



Social Norms, Health Lifestyles, Technology Use, and COVID-19

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Outline

- 1. Social norms: a dual perspective**
2. Norms and health lifestyles
3. Incorporating technology use and COVID-19
4. We can learn about norm change from emerging behaviors



BOYS ALWAYS SHAKE HANDS when introduced to other boys. They shake hands with a girl, too—if she offers her hand first. But if she makes no move to offer it, a boy should just bow slightly.



I'm twice
as likely **not**
to graduate
high school
because
you had me
as a **teen.**

**KIDS OF TEEN MOMS ARE TWICE AS LIKELY NOT TO
GRADUATE THAN KIDS WHOSE MOMS WERE OVER AGE 22.**

Text 'NOTNOW' to 877877 for
the real price of teen pregnancy.

Standard text messaging rates may apply. Check with your service provider.

NYC

Michael R. Bloomberg
Mayor

Human Resources
Administration
Department of
Social Services

Robert Dear
Commissioner



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Health Lifestyles



**Understanding health disparities
and health behaviors'
resistance to change**

What we've learned

Health lifestyles are internally discordant.



Age 26-31, women

LCA class-conditional response probabilities for late young adult health lifestyles, women

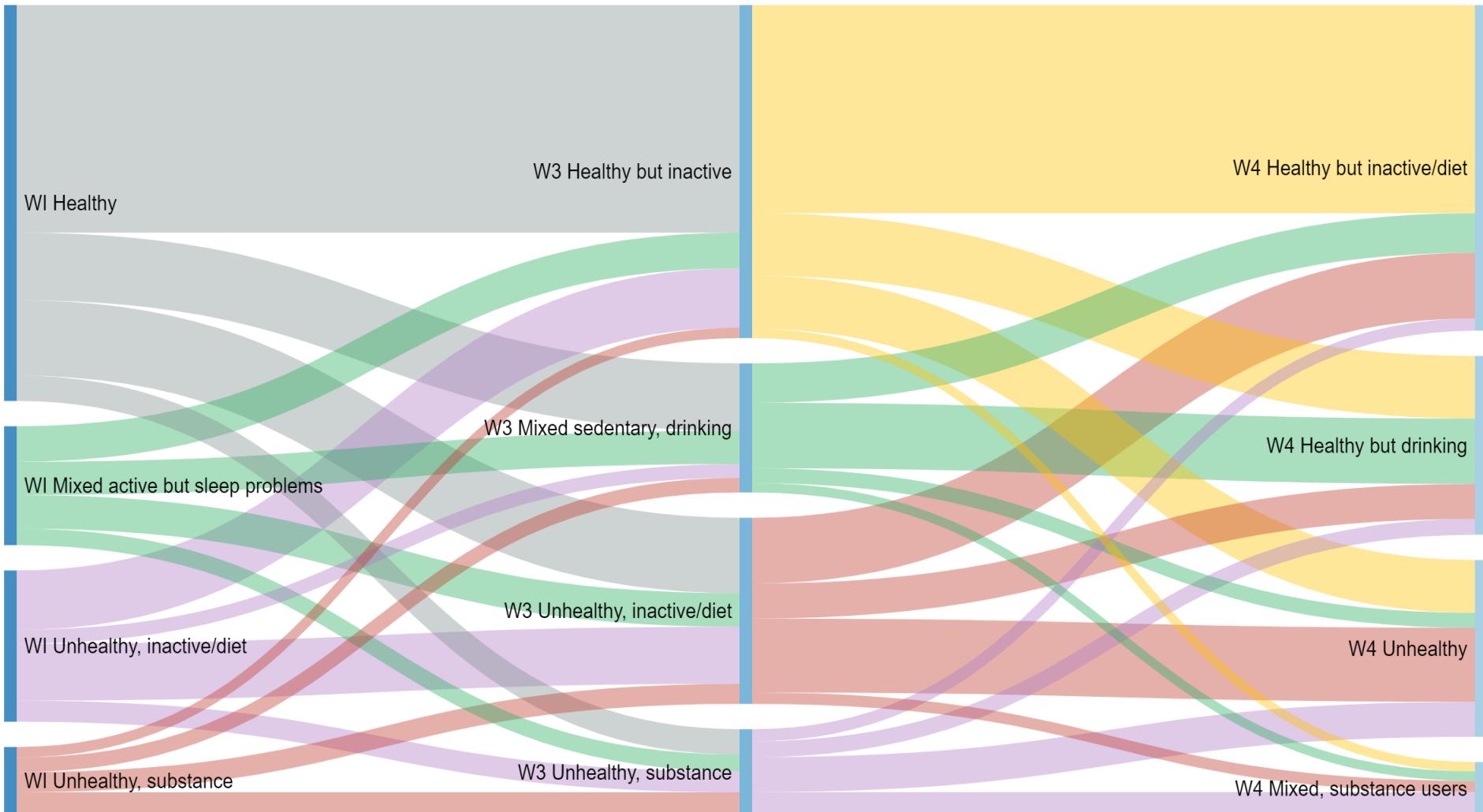
	Healthy but drinking 26%	Healthy but inactive/diet 41%	Mixed, substance 7%	Unhealthy 26%
Physical activity				
# activities (weekly)				
0	0.17	0.53	0.22	0.60
1-2	0.20	0.23	0.40	0.18
3-15	0.62	0.24	0.38	0.22
Screentime (weekly hours)				
0-14	0.51	0.53	0.54	0.43
14.001-28	0.34	0.30	0.23	0.21
28.001-282	0.16	0.17	0.24	0.36
Walk/bike to work/class	0.09	0.02	0.08	0.01
Substance use				
Tobacco use				
No smoking, no chewing	0.74	0.87	0.24	0.35
Some smoking/chewing	0.19	0.02	0.33	0.16
Daily smoking/chewing	0.07	0.11	0.43	0.48
Marijuana use last 30 days	0.06	0.00	0.96	0.16
Other drug use last 30 days	0.02	0.00	0.36	0.07
Alcohol				
Nondrinker	0.15	0.43	0.07	0.27
Drinker	0.21	0.44	0.15	0.13
Drinker with HED/heavy	0.64	0.14	0.78	0.60
Nutrition				
Fast food 2+/week	0.18	0.54	0.33	0.65
SSB 7+/week	0.28	0.51	0.73	0.73
Safety				
Serious fight	0.01	0.00	0.12	0.05
Health care				
Doctor	0.91	0.86	0.65	0.74
Dentist	0.78	0.62	0.64	0.46
Sleep				
7+ hours sleep	0.84	0.75	0.76	0.71
Sex				
Pay for sex	0.00	0.00	0.00	0.03
2+ /multi sex partners last year	0.18	0.08	0.50	0.38

