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School context, friendship ties and adolescent mental health: A multilevel analysis of the Korean Youth Panel Survey (KYPS)

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ABSTRACT

Research on the social determinants of health suggests that interpersonal networks play a critical role in facilitating individual mental and physical well-being. Prior studies also indicate that ecological or contextual factors contribute to positive health outcomes. This study extends prior research by examining the factors associated with adolescent health in an Asian context. Based on the multilevel analysis of the Korean Youth Panel Survey (2006 & 2007), a longitudinal project funded by the Korean government, it investigates some of the key variables related to the mental health of Korean students. Much of previous research focuses on the functions of social capital. This study contributes to the social epidemiology literature by investigating the possible downside of network ties. Specifically, it asks whether having delinquent friends is associated with negative mental health experiences. In addition, little research has been conducted concerning the associations between adolescent health outcomes and school characteristics. This study moves in that direction by examining the relationship between mental well-being of students and a variety of school related variables (e.g., subjective attitude toward school and quality of relationship with peers and teachers). Hierarchical linear modeling shows that, among the social capital control variables, being properly integrated into the family and frequent peer interaction significantly add to mental health. At the individual (student) level only, ties to delinquent friends are negatively associated with mental health, while at both individual and contextual levels, school characteristics are positively related to adolescent subjective well-being.

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1. Introduction

Contextual factors are critical in maintaining and promoting mental and physical well-being. Much evidence indicates that health outcomes are significantly shaped by factors that lie above and beyond individual actors. In particular, social ties and related social support are shown to be valuable in facilitating subjective and physical health (Berkman et al., 2000; Ferlander, 2007; Kawachi et al., 2008; Smith and Christakis, 2008; Umberson and Montez, 2010). People who are embedded in better social relations are happier and more satisfied with life generally (Haller and Hadler, 2006; Kroll, 2011; van der Horst and Coffe, 2011). Those with greater social capital (e.g., interpersonal trust, number of friends, frequency of interaction) are also more likely to report themselves as being physically healthier (Cornwell and Waite, 2009; Ferlander and Makinen, 2009; Fujiwara and Kawachi, 2008; Giordano et al., 2012; Song and Lin, 2009; Verhaeghe and

Tampubolon, 2012). There are ongoing debates concerning the precise mechanisms linking social factors and health outcomes such as social influence, social control, information transfer, instrumental assistance, and emotional belongingness (Thoits, 2011; Umberson and Montez, 2010). Despite the conceptual and causal uncertainty surrounding the role of social context, a plethora of studies support the claim that physical and mental health is strongly associated with the quantity and quality of social connectedness and other contextual factors.

In addition to social or network embeddedness, previous research focuses on the impact of broader environmental factors, in particular, the role of neighborhood, on health outcomes (Browning and Cagney, 2002; Haines et al., 2011; van Hooijdonk et al., 2008; Mohnen et al., 2011; Moore et al., 2011). In making this connection, scholars conjure up the notion of macro-level social capital or collective efficacy. The former is the resource accessible through one's membership in a higher-level group (Kawachi et al., 2008; Poortinga, 2006a, b). For example, Mohnen et al. (2011) demonstrate that neighborhood social capital is significantly related to self-reported health based on a national sample. Verhaeghe and

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Tampubolon (2012) also find that individual-level social capital (general trust, social participation, network sources) mediates the deleterious effects of neighborhood disadvantage on health. The concept of collective efficacy, on the other hand, derives from a sense of social cohesion and informal social control typically embedded at the neighborhood level (Maimon et al., 2010; Sampson et al., 1999). According to one study, neighborhood structural characteristics, social organization and culture are strong predictors of self-reported physical well-being (Browning and Cagney, 2002). In another study, neighborhood effects (via informal social control) and network social capital are found to interact to influence depressive symptoms among a representative sample of urban residents (Haines et al., 2011). The common denominator underlying these two related lines of inquiry is that the environmental context, however defined, constitutes a significant determinant of psychological and physiological health.

1.1. Aim of this study

This study seeks to contribute to the social epidemiology literature in following ways. First, in examining the role of social capital, previous studies have conceptualized social network in largely functional terms (see Coleman, 1988). With the assumption that social ties produce health benefits, research efforts have been mostly directed at establishing a positive relationship between, for example, network size and self-rated health (e.g., Cornwell and Waite, 2009; Song, 2011; van der Horst and Coffe, 2011). This study, however, proposes that network connectedness in and of itself may or may not lead to better health outcomes. The key is the quality of the social relationship, a topic which the existing literature does not adequately address. Depending on the quality of the tie, it is hypothesized that certain relationships can have an adverse effect on mental and psychological health of individuals involved. Second, most of the past research on social determinants of health is generally based on data from Western countries (Kumar et al., 2012; Sujarwoto and Tampubolon, 2013) and the studies on health and neighborhood effects in particular almost exclusively deal with adult populations (Aminzadeh et al., 2013). Understanding the correlates of adolescent health is critical since health advantages and disadvantages of social capital is cumulative (Umberson and Montez, 2010). The current study thus endeavors to bridge the empirical gap by focusing on a national youth sample in an East Asian context.

