

Perceived social support among adolescents in public schools in areas of social vulnerability

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ABSTRACT

Adolescence is a time of intense change, where emotional support from friends, family, and teachers plays a crucial role. Mental health problems are common at this stage, highlighting the importance of social support in promoting well-being. The objective of this study was to describe the social support perceived by high school adolescents in public schools located in an area of social vulnerability in the city of Bauru, São Paulo. This was a cross-sectional study. Data collection was carried out through forms through Google Forms. Support was measured using the Social Support Appraisals (SSA) instrument and the gender of the participants was self-reported. The results show that family support is the source most valued by adolescents, followed by friends and, to a lesser extent, teachers. Friendships are highlighted as an important source of emotional support, evidencing reciprocity and trust among young people. However, teacher support was the least noticed, indicating a disconnect that can impact school wellbeing. Therefore, it is necessary to strengthen social support networks, especially in the school environment of adolescents in contexts of social vulnerability.

Keywords: Social support, Adolescents, Mental health.

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INTRODUCTION

Adolescence is a period of intense physical and emotional changes, in which relationships move from the family nucleus to friends, seeking social and emotional support. These relationships are especially evident in the school environment, where adolescents spend much of their time and form stronger bonds with classmates and teachers (Neri; Ville 2008).

Between 10 and 20% of children in the world face mental health problems, with almost half developing these problems by the age of 14. Suicide is the second leading cause of death among young people aged 15 to 29 (UNICEF). Adolescents also face challenges such as long distances to school, unfavorable economic conditions, direct educational costs, lack of support for special educational needs, precarious school conditions, and frequent teacher absences (Mined, 2013). Adolescent girls are particularly affected, facing early pregnancy and early marriage, making it difficult for them to stay in school, especially in high school.

In this sense, social relationships, or social support, built throughout life, promote health and better quality of life (Pattussi et al., 2001; Drukker et al., 2003; Drukker et al., 2005; Pattussi et al., 2006; Aida et al., 2009; Furuta et al., 2012; Vasquez et al., 2015; Tomazoni et al., 2016). Furuta et al. (2012) evaluated the social relationships of adolescents at school and in the family and their relationship with self-assessed oral health. Adolescents with lower trust in teachers and family had greater impacts on quality of life, highlighting school as an environment capable of offering support and emotional support. Confidence can promote oral health through healthy behaviors and stress reduction.

Social capital and social support have been related to various aspects of health (Gilbert et al., 2013; Moore; Kawachi, 2017). These relationships probably occur due to the influence on the formation and dissemination of healthy behaviors, greater access to health services, and increased awareness of rights (Mcgrath; Bedi, 2002; Rouxel et al., 2015). Psychosocial processes also explain this relationship, promoting greater emotional support, self-esteem and protection against stress (Mcgrath; Bedi, 2002; Rouxel et al., 2015). The relationship between social capital and general health is widely discussed in the literature (Moore; Kawachi, 2017).

Understanding the perception of social support among adolescents generates data based on scientific evidence to guide actions to promote health, making the school environment an effective support for a happier life. Few scientific studies have analyzed adolescents' self-perception of social support. Thus, the objective of this study was to describe the perceived social support among high school adolescents in public schools located in an area of social vulnerability in the city of Bauru, São Paulo.



METHODOLOGY

STUDY DESIGN

This is a cross-sectional observational study conducted with high school adolescents in the northern region of Bauru, São Paulo – Brazil. *STROBE* (Cuschieri et al., 2019)

Ethical aspects

The present study was approved by the Research Ethics Committee of the Bauru School of Dentistry, University of São Paulo, under CAEE: 58865222.2.0000.5417. Data were collected after the guardians and adolescents consented and signed the Informed Consent Form (ICF) and the Consent Form (TALE).

Study location

The municipality of Bauru is located in the interior of the state of São Paulo, being considered the most populous municipality in the center-west of São Paulo. The city is located northwest of the state capital, about 326 km from it. It occupies an area of 673.488 km², of which 68.9769 km² are in the urban perimeter and the remaining 604.51 km² constitute the rural area. In 2015, its population was estimated by the IBGE at 366,992 inhabitants (Brasil, 2010). Bauru has 61 state high schools.

Sampling

The sample was selected by a two-stage cluster. Adolescents aged 15 and 16 years participated in the study in two high schools in the northern zone of Bauru. The participating schools were selected based on educational indicators, such as the Basic Education Development Index (IDEB).

