

“My Mother Understands My Feelings Before I Tell Her” Social Connectedness among Youth in North Shewa Oromia Region, Central Ethiopia

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Abstract

Background: Human beings have an innate desire to feel connected, trusted and loved. Social connectedness has association with mental health, physical health, and longevity. Social connectedness seems to be observable; however, perceived state gauges one's state of social connectedness.

Objective: This study aimed to assess the level of social connectedness and associated factors among youth in the North Shewa zone.

Methods: An institutional based cross-sectional study triangulated with qualitative study was conducted in North Shewa Zone, from February to March 2016. Multi-stage sampling method was used to select study participant. Self-administered questionnaire and focus group discussions guide were used for data collection. Data was entered and analyzed using Statistical Package for Social Science (SPSS) version 20.0 statistical package. Simple and multiple linear regression analysis were done to identify factors associated with social connectedness.

Result: The mean social connectedness score of the respondent was 77.8 with 95% CI (77.0, 78.6). The mean social connectedness decreases by 87.5% as the age of the youth increase per year. (Standardized coefficient=-0.128, p=0.001). Whereas females have 2.2 times higher social connectedness than males (Standardized coefficient=0.108, p=0.006). With regard to residence, youth who did not permanently live in the respective town had 1.85 times higher social connectedness than those living in their home town (Standardized coefficient=0.092, p=0.025). Youth who live with one biological and stepfather/mother had 5.96 times lower social interaction than those who live with both biological families (Standardized coefficient=-0.075, p=0.050). Alternatively, those substances non-user had 4.7 higher social connectedness than substance users (Standardized coefficient=0.119, p=0.002).

Conclusion: Increased self-efficacy and pocket money were associated with high social connectedness. Increased age, being male, substance use, permanently living in town, living with one biological and stepfather/mother were significantly associated with lower social connectedness among youths.

Keywords: Social connectedness; Youths; Ethiopia

Introduction

Social connectedness is the feeling of belonging and relatedness to others, and the extent to which one values the relationships and is sensitive to the effects of his or her actions on others [1]. Social connectedness may seem to be observable or implied; however, perceived state best gauges one's state of social connectedness. Thus, social connectedness is both a perceived psychological state and a property of a relationship system in which there is active, reciprocal exchange [2,3]. It creates an environment within which one grows up and derives support and inspiration [4].

At any given time human beings occupy multiple and diverse social ecologies. Some of them are more proximal than others, influence day to day functioning and can be emotionally salient to the individual. As

a result individuals may experience high degrees of connectedness with one while low connectedness with others [5].

Social connectedness has association with mental health, physical health, and longevity. A review report showed that individuals with good social connectedness have a 50% greater likelihood of survival compared to those with poor or insufficient social connectedness [6]. It has outstanding contribution in medical care and treatment. Empirical data suggest the relevance of social connectedness in improving patient care, increasing compliance with medical regimens, and decreased length of hospitalization [7,8].

It also decreases the development [9] and progression [10] of cardiovascular disease, a leading cause of death globally [11]. In contrast, lack of social connectedness is a risk factor for multiple chronic diseases; including obesity, high blood pressure, cancer, and diabetes [12]. It also increases stress levels, leads to behavior that

increases health risks, and reduces healthy behaviors. It can also mask symptoms and increase the delay in seeking care [13].

Social connectedness is a very important social factor that influences wellbeing and provide sense of meaning for the lives of youth's [14]. Feeling connected to others increases psychological and physical well-being [15].

Socially connected individuals generally have heightened social involvement, positive perceptions of other individuals, effective relationship engagement, higher social competency and psychological well-being and high levels of esteem [16,17]. It also protects people from adverse life events and provides a protective factor to cope with negative events [18].

Study done in Ghana showed that, youth have high levels of connectedness to family, adults, friends, school and religious groups. Males tend to report a larger number of close friends than females. Adolescents with regular communication and positive reinforcement have shown to higher levels of connectedness; this enables them to be involved in healthy activities like positive sexual and reproductive health outcomes [4].

