

DO LIFE SATISFACTION AND FAMILY TYPE MAKE THE DIFFERENCE FOR ANGLOPHONE AND FRANCOPHONE YOUNG ADULTS (12-19 YEARS OF AGE) HEALTH OUTCOMES IN CANADA?

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Abstract

This paper examines the association of both family structure and life satisfaction between Anglophone and Francophone boys' and girls' health behaviors (12-19 years of age). Previous studies have shown that the structure of family (i.e. single-head vs two-headed) and feeling security at home considerably play the greatest role in young adults' health behaviors. Further, available statistics show that more than 60 % of young adults live with their parents in Canada. Data of CCHS on 2012 was utilized in order to achieve the mentioned objective. The findings suggest that in spite of family type, life satisfaction makes more difference for some health outcomes (i.e. F and V intake, smoking, drinking alcohol and physical activity); however, it was more for Anglophone.

Key words: Single versus two-parent families, life satisfaction, fruit and vegetable intake, smoking, alcohol intake and physical activity.

Introduction

Life satisfaction is defined as the subjective feeling of general well-being, and the cognitive evaluation of life (Diener, 1994). It is, therefore, characterized by happiness in life (Piqueras, Kuhne, Vera-Villaruel, van Straten, & Cuijpers, 2011). There is accumulating evidence gives stronger supports to the persons' satisfaction in life and their health outcomes (i.e. eating habits and substance use) (Koivumaa-Honkanen et al., 2000). Although smokers and drinkers benefit from smoking and drinking by reducing daily stress and anxiety, levels of life satisfaction may function potentially to the young adults' eating habits (i.e. fruit and vegetable intake) (Maher et al., 2013), and smoking and drinking alcohol (Laudet, Becker, & White, 2009).

The home is the first place where children and young adults spend more time staying with parents. In fact, family, by providing both secure and healthy environments, supports children. According to the annual reports of Statistics Canada, more than 60 percent of adolescents and young adults (12 to 19 years of age) live with their parents. Thus, close attention is required to both family structure and the mechanism of relations between parent-children.

Previous studies have shown that the family context affects the health of children and adolescents (Rattay, von der Lippe, & Lampert, 2014). Indeed, a complete family (i.e. nuclear families) can lead children's health status in a good condition. In other words, family, by satisfying the needs of individuals, has a greatest contribution in the order of society.

Children primary socialization, and the stabilization of personality are shaped by family at home (Parsons & Bales, 1998). Both parents have crucial roles in this regards. According to Parsons, father is seen as a technical and executive expert, while mothers are charismatic leaders and cultural experts.

Thus, a family can be dysfunctional when it lacks of mother or father at home, as in single-parent families (White & Klein, 2008). Swenson, therefore, accepts Parsons's overviews about family functions in order to socialize and stabilize children's personalities. Overall, he argues that feeling secure affects children's socialization, and feeling more secure creates motivation to learn and to internalize societal values. Further, Swenson gives more priority to a complete "family unit because socialization mechanisms will be jeopardized in single- parent families" (Swenson, 2004, pp. 59-61).

In the current article, we tend to explore the association of both Anglophone and Francophone boys' and girls' life satisfaction and family type with their health outcomes.

Methodology

Data from the 2012 "Canadian Community Health Survey is analyzed. Firstly, Anglophone and Francophone adolescents and young adults 12 to 19 years of age were extracted from the data and divided into their respective cultural language groups. The final samples for the Anglophone youths are 4,998 and Francophone are 1,058. Several statistical analyses were carried out in the current article. First, descriptive statistics were used to explore some basic socio-demographic characteristics in the samples, including sex, level of education, family income and respondents' family types. Further, young adults some health outcomes, as dependent variables, such as, daily fruit and vegetable intake, type of smoking, type of drinking and physical activities were analyzed. Level of life satisfaction (i.e. low, moderate and high) and family types (i.e. single-parent with siblings and two-parents with siblings' families) are retained as independent variables. To measure the association of independent variable with young adults' health outcomes, two different bivariate statistics were used for both life satisfaction and family types. In addition, the extent to which health outcome which is affected by life satisfaction and family type was analyzed by using ordinal logistic regression. Due to the nature of dependents variables, OLR was considered to be more appropriate and reliable than those other regression analyses.

