Livsmål og (begyndende livsbaner) blandt unge fra forskellige sociale klasser

Hansen, Claus D.; Skjøtt-Larsen, Jakob

[Link to publication from Aalborg University](#)

Livsmål og (begyndende livsbaner) blandt unge fra forskellige sociale klasser

Claus D. Hansen[1,2]

Jakob Skjøtt-Larsen[1]

[1]Department of Sociology and Social Work, Aalborg University

[2]Department of Occupational Medicine, Regional Hospital Herning

Major life goals (and early life trajectories) among young adults in different social classes

(Very much) work-in-progress

Presentation
Dansk Sociologkongres 2013
Roskilde University
Claus D. Hansen[1,2]
Jakob Skjøtt-Larsen[1]
[1]Department of Sociology and Social Work, Aalborg University
[2]Department of Occupational Medicine, Regional Hospital Herning

Background

A fundamental assumption in the litterature on social inequality in health is that social inequalities in health are unjust and that everybody wants to live as long as possible (see eg. Marchand, Wikler & Landesman 1991).

But what if health and longevity is not as important for some social groups compared to others? What if some social groups have higher preferences for other aspects of life than becoming as old as possible?

Another (perhaps naive/undocumented) observation is that most studies on status attainment focus on education, occupation, life income and other 'hardcore' end points. While these end points are important indicators of status maybe they are not the only relevant ones?

In a Bourdieuean framework, it would be natural to question whether the indicators of status that are self-evident from the point of view of the dominating class (i.e. education, income, health) need to be supplemented with alternative status indicators among members of the dominated classes? A companion question to that is to what extent these goals can be seen as 'genuine', i.e. actual recordings of competing life goals – and to what extent they are mere 'substitutes' better understood as consequences of the 'taste of necessity'?

Aims of the presentation

This presentation asks:

1) Which 'major life goals' do young adults have?

2) How are these life goals distributed among young adults from different social classes?

3) Can we identify different groups of young adults based on preferences reported in adolescence (age 14/15) and young adulthood (age 20/21) that may be 'on their way' on different life trajectories?

4) What predicts 'being healthy' as a major life goal at age 21/22?

Methods and Materials (1)

VestLiv – West Jutland Cohort Study
- Birth cohort study of all adolescents living in Ringkjøbing County (april 2004) born in 1989 (N = 3,681)
  - 83% (n = 3,054) completed questionaires at age 14/15 in spring 2004.
  - 65% (n = 2,400) completed questionaires at age 17/18 in autumn 2007.
  - 58% (n = app. 2100) completed questionaires at age 21/22 in autumn 2010.

Information linked to register data using CPR.
- Information on parents' highest education and household income (2003).
- Information on young adults own social position etc.

Methods and Materials (2)

19 items from 'The Aspiration Index' (Schmuck, Kasser, & Ryan, 2000) – reported at age 21/22

'How important are the following goals for you in order to achieve the future you want to?'

Dimension	Sample items
Health	*'I will be relatively free from sickness.*
Safety	*'I will not have to worry about bad things happening to me.'*
Hedonism	*'I will have a great sex life.'*
Spirituality	*'My life and actions will be in agreement with my religious/spiritual beliefs.'*
Affiliation	*'Someone in my life will accept me as I am, no matter what.'*
Self-acceptance	*'I will choose what I do, instead of being pushed along by life.'*
Conformity	*'I will be polite and obedient'*
Popularity	*'Most everyone who knows me will like me.'*
Image	*'People will often comment about how attractive I look.'*
Money	*'I will have enough money to buy everything I want.'*
Community	*'I will help the world become a better place.'*

Methods and Materials (2)

- Geometric Data Analysis (PCA) of the 19 items after mean correcting → 'space of aspirations/major life goals'
- Supplementary points/independent variables in OLS
  - Information on parents (class of origin)
    - Parental education
    - Household income
    - 'Cultural capital' (indicators of cultural activities in home)
  - Information from young adults
    - Educational track (age 17/18)
    - Social capital
    - Spare time activities (age 17/18)
    - Economic capital (age 17/18)