The intention of youth to engage in sex is strongly influenced by their social context, in which their peers play a major role in determining normative behavior [19]. Studies showed that higher level of social connectedness is associated with significant reduction in the likelihood of engaging in risky sexual practices [20-22]. Social connectedness decreases the likelihood that youth would interact with unconventional peers and engage in delinquent behavior. It also provides opportunities for youths to meet adolescents that are more conventional and connect with them [15,23].

In the school environment, students who feel socially connected do better academically and are less likely to be involved in risky sexual behaviors. Additional to traditional face-to-face social connectedness, social connectedness via the internet has become prevalent in the current world [24]. Facebook allows social needs to be met, and consequently, members experience social connection [25]. Therefore, this paper seeks to describe the patterns of youth's social connectedness with religious groups, parent, peers, school and social media.

Methods

Study setting and design

School based cross-sectional study design triangulated with qualitative data was conducted from February to March 2016 in North Shewa zone, Oromia region, central Ethiopia. North Shewa zone is one of 18 administrative zones in Oromia National Regional State. In the zone, there were a total of 54 schools and 32,443 students.

Study population and sampling

All students enrolled in calendar year 2017 G.C in the high schools and preparatory schools were recruited. The sample size was calculated using single population proportion formula considering proportion (P)=the mean score of social connectedness average for all dimension converted to 100%=50%, 1.5 design effect, 5% margin of error, 95% confidence interval and 10% non-response rate the final sample size

was 635 participants. Multistage sampling technique was employed to select the study participants. Six woredas (districts) were selected by lottery method. In each district, one high school and one preparatory school were selected by lottery method. Study participants were selected using computer generated random numbers method. In the qualitative study, one school was selected intentionally. Then, participants were selected using homogenous purposive sampling techniques.

Data collection procedures

The instrument includes socio-demographic characteristics, social connectedness, self-efficacy, and substance use items. For scale type items internal consistency was checked by Cronbach alpha greater than 0.7. The data were collected using self-administered questionnaires assisted by five trained data collection facilitators. Trained supervisors controlled the data collection process. The principal investigator led the FGDs sessions. Furthermore, tape recording was done after informed consent was taken from the participants.

Variables

Social connectedness was measured by the summed score of family, religion, school, peer and social media connectedness domains; the higher the participants scored, the higher social connectedness the participants had, the lower the participants scored, the less social connectedness the participants had.

Data processing and analysis

The data were entered into Epi-Data version 3.1 and exported to Statistical Package for Social Science (SPSS) version 20 for analysis. After normality and homoscedasticity assumptions checked simple linear regression analysis was done to assess the association between all independent variables with intention test using histogram.

All variables at p-value less than 0.25 in simple linear regression analysis were entered to multiple linear regressions to identify the independent predictors of intention. Un-standardized coefficient was used to interpret effects dependent variable respectively. Significant independent predictor was declared at 95% confidence interval and P-value of less than 0.05 as cut off point.

The qualitative data were transcribed by the principal investigator immediately after each data collection. Thematic approach was used to analyze the data. Finally, it was triangulated with quantitative finding.

Result

Socio-demographic characteristics

A total of 628 participants were included in the study, with the response rate of 98.9%. Majority of the participant 577 (91.8%) were at late adolescent. More than two-third 432 (68.8%) of them were from high school (grades 9 & 10). Majority of the respondents 567 (90.3%), were Orthodox Christian followers. Nearly 56% and 53% of study participants were permanent dwellers in the town and live with both biological families respectively (Table 1).

