% in step families. In general, step families are more common in northern and north-western European countries than in eastern and southern Europe. Single parent families are less common in southern Europe than elsewhere.

A small percentage of young people reported living with adults other than their parent(s). These ‘other’ types of family structure included extended family members, foster parents and care homes.

The relationships between family structure and various health outcomes, namely life satisfaction, smoking and drunkenness, are now explored.

Life satisfaction and family structure

Young people were asked to rate their own life satisfaction. Although most young people are satisfied with their lives there is variation according to gender and family structure. Adolescents living with both parents are less likely to report low life satisfaction (Figure 1.2). There is no gender difference in life satisfaction among 11 year olds in Scotland but, at ages 13 and 15, girls are more likely than boys to report low life satisfaction. A similar gender pattern is seen across all HBSC countries (Torsheim et al, 2004).

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1 Chapter on ‘Family’ by M Pedersen, MC Granado Alcon, CM Rodriguez and R Smith in Young People’s Health in Context pp 26-40.
2 Children were asked about where they lived all or most of the time (their main home) and, if applicable, a second home (where they lived some of the time) – see Technical Appendix for details
Smoking and family structure

Family structure has been previously linked to the likelihood of engaging in risk behaviours, such as smoking (Griesbach et al, 2003), and this briefing paper confirms these earlier findings. Young people who live with both parents are less likely to smoke than their peers who live in a single parent family or step family (Fig. 1.3). For each family type, smoking is more common among girls. Within step families, girls are almost twice as likely to smoke as boys.

Drunkenness and family structure

Being drunk on two or more occasions is reported by 23% of young people living with both parents and by a significantly higher 30% and 35% respectively of those living in a single parent or step family (Fig. 1.4). Rates of drunkenness are very similar for boys and girls across all family types (Figure 1.4).

3 Here smoking is defined as currently smoking at all.
Communication with parents

Ease of communication with both mother and father is examined as one aspect of a supportive parental relationship which may have a protective effect on the lives of young people (Pedersen et al., 2004b). Previous research suggests that positive relationships with parents decrease the likelihood of young people engaging in risk behaviour (Griesbach et al., 2003; McArdle et al., 2002), and are associated with positive health outcomes (Garnefski and Diekstra, 1997; Swarr and Richards, 1996).

Young people were asked to say whether they found it easy or difficult to talk to their mother and to their father. In Scotland and all other HBSC countries young people generally find it easier to talk to their mothers than to their fathers (Figures 2.1 and 2.2). Boys and girls find it equally easy to talk to their mothers. However, girls find it more difficult than boys to talk to their fathers. These gender patterns hold true for all countries (Pedersen et al., 2004a).

Ease of communication with mothers and fathers declines with age, among both boys and girls. However, the decline is more marked for girls especially in relation to talking to their fathers. For example, among girls in Scotland, 63% of 11 year olds, 52% of 13 year olds and 44% of 15 year olds find it easy to talk to their father.

Life satisfaction and communication with parents

Previous research has indicated that positive mental well-being among adolescents is associated with good communication with parents (King et al., 1996). We now examine the relationship between communication with parents and reported life satisfaction.

In Scotland, boys who find it difficult to talk to their parents are twice as likely to report low life satisfaction as those who find it easy.

4 Those who reported that they did not have or see their mother/father were excluded from the analysis.
However, the greatest effect of poor communication on life satisfaction is seen amongst girls; one in three girls who find it difficult to talk to their mothers report low life satisfaction (Figure 2.3). These patterns are also seen for each of the three age groups when analysed separately.

**Smoking and communication with parents**

In Scotland boys and girls who find it difficult to talk to their mother or father are about twice as likely to report smoking than those who find communication with their parents easy (Figure 2.4). Girls who have poor communication with their mother are at a high risk of smoking.

**Drunkenness and communication with parents**

Much like smoking, drunkenness is more common among boys and girls who find it difficult to talk to their parents, in particular their mother (Figure 2.5). However, the impact of communication on drunkenness is not as great as it is on smoking.

**Discussion**

Family structure is associated with adolescent health outcomes. However, research suggests that it is not structure per se that is important, but the complex family processes and interactions between family members (Houseknecht and Hango, 2006; Martinez et Forgatch, 2002) as well as material disadvantage experienced by some family types (Spencer, 2005). In relation to adolescent substance use, one European study found that quality of family life is a more robust barrier to drug taking than living with both parents, attachment to mother being particularly important (McArdle et al, 2002). It is well known that family conflict has negative effects on children's health outcomes and it is found to be a key predictor of poor psychological well-being and behavioural problems among young people (Amato and Keith, 1991; Grych and Fincham, 1990). Family processes that protect children from high levels of stress result in the best health outcomes (Barrett and Turner, 2006) and have their foundation in good parent-child relations and communication. This paper finds that good communication with mother and with father is associated with positive outcomes in relation to smoking, drunkenness and life satisfaction among Scottish adolescents. This is a consistent pattern for both boys and girls and with respect to both parents. We are currently undertaking further work exploring the inter-relationships between family structure, parent-child communication and health behaviours to tease out the importance of these different influences on young people's well-being.
Smoking was measured using a single item: How often do you smoke tobacco at present? (Every day / At least once a week, but not every day / Less than once a week / I do not smoke)

Drunkenness was measured using the following item: Have you ever had so much alcohol that you were really drunk? (Never / once / 2-3 times / 4-10 times / more than ten times).

Map of countries participating in 2001/2 HBSC study

Countries participating in the 2001/2 HBSC study
- Austria
- Finland
- Lithuania
- Scotland
- Belgium (Flemish)
- France
- Macedonia, tfyr
- Slovak Republic
- Belgium (French)
- Germany
- Malta
- Slovenia
- Canada
- Greece
- Netherlands
- Spain
- Croatia
- Greenland
- Norway
- Sweden
- Czech Republic
- Hungary
- Poland
- Switzerland
- Denmark
- Israel
- Portugal
- Ukraine
- England
- Italy
- Rep. of Ireland
- USA
- Estonia
- Latvia
- Russia
- Wales

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HBSC publications and HBSC Information

Further information on the international report from the 2001/02 survey can be obtained from the International Study website www.hbsc.org. The International Coordinating Centre of the HBSC Study is the Child and Adolescent Health Research Unit (CAHRU), The University of Edinburgh.

HBSC Briefing Papers from this and earlier surveys include:

- Briefing Paper 1. Introduction, background and dissemination of the 2002 HBSC survey in Scotland
- Briefing Paper 5: How are Scotland’s young people doing? A cross-national perspective on physical and emotional well-being.
- Briefing Paper 6: How are Scotland’s young people doing? A cross-national perspective on health-related risk.
- Briefing Paper 7: How are Scotland’s young people doing? A cross-national perspective on physical activity, TV viewing, eating habits, body image and oral hygiene.
- Briefing Paper 8: Bullying and fighting among schoolchildren in Scotland: age and gender patterns, trends and cross-national comparisons.

References