Major life goals
Percent indicating life goal to be 'somewhat' or 'very important'.
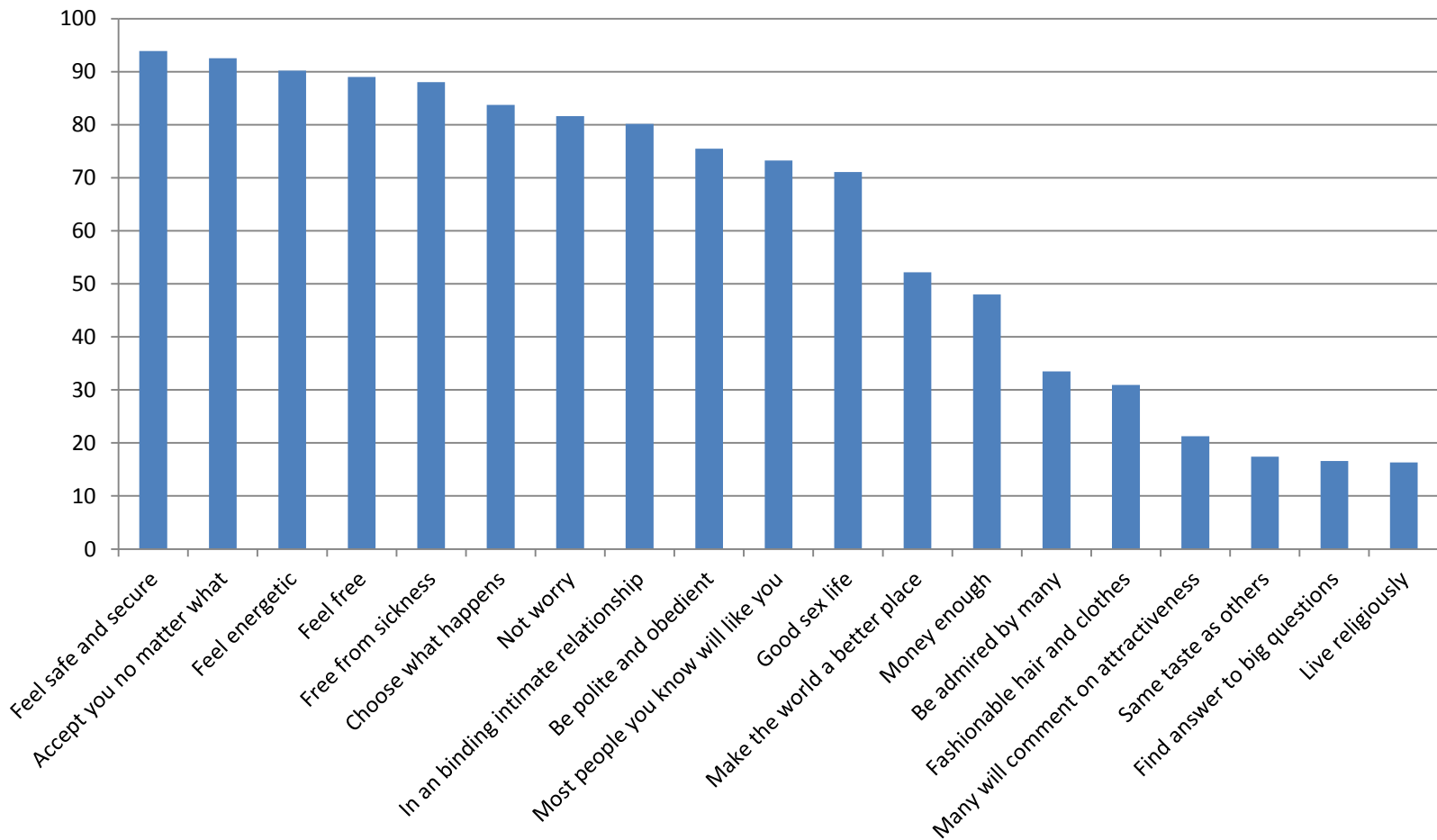
Major life goals
Individual-mean corrected values.