School is one of the most important contextual factors influencing health behaviors and outcomes of adolescents (Bearman and Moody, 2004; Maimon and Kuhl, 2008; for a review, see Whitlock et al., 2014). Despite the wide recognition of its critical role, however, the linkage between school connectedness and adolescent mental health has not been adequately examined in the literature (Shocet et al., 2006; Oberle et al., 2011). This research moves in that direction by measuring multiple school-related characteristics and analyzing their associations with subjective well-being of students. Lastly, much of existing research relies on cross-sectional data and thus encounters the thorny problem of endogeneity. This study minimizes this methodological issue by utilizing panel data, which allows for a better temporal connection between health outcome and independent variables (Giordano et al., 2012).

1.2. Adolescent health, social network, and contextual effects

Research on adolescent health and social capital is relatively limited, since scholarly endeavor has been largely devoted to analyzing general or adult populations. Those that explicitly investigate younger population segments highlight the functional

aspects of social capital. In other words, they mostly conceptualize network connections as a protective factor that improves the mental and physical well-being of adolescents (Bearman and Moody, 2004; Goswami, 2012; Hazenbuehler et al., 2012; Kana'laupuni et al., 2005; Maimon et al., 2010; Whitlock et al., 2014; Zambon et al., 2010). Even scarcer are studies exploring the potential downside of adolescent social relations and networks that go beyond the exclusively positive connotation underlying the concept social "support" (see Thoits, 2011).

In one of the rare cases, Falci and McNeely (2009) report a non-monotonic relationship between number of friends and adolescent depressive symptoms. Specifically, the adolescents who are under-integrated (with few friends) and those who are over-integrated (with too many friends) both suffer from poor mental health. That is, network size is not necessarily a positive and linear indicator of social capital because having too many friends can impose greater demands on individuals for emotional and time commitment, reciprocity, etc. Baller and Richardson (2009) offer similar findings on the negative consequences of network connectedness among American youths. According to them, students linked with friends-of-friends who previously attempted suicide are much more likely to engage in suicidal thoughts themselves. The results point out that suicidal ideation is diffused through network linkages, meaning the identities of peer group members function as a critical element in shaping the likelihood of thinking about committing suicide. Zimmerman and Messner (2010) also find that adolescents whose close friends engage in violent behavior are more likely to display physical aggression toward others. In a further test of the "dark side" of peer network, Logan et al. (2011) show the extent to which association with delinquent friends affects the probability of having suicidal thoughts. They discover that adjusting for demographic background variables, having troubled friends increases the likelihood, though the association disappears when illicit substance use and violence victimization factors are taken into account. The current study extends this earlier line of research that underscore the negative aspect of social network. Specifically, it asks the following question: How does delinquent peer connection affect mental health or psychological health well-being of adolescents?

Despite the ongoing debate surrounding whether social capital is an individual-level or contextual-level attribute (Giordano et al., 2011), studies that specifically address the association between contextual effects and adolescent health remain quite limited. Scholars have looked at how contextual factors, broadly conceptualized and measured in terms of neighborhood and school characteristics, can influence, for example, adolescent substance use (Snedker et al., 2009), suicidal behavior (Maimon and Kuhl, 2008; Thorlindsson and Thorodddur, 1998; Zimmerman, 2013), delinquency (Fagen and Wright, 2011; Hoffmann and Durfur, 2008; Zimmerman and Messner, 2010), and personal victimization (Gottfredson and DiPietro, 2011). However, the role of environmental context in shaping adolescent mental or physical well-being has rarely been considered, besides few exceptions (e.g., Aminzadeh et al., 2013; Drukker et al., 2003; Oberle et al., 2011; Shocet et al., 2006).

One of the most recent examples is a study by Aminzadeh et al. (2013), which probes the relationship between "neighborhood social capital" and subjective well-being among youths in New Zealand. According to the results, neighborhood characteristics and adolescent involvement in community activities are significantly related to general emotional health and life satisfaction. They further reveal that some of the neighborhood effects vary according to socioeconomic status of the students. Despite the merits of this study, it does not take into consideration the role of school environment, which, along with family and friends, constitutes one of

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