For the selection of the region to which the schools were allocated, the criteria of social vulnerability were adopted, adopted by the Social Assistance Reference Center (CRAS) that serves populations in situations of social vulnerability due to poverty, deprivation and/or weakening of relational affective bonds and social belonging, primarily families benefiting from income transfer programs (Bauru, 2024).

Data collection

Data collection took place in the first half of 2023 through self-administered questionnaires on *Google Forms*. Students aged 15 and 16 who were attending the 1st and 2nd year of high school duly enrolled were invited to participate in the study. Students who had some physical, cognitive or psychological limitation and who did not answer any question were excluded.



TRAINING OF EVALUATORS

Two evaluators were previously trained by a gold standard researcher (SHCSP) experienced in epidemiological surveys. The training was important for the researchers to obtain mastery of the items researched and for standardization of the processes of interpretation of the results and approach of the participants.

MEASUREMENTS

DEMOGRAPHIC CONDITIONS

The adolescents were evaluated for gender.

Social support

Social support was assessed using the Social Support Appraisals (SSA) instrument, developed for adolescents (Vaux et al. 1986). The version adapted to the Brazilian population was used (Squassoni; Simões Matsukura, 2009). The questionnaire consists of 30 questions distributed in four dimensions: family, friends, teachers and others. The answer options are presented on a Likert scale with 6 points: "Strongly agree" (1), "Strongly agree" (2), "Somewhat agree" (3), "Somewhat disagree" (4), "Strongly disagree" (5) or "Strongly disagree" (6) and divided into 4 dimensions: family, friends, teachers, and others. The scores are inverted for questions with a positive connotation. The total score comprises the sum of the items, and can vary from 30 to 180, in which the highest score indicates greater social support.

Table 1 - Distribution of statements from the Social Support Appraisals (SSA) instrument according to dimensions.

	Statements
Friends	1) My friends respect me
	8) In general, I can trust my friends
	11) My friends don't care about me at all
	14) I feel very connected to my friends
	17) My friends like to be with me
	24) Me and my friends are very important to each other
	27) I help my friends and they help me
Family	3) I am very dear to my family
	6) My family cares a lot about me
	9) I am very admired by my family members
	16) My family likes me a lot
	19) People in my family trust me
	22) I can't count on my family to support me
	25) My family respects me a lot
	30) I don't feel very connected to my family
Professor	2) I have teachers who care a lot about me
	5) My teachers like me
	12) My teachers admire me a lot
	15) My teachers trust me
	18) Overall, I can't count on my teachers to support me
	21) Most of my teachers respect me a lot
	28) I don't feel very connected to my teachers
Other people	4) I'm not important to others
P	7) People, in general, like me
	10) I am respected by people in general



	13) I'm liked by people	
	20) I feel that people, in general, admire me	
	23) I feel good when I'm with other people	
	26) I feel that people value me	
	29) If I died tomorrow, few people would miss me	
G A 1		

Source: Authors.

DATA ANALYSIS

The data were tabulated in Excel spreadsheets and later analyzed in the JAMOVI program, which were presented in a descriptive way about the adolescents' self-perception. The analysis was based on a series of statements, distributed on a 6-point Likert scale that measure their perception of the support received from each of these groups.

RESULTS

CHARACTERIZATION OF THE PARTICIPANTS

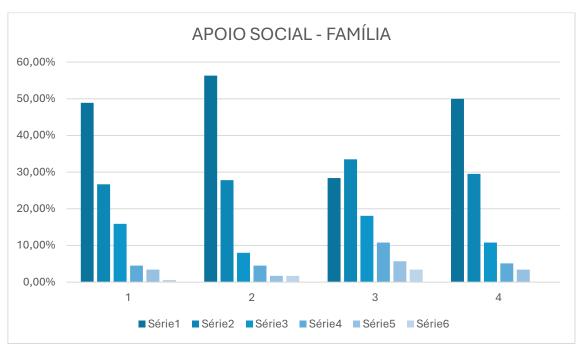
The study included 176 adolescents between 15 and 16 years of age, who at the time of the research were attending the 1st and 2nd year of high school. Most participants were female, 91 (51.7%), 83 (47.2%), and 2 (1.1%) others.

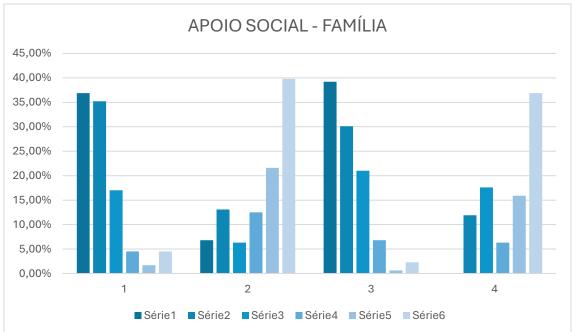
The results presented evaluate the perception of social support in adolescents in areas of social vulnerability, the questionnaire used evaluates three main sources of support such as family, friends and school, through the Likert scale.