Results

The sample socio-demographic characteristics of Anglophone and Francophone boys and girls (12-19 years of age) are shown in Table 1. Overall, a great number of both Anglophone and Francophone boys and girls reported higher levels of education (81%). However, higher levels of education were also found among Francophone boys (84 %). In terms of household income levels, around forty-eight percent (48%) of Anglophone boys and girls lived in families with income \$ 80,000 and more. However, only forty-three percent (43 %) of Francophone boys, and thirty-three percent (33%) of Francophone girls lived in families with higher levels of income. As seen from Table1, the proportion of boys and girls lived in two-parents families was eighty percent (80%) for Anglophone, and seventy-five percent (75%) for Francophone.

Table 1. Percentage of Anglophone and Francophone youth (12-19 years of age) socio-demographic characteristics

	Anglophone		Francophone	
	Boys	Girls	Boys	Girls
Level of education				
Less than secondary school graduation	4.0	3.2	2.8	3.1
Sec. school. Gra. No graduation	11.1	10.8	6.6	10.1
Some post-Secondary graduation	3.8	4.3	6.6	6.4
Post-secondary Cert. Dip or Univ. Deg	81.1	81.7	84.0	80.4
Chi-square significance:	n. s.		n. s.	

Family income				
\$ 0 – \$19,999	6.1	6.6	5.4	8.1
\$ 20,000 – \$39,999	13.5	15.4	14.1	14.4
\$ 40,000 – \$59,999	16.4	14.8	19.0	20.9
\$ 60,000 – \$79,999	16.2	14.8	18.2	18.1
\$ 80,000 or more	47.8	48.4	43.3	38.5
Chi-square significance:	n. s.		n. s.	
Life arrangements				
Single parent. child. siblings	19.6	20.6	25.3	25.6
Two parent. child. siblings	80.4	79.4	74.7	74.4
Chi-square significance:	n. s.		n. s.	
N	2,561	2,437	517	541

Chi-square significance: * = $p < 0.05$; ** = $p < 0.01$; *** = $p < 0.001$; n. s. not significant at the threshold of 0.05

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

Results of the Anglophone and Francophone boys' and girls' health outcomes are presented at Table 2.

Fruit and vegetable fifty percent (50%) of Francophone girls and forty-four percent (44%) of Anglophone girls ate 5 to 10 times of fruit and vegetable per day. Rates of daily eating more than 10 times were higher among Francophone boys and girls.

Smoking and drinking alcohol ninety percent (90%) of Anglophone and eighty-five percent (85%) of Francophone boys and girls were nonsmokers. Further, the proportion of Anglophone who did drink "less than once a month" was 40% for boys, and 47% for girls. However, rates of drinking alcohol "once to six times a week or every day" were higher among Francophone.

Physical activity among Anglophone, 81% of boys and more than three quarters of girls (77%) exercised frequently while only 75 % of Francophone' boys and 70% of Francophone' girls reported doing exercise "regularly".

Life satisfaction forty-five percent (45%) of Anglophone boys and girls reported highest levels of life satisfaction. However, 42% of Francophone boys and 46% of Francophone girls rated their lives satisfaction as "high".

Table 2. Percentage of Anglophone and Francophone youth (12-19 years of age) health outcomes

	Anglophone		Francophone	
	Boys	Girls	Boys	Girls
Fruit and vegetable consumption				
Less than 5 times/ servings per day	59.0	57.7	46.5	43.0
5 to 10 times/ servings per day	35.4	37.4	44.0	49.2
More than 10 times / servings per day	5.6	4.9	9.5	7.8
Chi-square significance:	n. s.		n. s.	
Smoking Cigarette				
Not at all	90.1	91.1	85.1	87.2
Occasionally	4.5	3.9	6.2	6.7
Daily	5.4	5.0	8.7	6.1
Chi-square significance:	n. s.		n. s.	

