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Prevalence and psychiatric correlates of neighbourhood satisfaction and its impact on adolescent behaviours: UK understanding society cohort, 2011–2012

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ABSTRACT

Background: Studies looking into neighbourhood satisfaction including prevalence, risk correlates, and impacts are very scarce. Therefore, it was aimed to provide recent evidence on prevalence and psychiatric correlates of neighbourhood satisfaction and its impact on individual behaviours and life aspects in adolescents in a national and population-based setting.

Method: Data were retrieved and analysed in the UK Longitudinal Household Survey in 2011–2012. Information on demographics, lifestyle factors, urbanisation level, and behavioural and emotional development was obtained by household interview. Analyses included descriptive statistics, chi-square test and usual and multi-level logistic regression modelling.

Results: Of 491 (11.2%) out of 4427 adolescents were dissatisfied with their neighbourhoods and 6.8% ($n=297$) were classified as having abnormal psychiatric state. Smoking status (both current and past) and alcohol status (both current and past) were associated with neighbourhood dissatisfaction but not sex, urbanisation level or country of residence. Compared to people who were classified as normal, others with borderline or abnormal mental state tended to express dissatisfaction toward their current neighbourhoods. In addition, these people reported more “troublesome” individual behaviours for about 18 types out of 24 types in total and had poor perception toward life in many aspects including family, friends, school, and even personal appearance.

Conclusion: One in five adolescents were dissatisfied with their current neighbourhoods leading to worrying individual behaviours and negative impacts on life. Neighbourhood renewal strategy or place-making to facilitate self-efficacy could be considered as priority to be integrated into future public health programs and/or put onto public health policy agenda.

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1. Introduction

Rapid changes in life have the potential of affecting the stability of one's overall life satisfaction (Ingelhart and Rabier, 1986). Of relevance with regard to adolescent developmental changes is the need to develop identity (Erikson, 1968). Inability on the part of adolescents to accomplish this developmental task may result in role confusion, which may in turn undermine the person's self-esteem and overall subjective well-being (Erikson, 1968; Lee, 1988). It is known that life satisfaction generally refers to an overall assessment of one's life or satisfaction with some specific

domains (Neugarten et al., 1961). From a socio-psychological point of view, life satisfaction falls under the broad area of subjective well-being (Bowling et al., 1993). Similarly, neighbourhood satisfaction as an environmental factor of human living society could refer to an overall assessment of one's satisfaction toward his/her living surrounding which would be an important indicator of subjective well-being as well and consequently quality of life with a preparation of adulthood life (Chapman and Beaudet, 1983).

Research in adolescents have shown that living in a challenging environment what adolescents believe would most influence their likelihood of achieving a positive future (Ginsburg et al., 2002) and positive neighbourhood experience is crucial in the development of the adolescent period in addition to material affluence (Tay et al., 2004; Boardman, 2006). Neighbourhood environment per se and urbanisation level may not contribute to change in quality of life during the transition to early adolescence, but the perception

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on satisfaction could greatly impact on the wellbeing during this sensitive development period (Drukker et al., 2006; Shiu, 2012; Kruger et al., 2007). In addition, mental health problems in drop-out school students have been worldwide concerns while the associated health and social problems including substance use and youth violence have still been public health attention nowadays (Sagatun et al., 2014). Linkage with neighbourhood environment is still unclear and studies looking into neighbourhood satisfaction including prevalence, risk correlates, and impacts on individual behaviours among adolescence across regions are still very limited, not to mention the necessity of regular monitoring for optimising adolescent health. Therefore, it was aimed to provide recent evidence on prevalence and psychiatric correlates of neighbourhood satisfaction and its impact on individual behaviours and perception toward life with different domains in adolescents in a national and population-based setting with representative study sample across the UK.

2. Methods

2.1. Study sample

Data were extracted and analysed in the UK Longitudinal Household Survey (Understanding Society, access available via: <http://www.understandingsociety.org.uk/>), which has been a national, population-based, multi-year study among people residing in the UK including England, Scotland, Wales, and Northern Ireland. Study design and sampling method were published elsewhere in detail (Buck and McFall, 2012). Information on demographics including age and sex, and country of residence (England, Scotland, Wales, or Northern Ireland), lifestyle factors including smoking status (current, past, or never), alcohol status (current, past, or never), urbanisation level (urban area or rural area), and behavioural and emotional development by Strengths and Difficulties Questionnaire, (Goodman, 1997) being a brief behavioural screening questionnaire about 3–16 year olds, was obtained by household interview. In addition, adolescents were asked about their usual behaviours with more than 20 items and their perception toward different aspects of life, which were listed in the later tables in the results section. Currently, only the study wave 3 in 2011–2012 was available with these data. Therefore, only data from this period would be included for examination.

