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Social support, material circumstance and health behaviour: Influences on health in First Nation and Inuit communities of Canada☆

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A B S T R A C T

An expansive literature describes the links between social support and health. Though the bulk of this evidence emphasizes the health-enhancing effect of social support, certain aspects can have negative consequences for health (e.g., social obligations). In the Canadian context, the geographically small and socially interconnected nature of First Nation and Inuit communities provides a unique example through which to explore this relationship. Despite reportedly high levels of social support, many First Nation and Inuit communities endure broad social problems, thereby leading us to question the assumption that social support is primarily health protective. We draw from narrative analysis of interviews with 26 First Nation and Inuit Community Health Representatives to critically examine the health and social support relationship, and the social structures through which social support influences health. Findings indicate that there are health-enhancing and health-damaging properties of the health–social support relationship, and that the negative dimensions can significantly outweigh the positive ones. Social support operates at different structural levels, beginning with the individual and extending toward family and community. These social structures are important as they reinforce an individual's sense of belonging, however, these high-density networks can also exert conformity pressures and social obligations that promote health-damaging behaviours such as domestic violence and smoking. The poor material circumstances that characterize so many First Nation and Inuit communities add another layer of complexity as limited resources can trap individuals within the confines of their immediate social contexts. Research and policy interventions must pay close attention to the social context within which social support, health behaviours and material circumstances interact to influence health outcomes among First Nation and Inuit communities.

Since the late 1970s an expansive literature has grown to describe the connection between social support and health, the basic argument being that the care, respect and resulting sense of satisfaction and well-being related to our social ties can buffer against health problems (Berkman, Glass, Brisette, & Seeman, 2000; Cohen & Syme, 1985). Some researchers suggest the health effects of our social relationships may be as important as established disease

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risk factors such as smoking, obesity and high blood pressure (Berkman & Syme, 1979; House, Landis, & Umberson, 1988). Though the bulk of the empirical evidence emphasizes the positive, health-enhancing effect of social support, certain aspects can also have negative consequences for health (Rook, 1992; Schuster, Kessler, & Aseltine, 1990; Uchino, Holt-Lunstad, Uno, & Flinders, 2001). That one's social ties may cause harm forms a significantly underemphasized dimension of the social support and health relationship (Barrera, 1986; Rook, 1984; Thoits, 1995). Some suggest that the assumption that tight-knit social structures lead primarily to improved health is misleading (Gottlieb, 1985; Kawachi & Berkman, 2001).

In the Canadian context, the geographically small and socially integrated nature of First Nation and Inuit communities provides a unique example through which to explore the health effect of social support. Despite reportedly high levels of social support (Richmond, Ross, & Egeland, 2007), many Aboriginal communities in Canada continue to endure patterns of mortality and morbidity that are influenced strongly by social pathologies, including family violence, sexual abuse, widespread poverty, and suicide (Adelson, 2005). These social problems have manifested into potent predictors of morbidity and mortality among this population, thereby leading us to question the role of social support in these processes.

Consistent with other authors in the field of Aboriginal health (Anand et al., 2007; Browne, 1995; Kenny, 2007), we suggest that the current health and social patterns of First Nation and Inuit communities may be better understood if we draw from holistic frameworks of health, those which connect the health of individuals to the health status and behaviours of their families and communities. In the following paper, we draw from narrative analysis of qualitative interviews with Community Health Representatives (CHRs) from 26 First Nation and Inuit communities to critically examine the health and social support relationship, and the social structures through which social support influences health.

Connecting individual to community: Indigenous concepts

On a global scale, Indigenous models of health and healing place distinct emphasis on the larger social system within which the individual lives. Concepts such as balance, holism, and interconnectedness are regarded as keys for healthy living among Indigenous communities around the world (Australia, 2004; Bird, 1993; Casken, 2001; Durie, 1994). Indigenous conceptualizations recognize that individual health is shaped by features of the larger social context, including family, community, nature and Creator. An individual must therefore consider the results of his/her actions and behaviours within a greater scope of life and being (Casken, 2001), and at the same time, an individual's health and well-being depend on the wellness of those surrounding him or her (Durie, 1994).

Canada's Indigenous communities have historically been highly integrated places, and the role of the family has been critically important for personal and community well-being (Barsh, 1994; Royal Commission on Aboriginal Peoples, 1996). Family signifies the biological unit of parents and children living together in a household, but it also encompasses an extended network of grandparents, aunts, uncles, cousins and adopted kin. In many First Nation communities, members of the same clan are considered family, linked through kinship ties that may stretch back to a common ancestor in mythical time (RCAP, 1996). Under the rules of clan membership, individuals are required to marry outside the clan to which they belong. Over generations, this resulted in every family in a community being related by descent or marriage to every other family in the community (RCAP, 1996), thereby securing economical and social resources for these families, and underscoring the need to maintain good relations within communities. These tight-knit social structures are therefore mediated in important ways by the responsibility of Aboriginal peoples to their immediate social and physical environments, those which contribute to the balance of good health (Burch, 1986; Kirmayer, Simpson, & Cargo, 2003).

Contextualizing social support

Social support refers to the supportive behaviours and resources of our social ties, including emotional support, intimacy, positive interaction, and tangible support (House, 1981). These supportive behaviours operate at the levels of individual and community (Felton & Shinn, 1992; Thoits, 1995). Social embeddedness refers to the connectedness of individuals to others in their social environments (Barrera, 1986). This embeddedness provides an individual the opportunity to draw from the resources of their social ties. One's social ties are also embedded within broader social exchanges. At the community level, for instance, increased interconnectedness leads to greater network density and a greater propensity for sharing of information and social feedback which can 'correct' individuals as they deviate from course (Gottlieb, 1985). These high-density networks can also exert more conformity pressures and social obligations than can low density networks (Gottlieb, 1985).

In measuring the health-related functions of an individual's social embeddedness, Gottlieb (1985) defines three units of analysis: the micro-level, the mezzo-level, and the macro-level. The micro-level refers to an individual's most intimate relationships (e.g., intimate partner, spouse, confidant, and family), those who provide deep and nurturing emotional ties. The mezzo-level refers to those with whom the individual shares regular interaction and exchange of support, including advice, material aid, companionship, emotional nurturance and esteem. Gottlieb (1985) defines the macro-level as an individual's most distant social ties – these ties refer to one's social integration or participation at the community level (e.g., participation in volunteer organizations). The presence of varying levels of social structure is an important feature of the community context; the interconnected nature of these social institutions embeds individuals within the social context of their families and communities.

In the greater literature on health and social support, there are two fundamental assumptions regarding the health impact of one's social ties. The first assumption is