Goal	Value
Feel safe and secure	0,90
Accept you no matter what	0,89
Feel free	0,74
Free from sickness	0,73
Feel energetic	0,72
Choose what happens	0,58
In an binding intimate relationship	0,54
Not worry	0,51
Be polite and obedient	0,37
Most people you know will like you	0,30
Good sex life	0,28
Make the world a better place	-0,11
Money enough	-0,22
Be admired by many	-0,59
Fashionable hair and clothes	-0,75
Many will comment on attractiveness	-0,89
Same taste as others	-1,08
Find answer to big questions	-1,43
Live religiously	-1,50

Space of major life goals (1)

	λ	%	Cum %
1	3,39	17,9	17,9
2	2,36	12,4	30,3
3	1,45	7,6	37,9
4	1,40	7,4	45,3

λ_1: Intrinsic vs. extrinsic goals
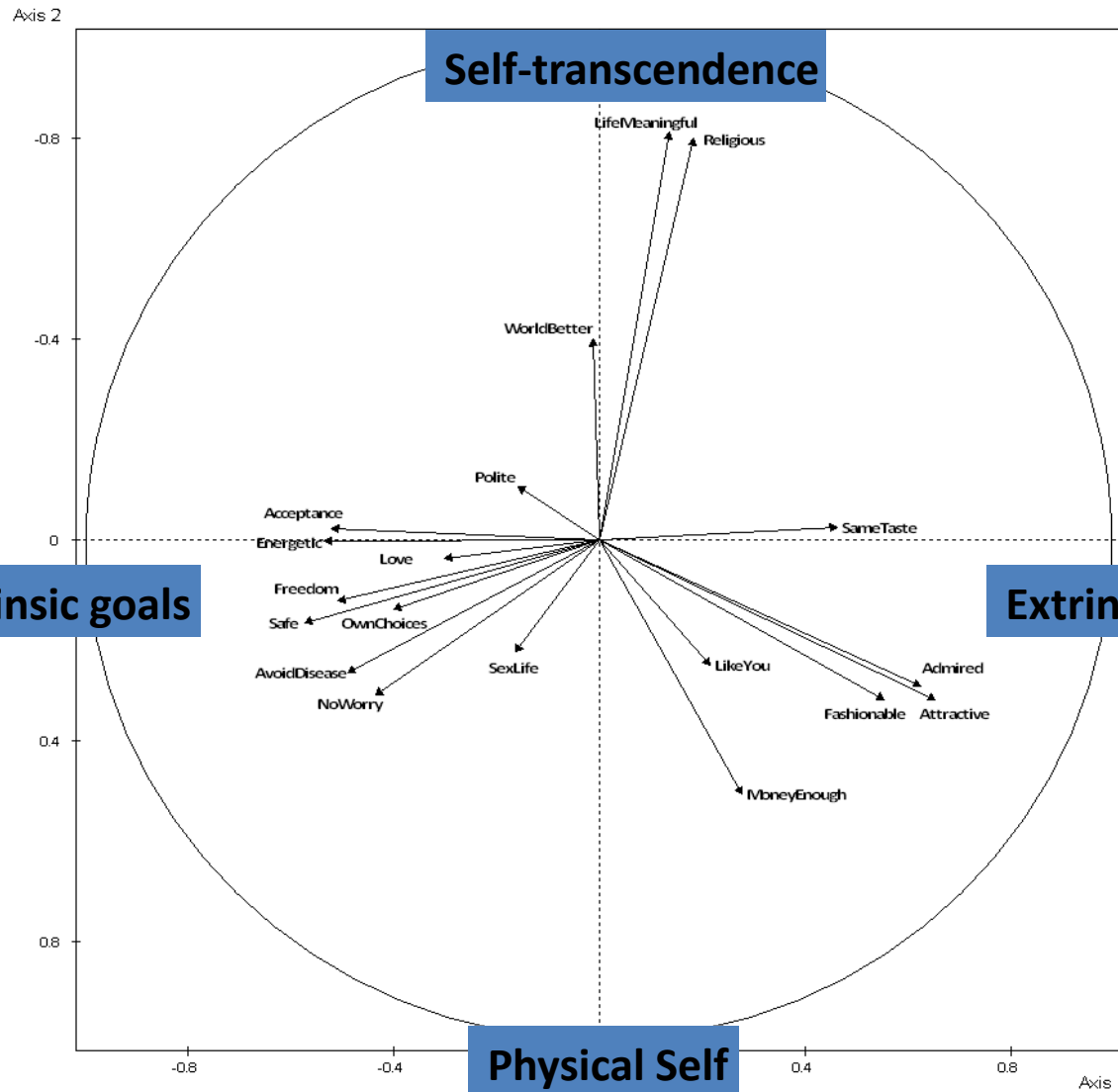λ_2: Transcendence vs. physicality
λ_3: Freedom vs. safety
λ_4: Love/sex vs. social acceptance

Ideally six axes should be interpreted, but axis 5 and 6 are not immediately interpretable.

