



ELSEVIER

 JOURNAL OF
 ADOLESCENT
 HEALTH

www.jahonline.org

Original article

The Association Between Social Support and Mental Health Among Vulnerable Adolescents in Five Cities: Findings From the Study of the Well-Being of Adolescents in Vulnerable Environments



Yan Cheng, Ph.D.^a, XianChen Li, B.Med.^b, Chaohua Lou, M.D.^{a,*}, Freya L. Sonenstein, Ph.D.^c, Amanda Kalamar^c, Shireen Jejeebhoy, Ph.D.^d, Sinead Delany-Moretlwe, M.D., Ph.D.^e, Heena Brahmhatt, Ph.D.^c, Adesola Oluwafunmilola Olumide, M.B.B.S., M.P.H.^f, and Oladosu Ojengbede, B.Sc., M.B.B.S.^g

^a Department of Epidemiology and Social Science Research on Reproductive Health, Shanghai Institute of Planned Parenthood Research, Shanghai, People's Republic of China

^b School of Public Health, Fudan University, Shanghai, People's Republic of China

^c Department of Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

^d Population Council, New Delhi, India

^e Wits Reproductive Health & HIV Institute, School of Clinical Medicine, University of the Witwatersrand, Johannesburg, South Africa

^f Institute of Child Health, College of Medicine, University of Ibadan/University College Hospital, Ibadan, Oyo State, Nigeria

^g Department of Obstetrics and Gynaecology, College of Medicine, University of Ibadan/ University College Hospital, Ibadan, Oyo State, Nigeria

Article history: Received May 14, 2014; Accepted August 20, 2014

Keywords: Adolescent; Mental health; Social support; Suicidal thoughts

A B S T R A C T

Purpose: Globally, adolescents are at risk of depression, traumatic stress, and suicide, especially those living in vulnerable environments. This article examines the mental health of 15- to 19-year-old youth in five cities and identifies the social support correlates of mental health.

Methods: A total of 2,393 adolescents aged 15–19 years in economically distressed neighborhoods in Baltimore, MD; New Delhi, India; Ibadan, Nigeria; Johannesburg, South Africa; and Shanghai, China were recruited in 2013 via respondent-driven sampling to participate in a survey using an audio computer-assisted self-interview. Weighted logistic regression and general linear models were used to explore the associations between mental health and social supports.

Results: The highest levels of depression and posttraumatic stress symptoms were displayed in Johannesburg among females (44.6% and 67.0%, respectively), whereas the lowest were among New Delhi females and males (13.0% and 16.3%, respectively). The prevalence of suicidal ideation ranged from 7.9% (New Delhi female adolescents) to 39.6% (Johannesburg female adolescents); the 12-month prevalence of suicide attempts ranged from 1.8% (New Delhi females) to 18.3% (Ibadan males). Elevated perceptions of having a caring female adult in the home and feeling connected to their neighborhoods were positively associated with adolescents' levels of hope across the sites while negatively associated with depression and posttraumatic stress symptoms with some variation across sites and gender.

Conclusions: Adolescents living in the very economically distressed areas studied register high levels of depression and posttraumatic stress. Improving social supports in families and neighborhoods may alleviate distress and foster hope. In particular, strengthening supports from female caretakers to their adolescents at home may improve the outlooks of their daughters.

© 2014 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND CONTRIBUTION

Mental health problems are prevalent among adolescents in vulnerable environments and are significantly associated with family support and neighborhood connection. Given the current limitations of both research and mental health care capacities in resource-poor settings, increasing social support, especially female adult caregivers, may prove effective in addressing the mental health of adolescents.

Conflict of Interest: The authors declare no conflicts of interest.

Disclaimer: Publication of this article was supported by the Young Health Programme, a partnership between AstraZeneca, Johns Hopkins Bloomberg School of Public Health, and Plan International. The opinions or views expressed in this article are those of the author and do not necessarily represent the official position of the funders.

* Address correspondence to: Chaohua Lou, M.D., Department of Epidemiology and Social Science Research on Reproductive Health, Shanghai Institute of Planned Parenthood Research, Shanghai, 200237, Laohumin Road 779, Shanghai, People's Republic of China.

E-mail address: Chaohual@yahoo.com (C. Lou).

Mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” [1]. It is noted that about 20% of children and adolescents in the world are estimated to have mental disorders or problems such as schizophrenia, depression, mental retardation, and disorders due to drug abuse, and about half of all mental disorders begin before the age of 14 years [2]. Mental disorders account for a large proportion of the disease burden in young people in all societies, especially in economically disadvantaged areas, where resources for care are scarce and mental health is strongly associated with social determinants of health [3]. People with mental disorders experience disproportionately higher rates of disease burden and mortality [3], and depression is ranked as the leading cause of disability worldwide. Apart from disability, mental disorders also exert a substantial burden on mortality in young people in many communities. Adolescence is a period of heightened risk of suicide [4]. Suicide is a leading cause of death in young people in countries such as China [5] and India [6], and the second most common cause of death among young people worldwide [7,8]. It is well known that mental disorders in adolescents are strongly related to mental disorders in adulthood [9,10]. Thus, it is important to study the risk and protective factors for mental health problems and any impact cultural and geographical variations have on mental health outcomes among adolescents to develop effective prevention strategies.

Mental health, similar to other aspects of health, can be influenced by a range of factors. It is widely recognized that mental health problems are the result of interactions of biological with psychosocial factors [11]. Previous studies have identified risk factors for psychiatric disorders including genetic, cognitive, temperamental, interpersonal, and family environment factors [12,13]. In addition, a strong relationship exists between poor mental health and many other concerns for young people, notably educational achievement, substance use and abuse, violence, and poor reproductive and sexual health [3]. Moreover, poor relationships with peers, feelings of lack of security, and negative life events may also increase the risk of mental disorders in children and adolescents [13–15]. Longitudinal studies have also shown that factors such as a sense of connection, low levels of conflict, and an environment in which the expression of emotions is encouraged protect against the development of behavioral or emotional disorders [3,16].

Social support may be an important psychosocial buffer in the face of other risk factors and may play an even more significant role in the lives of adolescents, which are often characterized by multiple developmental and physical changes [3,16]. Social support is a form of social capital that individuals can draw upon to help them cope with daily stressors [17]. Researchers have consistently documented positive associations between social support and psychological well-being among adult and youth [18,19] and inverse associations between social support and depression [19,20]. In particular, research findings suggest that social support may help protect youth against the negative effects of stressors and promote more positive mental health outcomes [18,19].

So far, much of the work focusing on the positive effects of social support on psychological health has emphasized the role of perceived support with a specific source [21], but there is still limited research about how social support from multiple sources (i.e., parents, peers, and community) differentially predict adolescents' mental health outcomes. Such an understanding is

needed, in part, so that researchers and practitioners can make more informed decisions regarding where to focus prevention and intervention efforts. Furthermore, little attention has been afforded to how social support relates to positive indicators of mental health, such as hope for the future. Such research might elucidate ways to foster optimism among youth. To address these gaps, our study aims to (1) estimate and compare vulnerable youth in different countries with respect to their mental health and social supports and (2) to examine the relationship between social support from multiple important sources and mental health in this population.

Methods

Sample and procedures

Data for these analyses come from a cross-sectional survey of 2,393 males and females aged 15–19 years, conducted in five cities around the world in 2013 in the second phase of the Well-Being of Adolescents in Vulnerable Environments (WAVE) study. Among 2,393 respondents, 476 were from Baltimore, 500 from New Delhi, 465 from Ibadan, 497 from Johannesburg, and 455 were migrants from Shanghai. Only 2,339 eligible cases were included in this analysis because of the exclusion of cases with missing data. For more details on the sampling methodology, see Decker et al. in this volume.

Respondent-driven sampling (RDS) was used to ensure the sample included out-of-school youth and unstably housed youth who are often underrepresented in school-based or household-based samples. The survey was developed by the research team, translated, back-translated, and piloted in each site. Back translations involve having someone other than the original translators translate the culturally adapted measure back into the scale's original language to see if translated items still measured the intended trait. However, using adult translators and back-translators without an awareness and understanding of how youths will interpret the translated wording is problematic. Therefore, before the formal survey, a pilot with 50 adolescents was conducted in each site, and the measurements were further culturally adapted based on the feedbacks of the pilot. To increase the comparability of data across sites, interviewers received extensive training to follow a standard survey procedure and establish rapport with respondents, and a safe and comfortable environment was provided to conduct the survey to erase the anxiety of respondents. All interviews were conducted through a survey using audio computer-assisted self-interview instruments. All aspects of this study received approval from the Committee on Human Research at the Johns Hopkins University and review committees in the collaborating local organizations.

Measures

Sociodemographic characteristics include age, sex, current school enrollment, perceived relative wealth (same as others, better than others, or worse than others in the neighborhood), family situation in which the adolescent was raised (two parents—including one or both adoptive or step parents; one parent; or other relatives or nonrelatives), and unstably housed (not having a regular place to stay or staying an average of 3–4 nights a week or less in the regular place over the last 30 days and staying overnight in more than one place in the last 7 days). These measures were used as covariates in the multivariate analyses.

Download English Version:

<https://daneshyari.com/en/article/10511656>

Download Persian Version:

<https://daneshyari.com/article/10511656>

[Daneshyari.com](https://daneshyari.com)