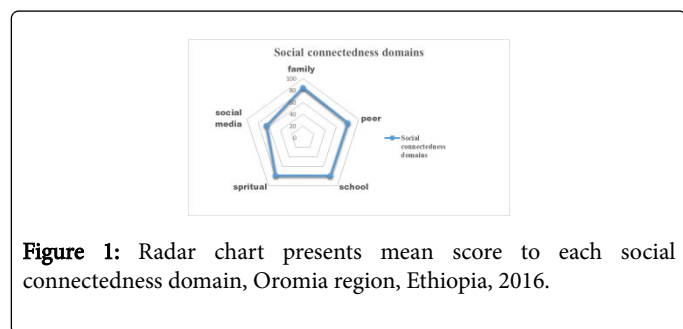
Characteristics (n=628)		Frequency(n=628)	Percent (%)
Sex	Male	332	52.9
	Female	296	47.1
Grade	High school (9 th -10 th)	432	68.8
	Preparatory school (11 th - 12 th)	196	31.2
Religion	Orthodox	567	90.3
	Protestant	38	6.1
	Muslim	10	1.6
	Other*	13	2.1
Are you permanent resident in the town?	Yes	350	55.7
	No	278	44.3
Living arrangement	Both biological family	333	53
	Friends	86	13.7
	Alone	79	12.6
	Mother only	42	6.7
	Relatives	39	6.2
	Grandparents	19	3
	Other**	30	4.8

*Catholic, Wakefetta; ** with sister, Father only.

Table 1: Distribution of socio-demographic characteristics of youths in North Shewa Zone Oromia Regional, Ethiopia, 2016.

Social connectedness

Overall mean social connectedness score of the respondent was 77.8 with 95% CI (77.0, 78.6). Radar chart presents the respondents' mean score to social connectedness domains. As the chart depicts, lower charting gap was seen for social media connectedness. The left four subscales have nearly similar charting gaps (Figure 1).



Most FGD participants agreed that they were very much connected with their mothers than anyone. Even if, family connectedness was higher than other social connectedness domains, the connection with mothers was even higher than any family members.

A 20 years old male stated that "... I can't say anything about family connectedness in the absence of my mother. She is everything for me.

She understands my feeling before I tell her. So, how can I compare this connection with others?"

A 16 years old female explained that "I don't want to go home when my mother is out even for field works. Mothers are always mothers. They are always similar... for me it is unthinkable to miss her in my live even for a second".

Pearson correlation coefficient was used to examine the relationship between social connectedness dimensions. Except spiritual connectedness and social media connectedness other domains of social connectedness have significant and direct correlation with each other's. Spiritual connectedness have significant and direct correlation with family connectedness ($r=0.616, P=0.000$), school connectedness ($r=0.532, P=0.000$) and peer connectedness ($r=0.132, P=0.000$). Family connectedness also have significant and direct correlation with spiritual ($r=0.616, P=0.000$), school ($r=0.567, p=0.001$), peer ($r=0.202, p=0.001$), and social media ($r=0.115, p=0.001$), connectedness. Additional to family and spiritual connectedness, school connectedness had significantly correlation with peer ($r=0.266, P=0.000$) and social media ($r=0.154, P=0.000$) connectedness domains. Similarly, peer connectedness have correlation with social media ($r=0.245, p=0.001$), in addition to school, family and spiritual connectedness (Table 2).

	Spiritual connectedness	Family connectedness	School connectedness	Peer connectedness	Social connectedness	media
Spiritual connectedness	1	0.616**	0.532**	0.132**	0.06	
Family connectedness	0.616**	1	0.567**	0.202**	0.115**	
School connectedness	0.532**	0.567**	1	0.266**	0.154**	
Peer connectedness	0.132**	0.202**	0.266**	1	0.245**	
Social media connectedness	0.06	0.115**	0.154**	0.245**	1	

**Correlation is significant at the 0.01 level (2-tailed).

Table 2: The Correlations between social connectedness domains of youths in North Shewa zone Oromia region, Ethiopia, 2016.

Most FGD participants explained that strong connection with spiritual people enhanced their social connectedness with family, school and peer. Most families were happy when they saw their children with other spiritual people. In addition, good school connectedness appeared to enhance family connectedness.