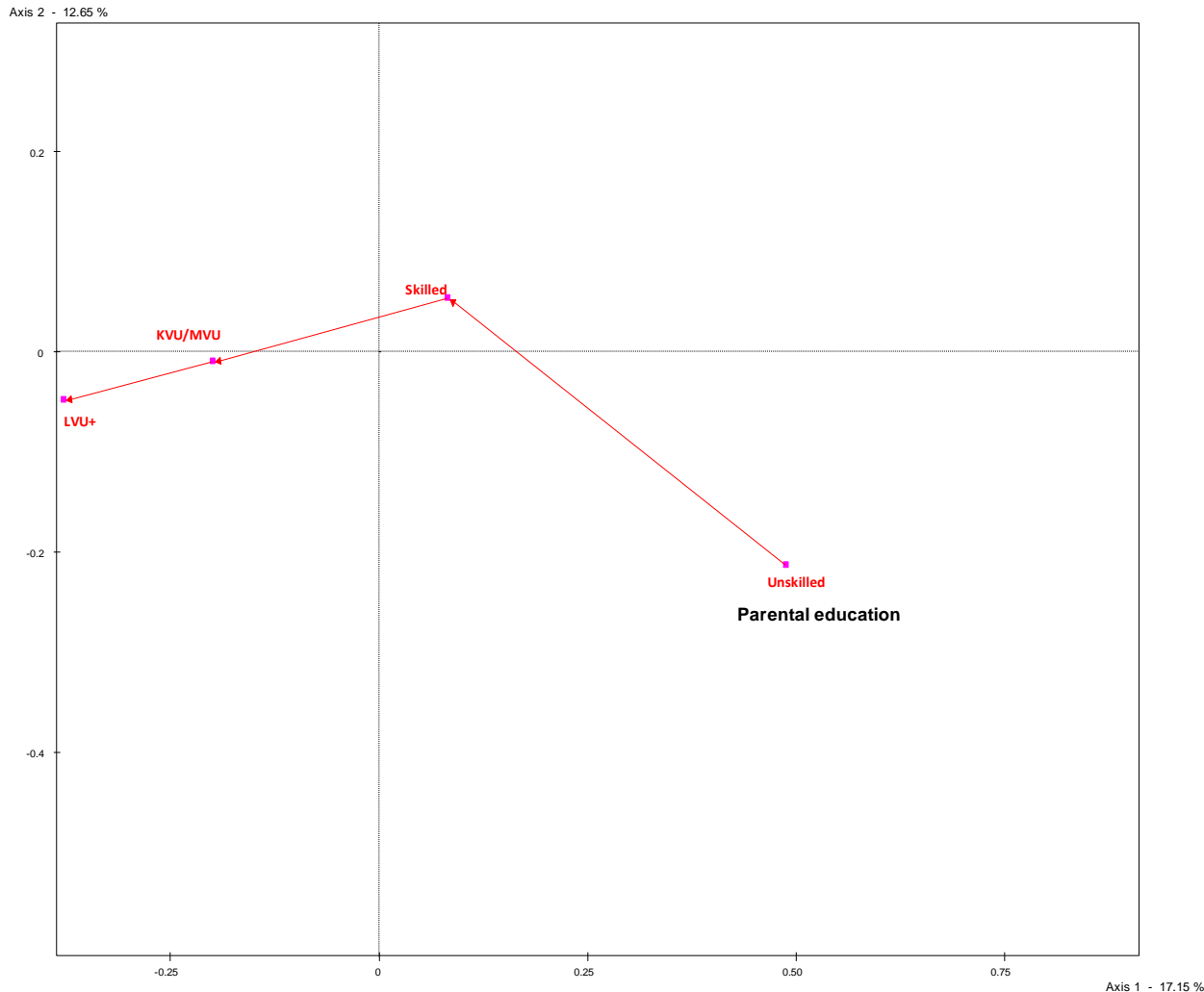# Space of major life goals (2)

Circle of correlations. Axes 1 and 2.

First two axes similar to that reported in a cross cultural study of 'the aspiration index' (Grouzet et al 2005)

Space of major life goals (3)

Parental education as supplementary point

Young adults of uneducated parents are more oriented towards extrinsic life goals than young adults with parents of higher education (although the concentration ellipses of the two subgroups overlap to a very large degree).