Alcohol consumption				
Less than once a month	39.5	47.4	32.2	39.7
Once to 3 times a month	35.6	34.4	35.5	39.4
Once to 6 times a week	24.7	17.9	31.4	20.6
Every day	0.2	0.3	0.9	0.3
Chi-square significance:	***		**	
Physical activity				
Infrequent	6.5	8.1	7.8	10.9
occasional	11.9	14.1	16.5	19.2
Regular	81.6	77.8	75.7	69.9
Chi-square significance:	**		*	
Life satisfaction				
Low	21.2	22.7	20.0	18.7
Moderate	33.2	32.0	37.9	35.0
High	45.6	45.3	42.1	46.3
Chi-square significance:	n. s.		n. s.	
N	2.561	2.437	517	541

Chi-square significance: *= p<0.05; **= p<0.01; ***= p<0.001; n. s. not significant at the threshold of 0.05

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

The bivariate Gamma association between family types and health outcomes is shown in Table 3.

There is a moderate bivariate association between family types (i.e. living in single and two-parent) and lower levels of smoking and higher levels of physical activity. It is stronger for smoking among Anglophone. However, some desirable health outcomes are for Anglophone girls. By living in two-parent families, Anglophone girls are more likely to eat fruit and vegetable intake and lower smoking cigarette and alcohol intake.

As can be seen in Table 3, there is no significant bivariate association between family types and health outcome for Francophone boys and girls except of fruit and vegetable consumption that is associated with family type (0,259).

Table 3. Bivariate Gamma coefficients between overall **family type** and Anglophone and Francophone boy and girl (12-19 years of age) and their health outcomes

	Anglophone				Francophone			
	Boys	Sig	Girls	sig	Boys	Sig	Girls	sig
Fruit and vegetable consumption	0.076	0.146	0.144	0.007	0.033	0.734	0.259	0.008
Smoking cigarette	-0.352	0.000	-	0.000	0.076	0.618	-	0.353
Alcohol consumption	-0.007	0.915	-	0.000	0.177	0.107	0.056	0.614
Physical activity	0.201	0.003	0.035	0.585	0.053	0.664	0.048	0.650
N	2.561		2.437		517		541	

Chi-square significance:*= p<0.05; **= p<0.01; ***= p<0.001; n. s. not significant at the threshold of 0.05

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

The bivariate Gamma association between Anglophone and Francophone boys' and girls' life satisfaction and health outcomes is shown in Table 4. In comparison to family types, some desirable health outcomes are found among both Anglophone and Francophone boys and girls. With higher satisfaction in life, Anglophone boys and girls have higher fruit and vegetable intake, higher physical activity, lower smoking cigarette and lower alcohol intake. However, alcohol intake is not significant for Anglophone boys. Francophone boys with higher life satisfaction have lower smoking cigarette and higher physical activity while Francophone girls with higher life satisfaction have higher fruit and vegetable intake and lower smoking cigarette.

Table 4. Bivariate Gamma coefficients between overall **life satisfaction** and Anglophone and Francophone boy and girl (12-19 years of age) and their health outcomes

	Anglophone				Francophone			
	Boy	Sig	Girls	sig	Boy	Sig	Girls	sig
Fruit and vegetable consumption	0.097	0.004	0.104	0.002	0.055	0.431	0.221	0.001
Smoking cigarette	-0.315	0.000	-	0.000	-	0.000	-0.376	0.000
Alcohol consumption	0.019	0.641	-	0.006	0.051	0.511	-0.142	0.065
Physical activity	0.247	0.000	0.114	0.000	0.285	0.000	0.134	0.067
N	2.561		2.437		517		541	