FAMILY SUPPORT

The items related to family support revealed that most adolescents feel wanted, respected and admired by their families. Statements such as "I am very dear to my family" and "The people in my family trust me" received positive responses, indicating a strong family bond that contributes to the adolescents' self-esteem and emotional well-being. However, negative items, such as "I can't count on my family to support me", suggest that there are still gaps in the support offered by some families, which can negatively impact the quality of life of these young people.



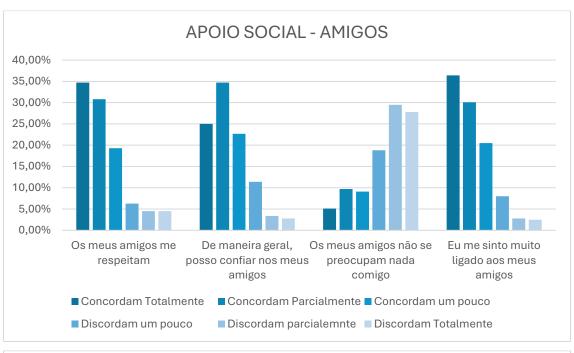


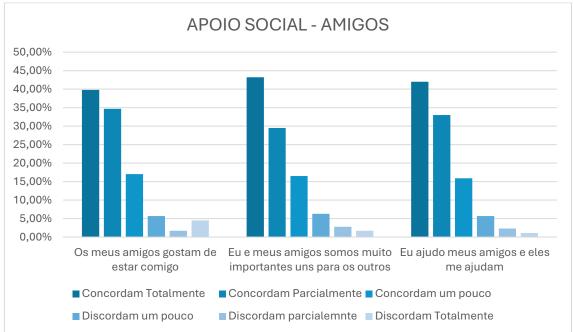


SUPPORT FROM FRIENDS

The perception of support among friends was also positively evaluated. Statements such as "My friends respect me" and "I feel very connected to my friends" demonstrate that adolescents find in friends a significant source of emotional and social support. The importance of friendship relationships is highlighted by the mutuality in support, as indicated in the statement "I help my friends and they help me", in which 74 (42%) totally agreed with the situation and 2 (1.1%) totally disagreed. When asked if they felt important to their friends and their friends had the same opinion, 76 (43.2%) totally agreed.



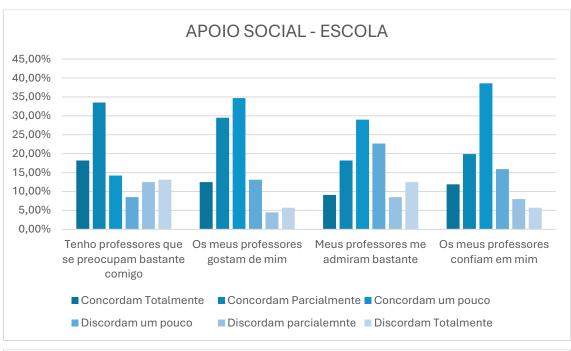


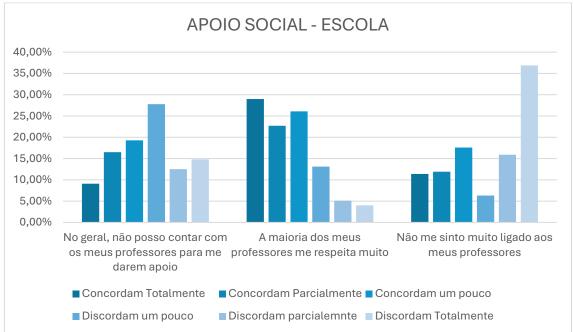


SCHOOL SUPPORT

The school environment is another crucial source of support for adolescents, especially through teachers. Most responses suggest that teens feel respected and admired by their teachers. When asked if the teachers trusted them, only 21 (11.9%) totally agreed, 35 (19.9%) partially agreed and 68 (38.6%) somewhat agreed. However, most teenagers feel that they are admired by teachers. This indicates that teachers play a significant role in promoting students' self-esteem and well-being. However, the negative answer "I don't feel very connected to my teachers" indicates that some students may feel disconnected, highlighting the need for improvements in student-teacher relationships.