Income is not associated with either axes.

Space of major life goals (4)
Adolescents own SES as supplementary points
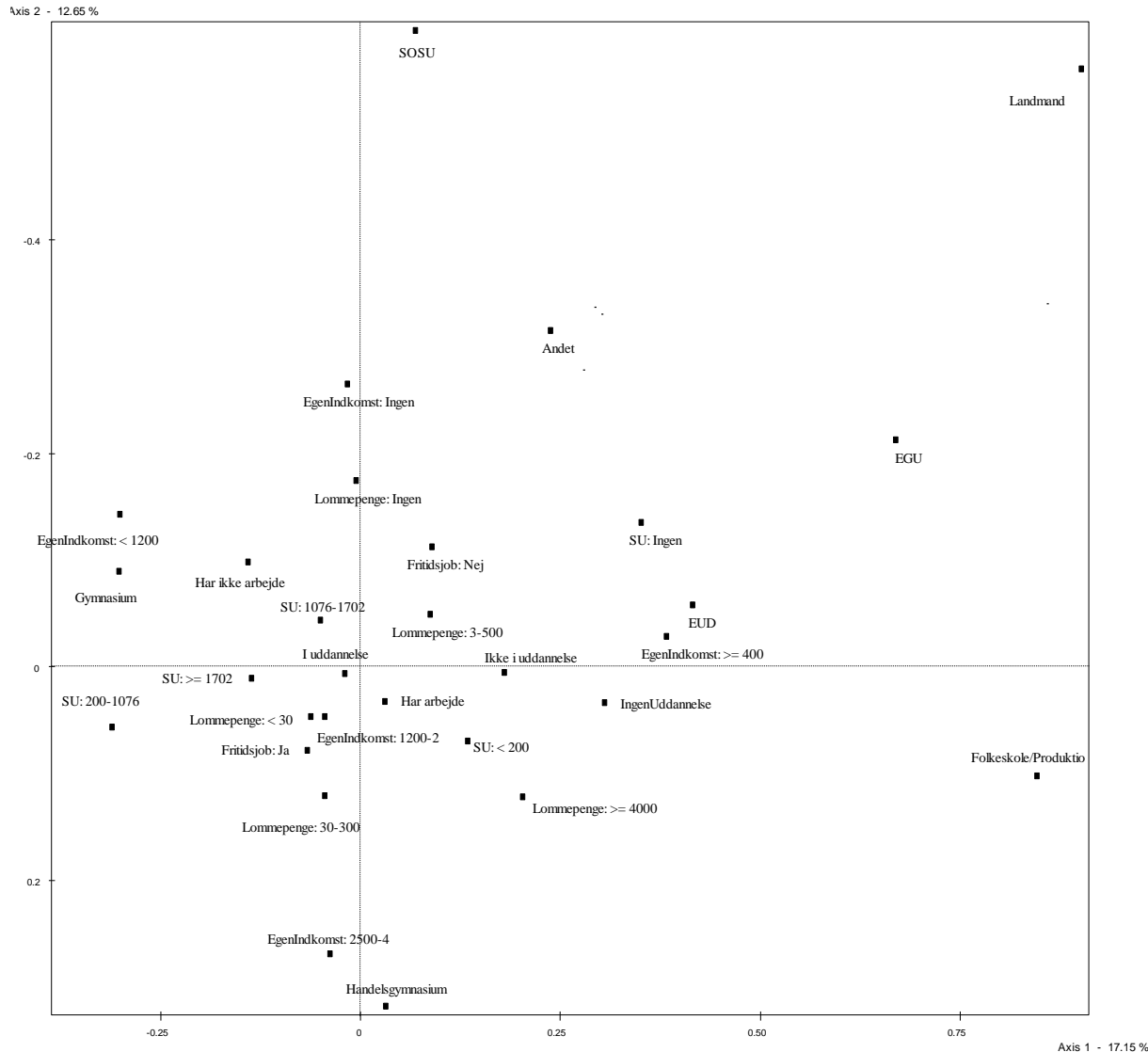
Axis 1:
Upper secondary vs. Technical College

