The Relationship of Adolescents’ Health-Promoting behaviors and Social Connectedness with Family Communication and Family Satisfaction

Background: Family influences on adolescents’ health-promoting behaviors and social connectedness is an area that remains with unaccounted information.

Purpose: To determine whether adolescents’ health-promoting behaviors (HPB) and social connectedness are related to family communication and family satisfaction.

Methods: This study follows a descriptive methodological design. The data source for this analysis is from the pre-intervention phase of a feasibility study that provided a brief motivational intervention to increase health-promoting behaviors (nutritional diet, adequate sleep, and physical activity) among middle and high school students. Family data (family communication, family satisfaction, access to a computer at home) were obtained from a parent or legal guardian. The sample consisted of 28 adolescents (mean age 13 ± 1.34, 43% were high school students, 21% males, 50% Hispanic, 25% African American). We measured three health-promoting behaviors of adolescents: (a) nutritional practices (b) adequate sleep patterns, and (c) physical activity (PA); and three social influences on adolescents’ social connectedness: (a) family communication, (b) family satisfaction, and (c) access to a computer at home. The analyses included measures of the prevalence of health-promoting behaviors, correlations and bivariate analyses to evaluate relationships between HPB and social influences.

Results: About 90% of respondents reported being physically active at least 30 minutes 4-5 times a week, 68 % ate healthy breakfasts every morning, and 75% declared usually sleeping 8 or more hours each night. Parents surveyed included 96% female, 29% single, 43% had not completed a high school education or GED, mean age 43 ± 6.9. Only 17 (61%) adolescents reported having access to a computer at home. The mean scores for the 10-item family communication and family satisfaction scales (Cronbach’s alpha .90 and .93, respectively) were 40.4 and 37.6, respectively [score ranges 10-50]. The mean score for the 10-item Adolescent Connectedness Scale (Cronbach’s alpha .89) was 42.1 ±7.3 [scores ranged from 10-50]. The family communication scores did not show any significant association with adolescents’ connectedness scores (p = .058). Family satisfaction was positively associated with adolescents having healthy breakfasts every morning (p < .05). Having adequate sleep was positively associated to having healthy breakfasts every morning (p < .01). Family communication and family satisfaction were significantly associated with each other (p < .01). Adolescents’ PA was significantly related to having access to a computer at home (p < .01).

Conclusion: This study found no associations between adolescents’ connectedness and family communication or family satisfaction. However, the findings suggest that some HPB in younger and older adolescents are positively related to family satisfaction. The finding that physical activity was positively associated with having access to a home computer was unexpected. This positive association may be due to factors such as improving access to information and communication. These findings warrant further study with larger samples.