Source: Add Health

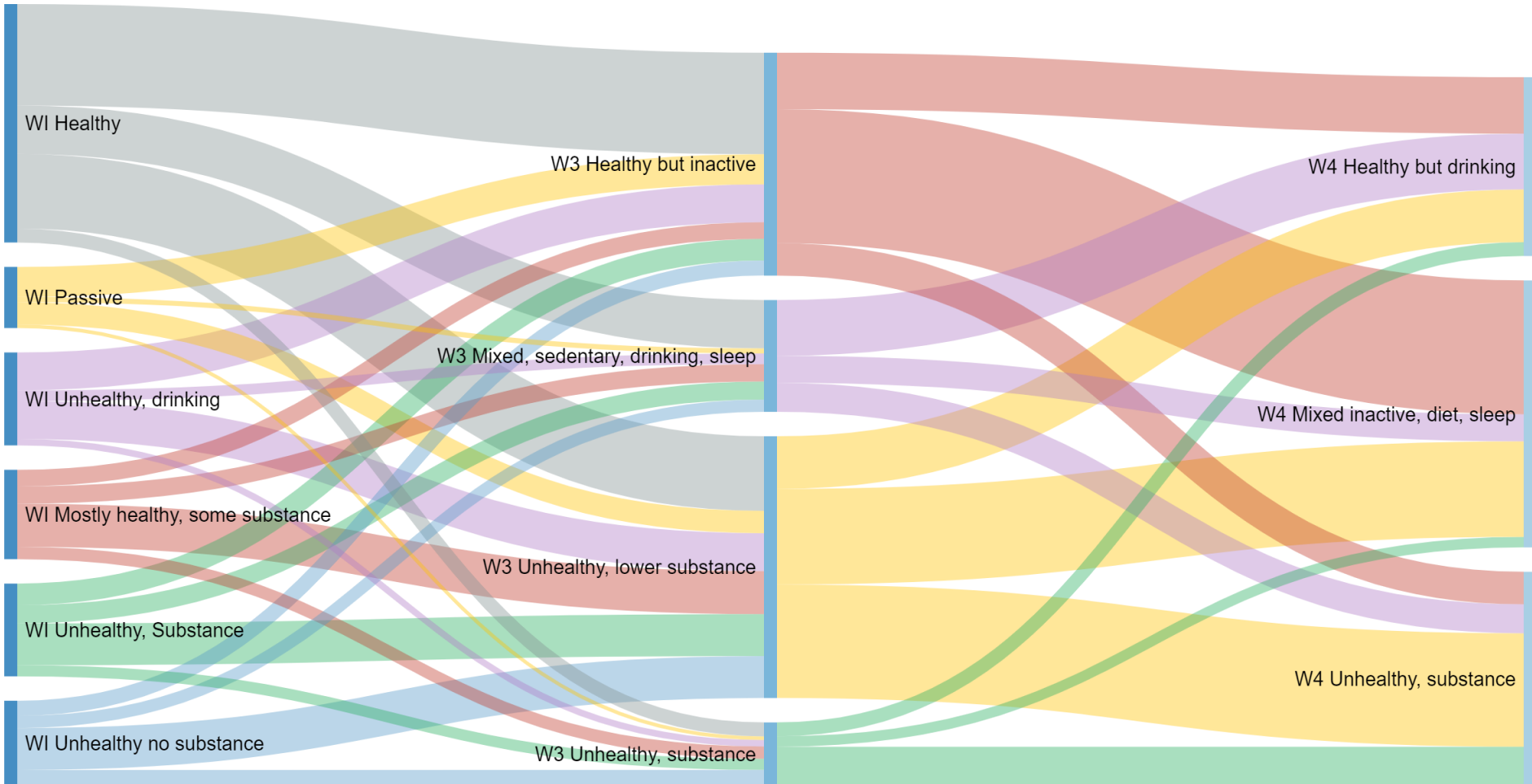
Health lifestyles change within individuals across the early life course.