Axis 2:
Nursing assistant vs. commercial upper secondary college

Space of major life goals (5)
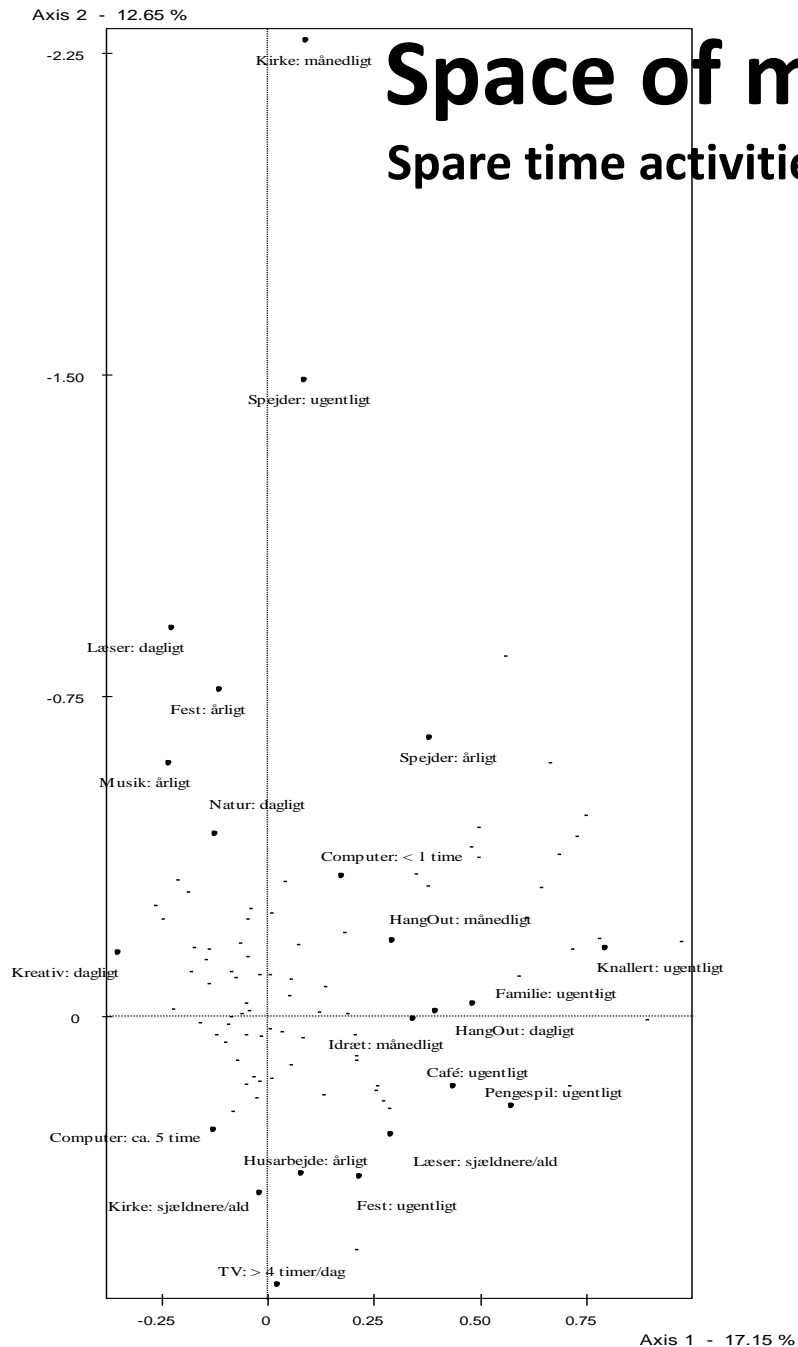## Spare time activities as supplementary points

Axis 1:
Creative/Book vs. technical/gambling

Axis 2:
Religious/boy/girl scout vs. watching TV/partying

Axis 2 - 12.65 %

-2.25

-1.50

-0.75

0

Kirke: månedligt

Spejder: ugentligt

Læser: dagligt

Fest: årligt

Musik: årligt

Natur: dagligt

Spejder: årligt

Computer: < 1 time

HangOut: månedligt

Kreativ: dagligt

Knallert: ugentligt

Familie: ugentligt

HangOut: dagligt

Idræt: månedligt

Café: ugentligt

Pengespil: ugentligt

Computer: ca. 5 time

Husarbejde: årligt

Læser: sjældnere/ald

Kirke: sjældnere/ald

Fest: ugentligt

TV: > 4 timer/dag

-0.25   0   0.25   0.50   0.75

Axis 1 - 17.15 %

Space of major life goals (6)