A 18 years old female student "... being with spiritual people will make our well-behaviors to be built on holy scriptures. In such cases your family, friends as well as you teacher will have strong respect and recognition for you. So you can discuss freely what you feel without fearing..."

A 17 years old female student said that "my father will ask my teachers about my behavior at school. If he hears positive things, he will be very happy. But, in the reverse I am unable to see his face."

Factor associated with social connectedness

In simple linear regression analysis age, sex, grade, residence, living arrangement, household income, pocket money, substance use, self-efficacy was significantly associated with social connectedness. In multiple linear regression analysis using the backward method, a significant model emerged (F8, 619=10.371, p<0.000.) adjusted R2=0.107, age, sex, residence, substance use, pocket money, living arrangement and self-efficacy were significant predictors of overall social connectedness.

Hence, for a unit increase in participant age, the mean social connectedness decreases by 87.5% (Standardized coefficient=-0.128, p=0.001). As age increases, people became autonomous and decrease their connectedness especially with family, school and religious group.

A 16 years old male student explained this saying; "... at young age I am very close to my family and strongly respect my teacher. But, now I feel independent and I will do only what I want to do."

Whereas females had 2.2 times higher social connectedness than males do (Standardized coefficient=0.108, p=0.006) provided that other variables kept constant. Youth who did not permanently live in the respective town had 1.85 times higher social connectedness than those permanently live in the respective town provided that other variables kept constant (Standardized coefficient=0.092, p=0.025). FGD participants also explained that permanent place of living created difference in the level of social connectedness of the youth.

A 18 years old female student said that; "my family live in rural area and I visit them bi-monthly. I live in this town alone. No one controls me. So, I will meet church peoples and my friends freely; which let me to introduce strong relation ..."

A unit increase in the participants pocket money and self-efficacy increases the social connectedness by 6% (Standardized coefficient=0.084, p=0.032) and 36.7% (Standardized coefficient=0.213, p=0.000) respectively. Youth who did not take any substance had 4.7 higher social connectedness than substance users (Standardized coefficient=0.119, p=0.002). Youth who live with one biological and stepfather/mother had 5.96 times lower social interaction than those who live with both biological families (Standardized coefficient=-0.075, p=0.050) (Table 3).

Model	Un-standardized Coefficients (B)		Standardized Coefficients (B)		95% Confidence Interval for B	
	B	Std. Error	Lower Bound	Lower Bound		
(Constant)	65.345	6.362	-	0	52.851	77.84
Age**	-0.875	0.27	-0.128	0.001	-1.406	-0.345
Sex	2.166	0.778	0.108	0.006	0.639	3.693
Permanent resident	1.849	0.824	0.092	0.025	0.23	3.468
Household monthly income**	0	0	0.06	0.126	0	0.001
Substance use	4.697	1.507	0.119	0.002	1.738	7.657

Self-efficacy**		0.367	0.066	0.213	0	0.238	0.495
Participant monthly income**		0.006	0.003	0.084	0.032	0.001	0.011
Grade	Grade 11	-1.685	1.047	-0.064	0.108	-3.741	0.371
	Grade 12	-0.671	1.3	-0.023	0.606	-3.225	1.883
Living arrangement	One biological and	-5.96	3.041				
	stepfather/mother			-0.075	0.05	-11.932	0.012
	Alone	-2.058	1.228	-0.068	0.094	-4.47	0.353
	Mother only	-2.025	1.532	-0.051	0.181	-5.061	0.956
**continuous variable							

Table 3: Factors associated with social connectedness youths in North Shewa zone Oromia region, Ethiopia, 2016.