Females



Males





Health lifestyles have important normative dimensions that perpetuate inequalities.



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Qualitative data sources

- 2015-16 Children's Health Lifestyles study

Summary of 2015-2016 CHL qualitative data					
	Family observations	<u>Parent interviews</u>		Parent focus groups	Key informant interviews
		Observation families	Other parents		
Children (focal child 4 th -5 th grade + siblings)					
Parents (K-5)					
Other adults (work with K-5)					
N	30	30	21	20	9

- 2020 re-interviews w/ dyads: parent and teen (N=20+23)
- Two waves of college student interviews (N=113)

Health lifestyles and norms

- Parenting pressures from increasing uncertainty
- *Wendy (Greenville): “It’s much harder. I think there’s just this feeling, you know, that you have to be above and beyond. You have to be, your children have to be, to get anywhere in life.”*
- An **effortless appearance of health** is central to cultural capital today (physical appearance plus some specific behaviors)
- *Joanne (Springfield): “Yes, besides the occasional crap that we eat, he eats, very healthy. And I think he has good [bone] structure and is tall, and he’s in the 95th percentile for height. He’s not overweight, good hair, good skin, good teeth. Drinks tons of water. Don’t have to worry about him not eating or drinking the right thing.”*

Downsides: Fostering unhealthiness

Springfield observation: Danielle [a slender 11 year old] asks for seconds on her chicken sausage. Dad says, “Only if you did all your running tonight.” [I can’t tell if he is teasing but would guess not.] Mom and Dad say that maybe she doesn’t need more. “Please, it’s good and I’m hungry,” Danielle says. Mom offers her something that she didn’t eat from her lunch at school. Danielle says, “No, thank you,” then changes her mind. Dad brings up his daughter’s newfound interest in running, talks about two Olympic events that might be interesting for her to train in. Dad suggests that she invite her friends for weekly training all summer. Danielle is doubtful. She asks for a chocolate square. She seems to know that her mom’s answer will be “no” because she ate a lollipop today that contained 5 grams of sugar. They all discuss fractions of grams of sugar and how to convert them to decimals. Mom says, “You can get one square of the 80% cocoa since it only has 1 gram of sugar, or instead you can have one of those treats that I made.” Dad says those treats are equivalent to about three squares of chocolate.

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Health Lifestyles



TECHNOLOGY USE

**Understanding health disparities
and health behaviors'
resistance to change**

A photograph of a person with blonde hair, seen from the back, holding a smartphone with both hands. The person is wearing a grey and white patterned sweater over a red shirt. The background is a blurred outdoor setting with pavement and some yellow leaves. The text "Technology use as an evolving health behavior" is overlaid in the center in a large, bold, black font.