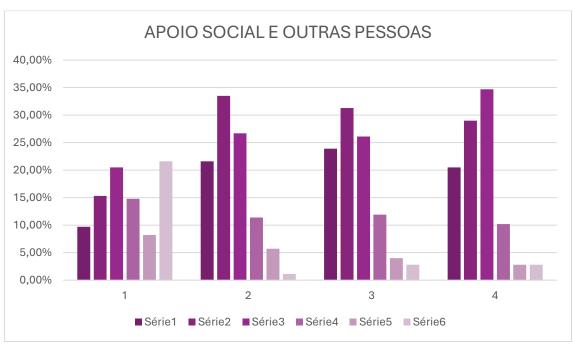


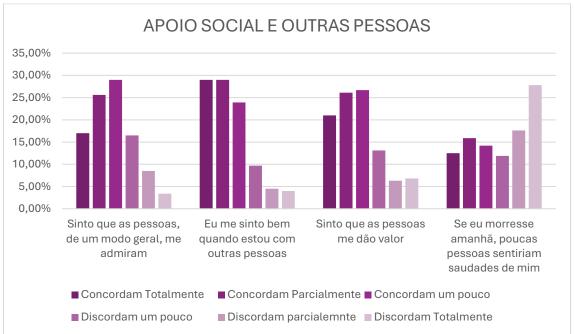


SOCIAL SUPPORT AND OTHER PEOPLE

In the domain of social support and other people, 34.5% of the adolescents partially agree with the statement: "people in general like me". It is worth mentioning that in this domain, the statement with the highest number of answers was the option I agree a little, in the statement: "I am loved by people"







DISCUSSION

The results of the present study showed that adolescents from public high schools in areas of social vulnerability are able to better perceive the social support received by family and friends, with school support being less perceived.

Thus, social support has been widely studied in the literature (Putnan, 1993; Pattussi et al., 2001; Meira et al., 2020; Knorst et al., 2022), especially in this population (Furuta et al., 2012), since adolescence is characterized by psychological, physical, and biological changes (Brasil, 2010), social relationships are no longer centered exclusively on the family and start to have greater trust in friends and colleagues (Topaktas; Dündar; Peksen, 2017).



Family support, evaluated by the relationship of trust in family members, influences attitudes and behaviors among adolescents (Drukker et al., 2003). This relationship was observed in the participants' answers, with regard to the family domain. Adolescents feel loved by their families, agree that these people like them, realize that they can trust, feel connected and receive support. It is worth noting that when asked if they are admired by their families, 40% of the participants partially agreed. Topaktas; Topaktas; Dündar; Pekşen, (2017) found that adolescents who had greater perceptions of social support avoided risky behaviors such as alcohol intake, cigarette use, and practiced more physical exercise, in addition to having better expectations for the future.

Our data corroborate the findings of Gomes et al., (2019), that the greatest perception of support was in the family domain, among adolescents with low socioeconomic status. Socioeconomic status has been reported as a relevant determinant of health-friendly behaviors (Silva et al., 2021). Adolescents in low-income families or in areas of great social inequality are exposed to more risk factors for health and quality of life. It should be noted that social support can then strengthen individuals.

Thus, through these social relationships, people start to adopt healthy behaviors and start to trust each other, creating bonds of reciprocity and mutual support (Knorst et al., 2022). Our results confirm these relationships, in which participants fully agreed that they and their friends can trust each other.

Regarding the social support perceived in the school environment, adolescents do not feel supported by teachers, most agreed a little when asked about the teachers' confidence and feel loved by them. Similar data were found in Alves' study; Dell'Aglio, (2015) in which the lowest average of social support of adolescents was in the school domain. However, other authors included all the issues that involved the school environment.

Thus, studies have shown that the school, due to the role of teachers, is equally important for the school performance of adolescents (Coelho; D'Angello, 2018). When teens feel admired, respected, and supported by their teachers, they tend to have a better perception of themselves. This suggests that school can be an environment that offers emotional support and support that is essential for the health and well-being of adolescents.

The results suggest that families and schools should work together to provide a supportive and supportive environment for adolescents (Furuta et al., 2012). This can include mentoring activities, emotional support, and social inclusion programs. Additionally, it is important for teachers to be trained to recognize and deal with the emotional needs of adolescents.

Self-esteem and other people's positive perception of adolescents also influence their school routine, health and quality of life (SAKAI-Bizmark; Richmond; Kawachi, 2020). Participants stated that they feel good when they are with other people.



Our results suggest that schools, families, and society should work together to provide a supportive and emotionally supportive environment for adolescents. This can include mentoring activities, emotional support, and social inclusion programs. Additionally, it is important for teachers to be trained to recognize and deal with the emotional needs of adolescents.