Discussion

The study explored social connectedness and its associated factors among youth in North Shewa zone Oromai region. Social connectedness has strong association with mental and physical health as well as longevity. This social capital also matters for young people's health and well-being [6,25]. The study revealed that youth had strong social connectedness with family members, school, friends and spiritual peoples. Out of five domains of social connectedness, youth achieved higher social connectedness with their family members and in particular with mothers'. This may be in part because most youth live with their family members. This may also reflect that family members were engaged in open interactions and communications that may have influence on the youth's behaviors. Similarly, higher peer, school and religious connectedness score was observed than social media connectedness. Due to absence of literature reviews, we could not able to compare this evidence with previous studies.

There was strong correlation between the domains of social connectedness. Strong correlation exists between family and spiritual connectedness. However, social media connectedness has the lowest correlation with other all domains. Of which higher correlation was indicated through peer connectedness. This may be because, most youth use social media as a means of communication even when they are not at the same place. Other literature reviews were not able to be compared to this study as there is lack of research in this area.

According to this study finding, as the participant age increases the social connectedness decreases. As FGD participant explained, as age increases people grow to be an independent person who can decide by their own; this decreases their connectedness especially with family members, schools and religious groups. With regard to living arrangements, youth who did not permanently live in the respective town had higher social connectedness than their counter parts. In addition, youth who live with one biological and stepfather/mother had 5.96 times lower social interaction than those who live with both biological parents. This is because when youth live in their home town they will live with other family members. So, they will be controlled over the connection they have with other people. This control will be increased when one of the family members are stepfather or mother. Due to the absence of literature reviews, the study evidence could not be compared with previous studies.

In this study, females had higher social connectedness than males. This study finding is in line with the feminist scholar Chodorow explanations; Chodorow argued that women are naturally more socially connected than men. However, this study's finding are different from a study done in Southeastern universities and Kenya which found no significant difference between women and men on levels of social connectedness [26-28]. This difference may be due to disparity in sociodemographic factors.

An increase in participant's pocket money and self-efficacy increases the social connectedness. This may be due to strong self-efficacy is a salient factor, to create and maintain a strong connectedness with others. Additionally, adolescents who are economically stable and have enough money for fun activities has shown to enhance adolescents' self-confidence. On the other hand, adolescents who use had substances, had significantly lower social connectedness than non-substance users. Adolescents who are substance users have strong connection with their peers, but are often isolated from the larger society. This was explained by FGD participants. A 22 years old male student said that "... substance users are not able to join us as well as their families freely. Most of the time they will take these substances in hidden places. They don't need to be known as substance users." Here also we could not able to compare this evidence with previous studies because of lack of literature.

Conclusion

Youth had strong social connectedness with family members, school, friends and spiritual peoples. Increase in youth self-efficacy and pocket money were associated increase social connectedness. As the age of the participant, sex, substance use, residence, and living arrangement were significant factors associated with social connectedness among youths.

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Ethics and consent

Ethical Clearance Committee of Jimma University, College of Health Sciences, approved the study protocol. Permission to conduct the study was obtained from North Shewa Education Bureau. An official letter of cooperation was written to respective schools. To insure the confidentiality the name of the respondents was not written on the questioner paper. Informed consent was obtained also from each participant and for <18 years old students consent was gotten from their parents.