2.2. Statistical analysis

In the first step, prevalence of neighbourhood dissatisfaction (questionnaire answer: dislike the living neighbourhood; being binary study variable) among adolescents was estimated and potential psychiatric correlates by calculating Strengths and Difficulties Questionnaire scores including total score and specific scores of each sub-scale including emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial problems were assessed. Cutoffs for each scoring were used to classify normal, borderline, or abnormal mental health state according to the standard (<https://www.rcpsych.ac.uk/pdf/SDQ%20Score%20Sheet%20and%20Instructions%20for%20Self%20Report.pdf>). In the second step, the effect of neighbourhood dissatisfaction on adolescent individual behaviours including 24 items and perception toward different aspects of life including 5 domains and life as a whole were examined. Effects were estimated by using odds ratios (OR) or relative risk ratios (RRR) and 95% confidence intervals (CI) depending on study outcomes being binary or categorical, with $P < 0.05$ considered statistically significant. Statistical software STATA version 13.0 (STATA, College Station, Texas, USA) was used to perform all the analyses. Since it is only a secondary data analysis in the present study, no further ethics approval was required.

3. Results

Of 4427 eligible adolescents included in the study cohort, the mean age was 12.5 while the range was 10–15. Table 1 presents characteristics including prevalence of abnormal behavioural and emotional development by Strengths and Difficulties Questionnaire scores including total score and specific scores in each sub-scale. In general, 3414 (77.1%) people live in urban areas. 491 (11.2%) adolescents were dissatisfied with their neighbourhood. Altogether, 297 (6.8%) people were classified as abnormal mental state while 490 (11.2%) were on borderline. To be specific, 771

(17.5%) had abnormal emotional symptoms, 500 (11.4%) had abnormal conduct problems, 590 (13.4%) had abnormal hyperactivity, 134 (3.1%) had abnormal peer problems, and 229 (5.2%) had abnormal prosocial problems.

Table 2 shows associations between neighbourhood dissatisfaction and possible correlates from individual characteristics and life difficulties by using Strengths and Difficulties Questionnaire. In general, smoking status (current: OR 2.10, 95%CI 1.33–3.31, $P = 0.001$; past: OR 1.62, 95%CI 1.15–2.26, $P = 0.005$) and alcohol status (current: OR 1.88, 95%CI 1.37–2.58, $P < 0.001$; past: OR 1.27, 95%CI 1.03–1.57, $P = 0.023$) were associated with neighbourhood dissatisfaction but not sex, urbanisation level or country of residence. In addition, compared to people with normal mental health state, those who were classified as abnormal (OR 1.91, 95%CI 1.46–2.51, $P < 0.001$) or borderline (OR 3.51, 95%CI 2.63–4.69, $P < 0.001$) were more likely to express neighbourhood dissatisfaction. Significant associations could be found not only in total score but in each sub-scale as well including emotional symptoms (abnormal: OR 2.08, 95%CI 1.67–2.59, $P < 0.001$; borderline: OR 1.77, 95%CI 1.17–2.69, $P = 0.007$), conduct problems (abnormal: OR 2.17, 95%CI 1.67–2.81, $P < 0.001$; borderline: OR 1.88, 95%CI 1.40–2.54, $P < 0.001$), hyperactivity (abnormal: OR 1.97, 95%CI 1.54–2.52, $P < 0.001$; borderline: OR 1.58, 95%CI 1.18–2.12, $P = 0.002$), peer problems (abnormal: OR 3.12, 95%CI 2.06–4.73, $P < 0.001$; borderline: OR 1.90, 95%CI

Table 1
Characteristics of included adolescents across the UK.

(n=4427)	N (%) or Mean (SD)
Age (range: 10–15)	12.5 (1.7)
Sex	
Male	2221 (50.2%)
Female	2206 (49.8%)
Urbanisation	
Urban area	3414 (77.1%)
Rural area	1012 (22.9%)
Neighbourhood satisfaction	
Satisfied	3895 (88.8%)
Dissatisfied	491 (11.2%)
Strengths and Difficulties Questionnaire	
Total difficulties	297 (6.8%)
borderline	490 (11.2%)
normal	3608 (82.0%)
Emotional symptoms	771 (17.5%)
borderline	198 (4.5%)
normal	3433 (78.0%)
Conduct problems	500 (11.4%)
borderline	388 (8.8%)
normal	3512 (79.8%)
Hyper-activity	590 (13.4%)
borderline	430 (9.8%)
normal	3379 (76.8%)
Peer-problems	134 (3.1%)
borderline	450 (10.2%)
normal	3816 (86.7%)
Prosocial problems	229 (5.2%)
borderline	342 (7.8%)
normal	3832 (87.0%)
Smoking	
current	122 (2.8%)
past	276 (6.3%)
never	3987 (90.9%)
Alcohol	
current	2102 (48.3%)
past	1837 (42.3%)
never	409 (9.4%)
Residence	
England	3408 (77.0%)
Scotland	381 (8.6%)
Wales	303 (6.8%)
Northern Ireland	334 (7.5%)

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