Chi-square significance:*= p<0.05; **= p<0.01; ***= p<0.001; n. s. not significant at the threshold of 0.05

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

Findings of Anglophone and Francophone boys' and girls' life satisfaction by family types demonstrate that girls' life satisfaction is considerably higher in two-parent families than in one-parent families (12.6 Anglophone and 10.3 francophone girls). Boys' life satisfaction profits much less than girls from being in two-parent families (4.4 Anglophone and 7.8 Francophone boys). Francophone boys' life satisfaction (7.8) profits more from two-parent families than does Anglo boys (4.4).

Table 5. Percentage of Anglophone and Francophone youth' (12-19 years of age) life satisfaction by family type

	Anglophone				Francophone			
	Single-parent families		Two-parent families		Single-parent families		Two-parent families	
	Boy	Girls	Boy	Girls	Boy	Girls	Boy	Girls
Life satisfaction								
Low	26.7	31.4	19.2	19.0	22.8	23.7	16.2	16.4
Moderate	30.7	32.9	33.8	32.7	39.5	37.3	38.3	34.3
High	42.6	35.7	47.0	48.3	37.7	39.0	45.5	49.3
N	443		435		1.813		1.681	
	120	123	354	358				

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

The effective impact of both family type and life satisfaction is presented in Table 6. Findings indicate that the effect of family type on three health outcomes (i.e. F & V intake, smoking and alcohol intake) is significant for Anglophone girls. Smoking and alcohol intake is also affected by family types for Anglophone boys. As can be seen from Table 6, the impacts of life satisfaction for both Anglophone and Francophone health outcome are considered to be more desirable than family type.

Table 6. Ordinal regression analyses of Anglophone and Francophone youth (12-19 years of age) health outcomes by life satisfaction and family type

			Anglophone (N= 4.998)				Francophone (N= 1.058)				
			B	S.E	Wald	P-value	B	S.E	Wald	P-value	
Family types	Fruit and vegetable intake	Boys	0.029	0.062	0.213	0.644	0.089	0.126	0.496	0.481	
		Girls	0.140	0.064	4.427	0.030	0.304	0.127	5.759	0.016	
	Smoking cigarette	Boys	-0.266	0.067	15.819	0.000	0.047	0.132	0.125	0.724	
		Girls	-0.294	0.069	17.904	0.000	-0.071	0.130	0.298	0.585	
	Alcohol consumption	Boys	0.027	0.088	0.093	0.760	0.232	0.156	2.204	0.138	
		Girls	-0.370	0.093	15.753	0.000	0.076	0.150	0.257	0.613	
	Physical activity	Boys	0.327	0.118	7.719	0.005	0.035	0.222	0.025	0.875	
		Girls	0.007	0.118	0.003	0.953	0.064	0.191	0.114	0.736	
	Life satisfaction levels	Fruit and vegetable intake	Boys	0.066	0.032	2.245	0.039	0.055	0.074	0.555	0.456
			Girls	0.075	0.033	5.096	0.024	0.146	0.072	4.116	0.042
		Smoking cigarette	Boys	-0.176	0.035	24.652	0.000	-0.196	0.077	6.504	0.011
			Girls	-0.246	0.038	42.505	0.000	-0.216	0.075	8.262	0.004
Alcohol consumption		Boys	0.064	0.047	1.854	0.173	0.099	0.094	1.095	0.295	
		Girls	-0.064	0.048	1.754	0.185	-0.121	0.087	1.937	0.164	
Physical activity		Boys	0.365	0.064	32.954	0.000	0.341	0.128	7.122	0.005	
		Girls	0.150	0.060	6.242	0.012	0.154	0.109	1.990	0.158	

Source: Micro-data analysis of the Canadian Community Health Survey, 2012.

Discussion and conclusion

The main objective of this article was to explore the differences can be made by family types and life satisfaction with the health outcomes (i.e. F and V intake, smoking cigarette, alcohol intake and physical activities) of Anglo and Franco-Canadian boys and girls' (12-19 years of age).