Although these results demonstrate the importance of perceived social support during adolescence, it is important to consider that the present study was carried out with a sample of adolescents in areas of social vulnerability, where individuals are similar in terms of economic income. Even though it is not the objective of the study to make causal inferences, knowing the relationships that adolescents are exposed to helps to strengthen this population in this important phase of life. Therefore, future research can explore the relationship between social support in different contexts and with more representative samples, especially after the Covid-19 pandemic.

FINAL CONSIDERATIONS

The present research demonstrated that social support is a crucial factor for the well-being and quality of life of adolescents in areas of social vulnerability. Family and friends emerged as the main sources of support, contributing significantly to the self-esteem and emotional support of young people. On the other hand, school support, especially that provided by teachers, was perceived in a more limited way, evidencing a disconnection that can negatively impact the educational environment and the personal development of adolescents. These findings highlight the need for interventions that strengthen social relationships, especially in the school context, so that teachers can become a more effective source of support. The creation of programs that promote integration between school, family and community can expand the social support perceived by adolescents, contributing to a more welcoming and safe environment.

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REFERENCES

- 1. Alvarado, J. M., et al. (2015). Family support and its impact on adolescent health and wellbeing. *Journal of Youth and Adolescence, 44*(1), 1-13.
- 2. Prefeitura Municipal de Bauru. (n.d.). *Proteção social*. https://www2.bauru.sp.gov.br/sebes/protecao social.aspx (Consultado em 16.09.2024).
- 3. Brasil. Ministério da Saúde. Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas. (2010). *Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde*. Ministério da Saúde.
- 4. Cuschieri, S. (2019). The STROBE guidelines. *Saudi Journal of Anaesthesia, 13*(Suppl 1), S31-S34.
- 5. Coelho, C. C., & Dell'Aglio, D. D. (2018). Engajamento escolar: Efeito do suporte dos pais, professores e pares na adolescência. *Psicologia Escolar e Educacional*.
- 6. Drukker, M., et al. (2003). Social capital as a determinant of self-rated health. *Social Science & Medicine, 56*(4), 599-607.
- 7. Furuta, M., Ekuni, D., Takao, S., Suzuki, E., Morita, M., & Kawachi, I. (2012). Capital social e saúde bucal autoavaliada entre jovens. *Community Dentistry and Oral Epidemiology, 40*(2), 97-104.
- 8. Instituto Brasileiro de Geografia e Estatística (IBGE). (2010). *Censo Demográfico 2010*. Disponível em: http://www.censo2010.ibge.gov.br/
- 9. Knorst, J. K., Tomazoni, F., Sfreddo, C. S., Vettore, M. V., Hesse, D., & Ardenghi, T. M. (2022). Social capital and oral health in children and adolescents: A systematic review and meta-analysis. *Community Dentistry and Oral Epidemiology*.
- 10. McGrath, C., & Bedi, R. (2002). The association between dental anxiety and oral health-related quality of life in Britain. *Community Dentistry and Oral Epidemiology, 30*(5), 309-312.
- 11. Meira, G. F., Knorst, J. K., Maroneze, M. C., Ortiz, F. R., & Ardenghi, T. M. (2020). Effect of dental caries and socioeconomic status on social capital throughout adolescence: A 6-year follow-up. *Brazilian Oral Research*.
- 12. MINED. (2013). *Educational barriers and support needs for vulnerable youth*.
- 13. Moore, S., & Kawachi, I. (2017). Twenty years of social capital and health research: a glossary. *Journal of Epidemiology & Community Health, 71*(5), 513-517.
- 14. Putnam, R. D. (1993). *Fazendo a democracia funcionar: Tradições cívicas na Itália moderna*. Princeton University Press.
- 15. Pattussi, M. P., et al. (2001). The role of social capital in health promotion: A literature review. *Health Promotion International, 16*(1), 85-95.
- 16. Sakai-Bizmark, R., Richmond, T. K., Kawachi, I., et al. (2020). School social capital and tobacco experimentation among adolescents: Evidence from a cross-classified multilevel, longitudinal analysis. *Journal of Adolescent Health, 66*(4), 431-438.



- 17. Squassoni, C. E., & Matsukura, T. S. (2014). Adaptação transcultural da versão portuguesa do Social Support Appraisals para o Brasil. *Psicologia: Reflexão e Crítica, 27*, 71-81.
- 18. Silva, A. N. D., Guedes, C. R., Santos-Pinto, C. D. B., Miranda, E. S., Ferreira, L. M., & Vettore, M. V. (2021). Demographics, socioeconomic status, social distancing, psychosocial factors, and psychological well-being among undergraduate students during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*.