Technology use as an evolving health behavior

**Technology use is a
part of broader
health lifestyles.**



Adolescents

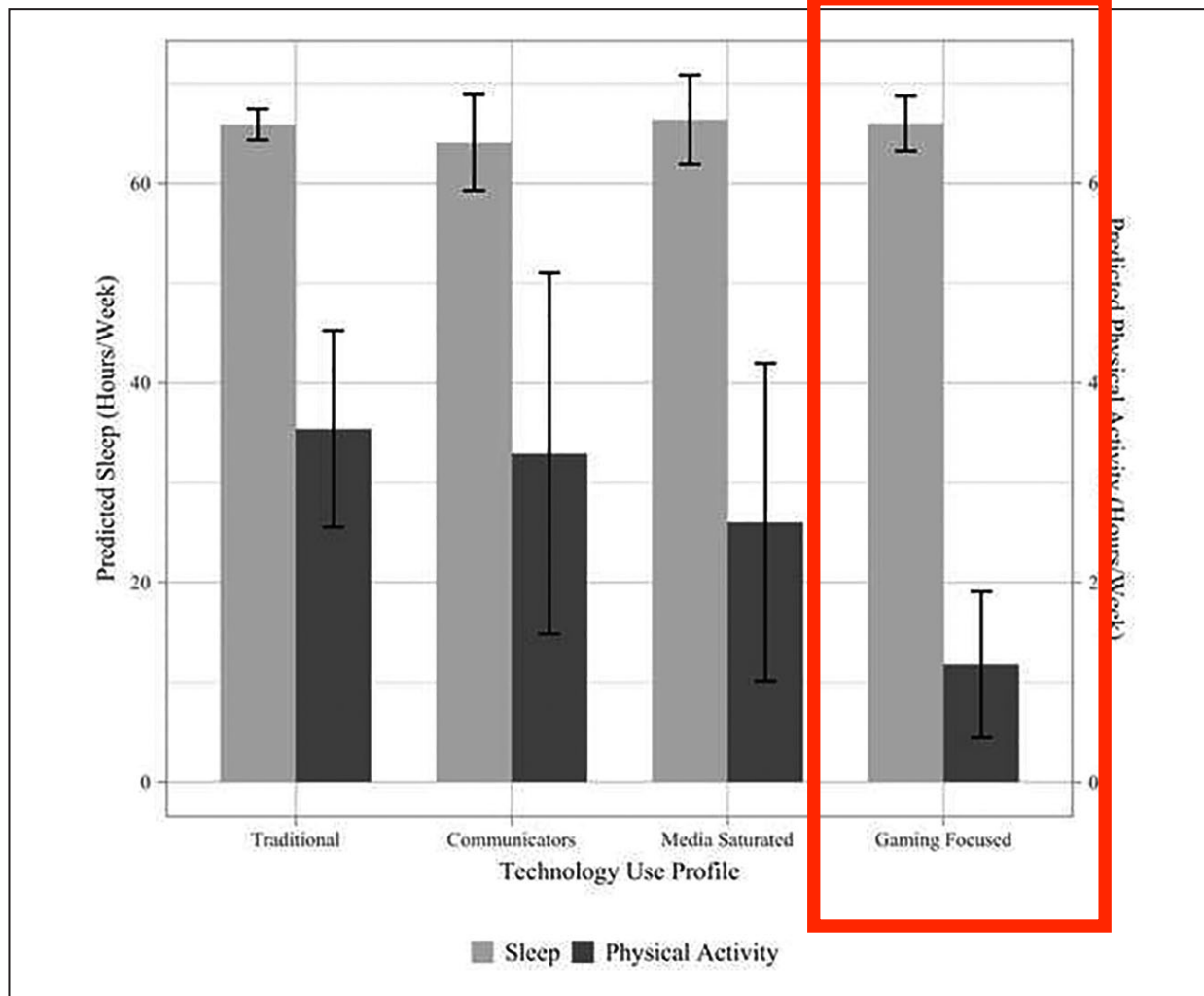


Figure 3. Predicted weekly values of sleep and physical activity by technology use profile, 2014-2016 ($N = 527$).

Source. Panel Study of Income Dynamics Child Development Supplement Time Diaries.

Note. Predicted values from multiple regression models with all covariates held at mean values.

Social distancing behaviors

- Families balancing multiple threats to health
- Different opinions, but all are enforcing norms
- Drawing heavily on preexisting health lifestyle norms to communicate messages to teen:
 - Identity statements
 - Group distinctions
 - Ties to morality and worth
- Exceptions still relied on their health lifestyle norms as justification

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Conclusions

- Looking forward and looking back can help us understand norm change
- Making sense of new behaviors and creating new norms—who and what matters
- Health-related norms as a site for rehashing and reinforcing existing conflicts
- Don't uncritically promote norms to regulate “healthy” lifestyles or “healthy” behaviors



To be continued...

Thank you!

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