The findings of the current analysis have shown that the majority of both Anglophone and Francophone boys and girls reported high levels of education. Further, Anglophones were more likely to live in families with high levels of income \$80,000 or more. In terms of family types (single-headed vs two-headed), the great percentages of Anglophone boys and girls reported living in nuclear families (two-headed).

Overall, the results of the general status of health outcomes indicating that regardless of fruit and vegetable intake that was high among Francophone, Anglophone boys and girls (12-19 years of age) had desirable health behaviors.

Available evidence strongly argued that there is a significant effect between living in single-parent families and poorer health-behavior of young people (Collings, Jenkin, Carter, & Signal, 2014; Klocke, 2012). In the importance of the influence of family structure on children's fruit and vegetable consumption, findings of some works conclude that fruit and vegetable consumption is lower among children from single-parent families than among children from two-parent families (Rasmussen et al., 2006). Our findings of bivariate Gamma coefficients have shown that even though there was no association between family types and fruit and vegetable intake among Anglophone and Francophone boys, a positive association was found for girls.

Findings obtained from previous studies have shown that smoking rates among subjects living in single-parent families is higher than the smoking rate in the others (Covey & Tam, 1990). Although we could not find any significant association between family type and smoking for Francophone, a significant strong and negative association was found for Anglophone boys and girls. In addition, alcohol intake was not associated to the family structure except for Anglophone girls. Physical activity also plays an important role in the health of adolescents and young adults. Young, Cunningham, and Buist (2005) in a study have observed that lone mothers are at increased risk for CVD. Thus, living in single-parent families and particularly lone mothers cannot be beneficial for health of young adults. Because mothers have greatest contribution on the children's socialization; however, we found an association between family type and physical activity for Anglophone boys.

Although life satisfaction is one of the independent variables of the present study, we also measured life satisfaction status by structure of the family. We found that life satisfaction of boys and girls living in two-parent families was higher than in single-parent families; however, boys' life satisfaction profits much less than girls from being in two-parent families. In fact, our results corroborated previous literature that single parenthood is related to low life satisfaction (Lee, Law, & Tam, 1999).

In terms of the reason, socioeconomic deprivation seems to function as the key contributor of the differences in health outcomes on sole in comparison to the two-parent families. As mentioned above, a great number of Anglophone boys and girls reported living in families with high-income levels. Then, desirable health outcomes seem to be pertinent to the family appropriate amount of financial resources.

Coefficients of association between life satisfaction and health outcomes were more desirable for both Anglophone and Francophone boys and girls. Past studies have shown that successful smoking quitters, in contrast to continuing smokers, reported improved subjective well-being (Piper, Kenford, Fiore, & Baker, 2012); however, in the current study, our results indicate that higher life satisfaction was negatively associated with smoking cigarette.

Previous studies have demonstrated that alcohol intake may have effects on young adults' global sense of well-being or satisfaction (Murphy, McDevitt-Murphy, & Barnett, 2005). In this analysis, we measured the association of life satisfaction with alcohol intake. A negative association was found between life satisfaction and alcohol intake for Anglophone girls.

Overall, apart from the role of household income levels, the nature of family seems to function in children's health behaviors. Main reasons of having desirable health outcomes for Anglophone can be related to the functional (i.e. with effective disciplines) nature of families. In fact, type of communicative relations between parent-child can help children to be properly socialized. Little is known about the nature of families and their relations. Then, studying the nature of families in terms of health messages transmission between parent-children can be considered as a future research suggestion.

The current study limit was we just focused on data for 2012. In order to provide a strong interpretation of the impact of life satisfaction and family type on young adults' health behaviors, doing a longitudinal analysis is required to examine the causal relationship. In fact, measuring the association cannot give a comprehensive understanding of causal relations between life satisfaction and family type effect on health outcomes.

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