References

1. Harter S, Waters PL, Pettitt LM, Whitesell N, Kofkin J, et al. (1997) Autonomy and connectedness as dimensions of relationship styles in men and women. *J Soc Pers Relat* 14: 147-164.
2. Lee RU, Robbins SB (1998) The relationship between social connectedness and anxiety, self-esteem, and social identity. *J Couns Psychol* 45: 338-345.
3. Barber BK, Schluterman JM (2008) Connectedness in the lives of children and adolescents: A call for greater conceptual clarity. *J Adolesc Health* 43: 209-216.
4. Kumi-Kyereme A, Awusabo-Asare K, Biddlecom A, Tanle A (2007) Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *Afr J Reprod Health* 11: 133-149.
5. Bronfenbrenner U, Morris PA (1998) The ecology of developmental processes. *Theoretical models of human development*. Child Psychol (5th edn.) New York: Wiley.
6. Holt-Lunstad J, Smith TB, Layton JB (2010) Social relationships and mortality risk: A meta-analytic review. *PLoS med* 7: 859.
7. DiMatteo MR (2004) Social support and patient adherence to medical treatment: A meta-analysis. *Health psychol* 23: 207-218.
8. Lett HS, Blumenthal JA, Babyak MA, Catellier DJ, Carney RM, et al. (2007) Social support and prognosis in patients at increased psychosocial risk recovering from myocardial infarction. *Health Psychol* 26: 418-427.
9. Knox SS, Adelman A, Ellison RC, Arnett DK, Siegmund K, et al. (2000) Hostility, social support, and carotid artery atherosclerosis in the national heart, lung, and blood institute family heart study. *Am J Cardiol* 86: 1086-1089.
10. Brummett BH, Barefoot JC, Siegler IC, Clapp-Channing NE, Lytle BL, et al. (2001) Characteristics of socially isolated patients with coronary artery disease who are at elevated risk for mortality. *Psychosom Med* 63: 267-272.
11. Knox SS, Uvnäs-Moberg K (1998) Social isolation and cardiovascular disease: An atherosclerotic pathway? *Psychoneuroendocrinol* 23: 877-890.
12. Cacioppo JT, Hawkey LC (2003) Social isolation and health, with an emphasis on underlying mechanisms. *Perspect Biol Med* 46: S39-52.
13. Institute of Medicine (US) (2001) Health and behavior: The interplay of biological, behavioral, and societal influences. National Academies Press.
14. Debats DL, Drost J, Hansen P (1995) Experiences of meaning in life: A combined qualitative and quantitative approach. *Br J Psychol* 86: 359-375.
15. Smith C (2003) Theorizing religious effects among American adolescents. *J Sci Study Relig* 42: 17-30.
16. Lee RM, Draper M, Lee S (2001) Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. *J Counsel Psychol* 48: 310-318.
17. Williams KL, Galliher RV (2006) Predicting depression and self-esteem from social connectedness, support, and competence. *J Soc Clin Psychol* 25: 855-874.
18. Julawong O (2009) The relationship among social support, stigma, and coping strategies in Thai women with HIV/AIDS. ProQuest.
19. Sieving RE, Eisenberg ME, Pettingell S, Skay C (2008) Friends' influence on adolescents' first sexual intercourse. *PSRH* 38: 13-19.
20. Rostosky SS, Wilcox BL, Wright MLC, Randall BA (2004) The impact of religiosity on adolescent sexual behavior: A review of the evidence. *J Adolesc Res* 19: 677-697.
21. O'Brien L, Denny S, Clark T, Fleming T, Teevale T, et al. (2013) The impact of religion and spirituality on the risk behaviors of young people in Aotearoa, New Zealand. *Youth Studies Australia* 32: 25-37.
22. Simons LG, Simons RL, Conger RD (2004) Identifying the mechanisms whereby family religiosity influences the probability of adolescent antisocial behavior. *J Comp Fam Stud* 34: 547-563.
23. Wittkower DE (2010) Facebook and philosophy: What's on your mind? Open Court Publishing.
24. Valkenburg PM, Peter J (2009) Social consequences of the internet for adolescents a decade of research. *CDPS* 18: 1-5.
25. Dominguez S, Watkins C (2003) Creating networks for survival and mobility: Social capital among African-American and Latin-American low-income mothers. *Soc Proble* 50: 111-135.
26. Lee RM, Robbins SB (2000) Understanding social connectedness in college women and men. *J Counsel Develop* 8: 484-491.
27. Chodorow N (1978) The reproduction of mothering: Psychoanalysis and the sociology of gender. Berkeley, CA: University of California Press.
28. Chodorow N (1989) Feminism and psychoanalytic theory. New Haven, CT: Yale University Press.