Cluster analysis

C2: De 'stille' (religiöse) piger

'Mainstream' Gymnasieelever

De 'vilde' EUD-drenge
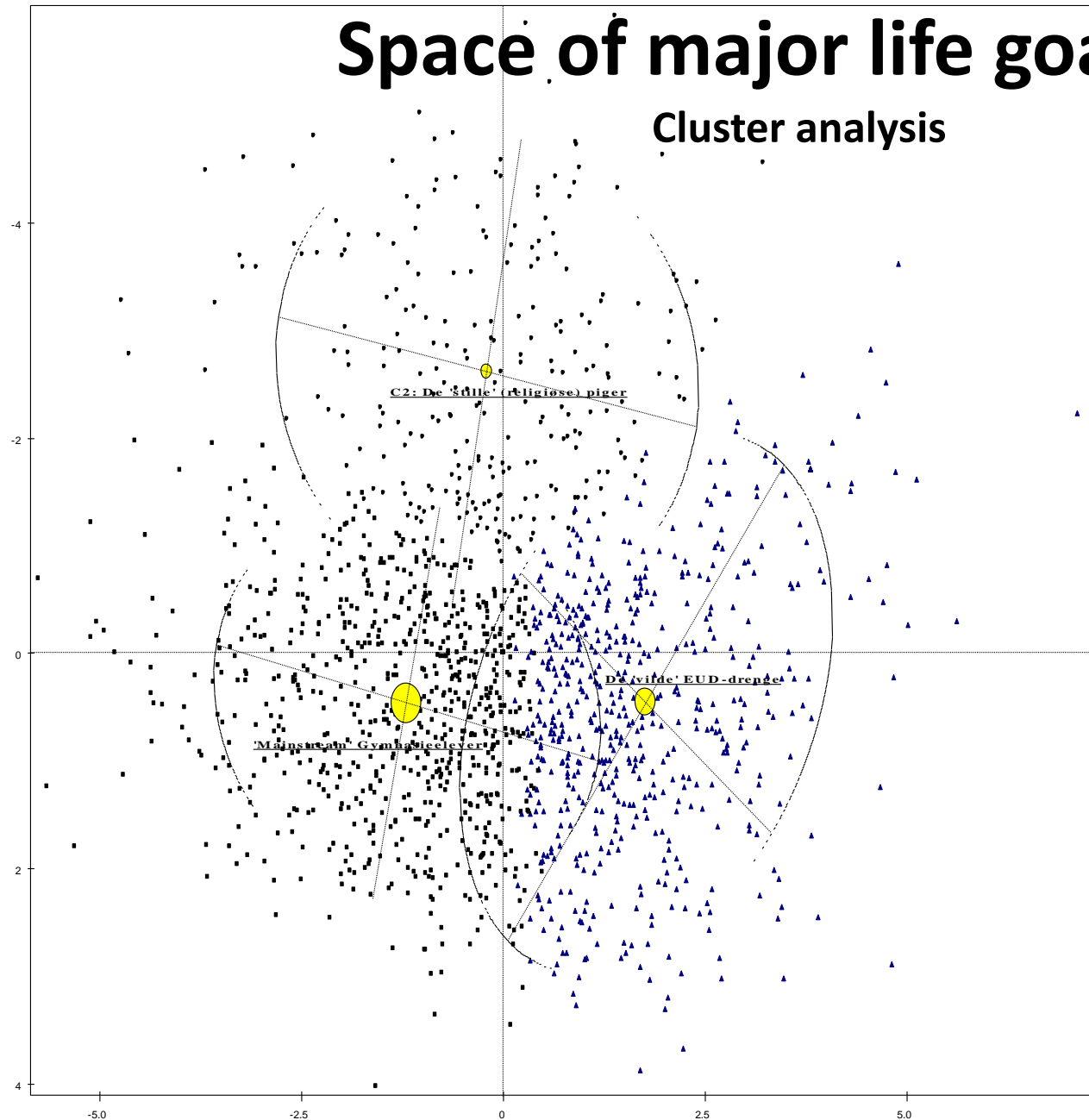
Three clusters:

1) Mainstream college youth
2) The 'quiet' college girls with religious beliefs
3) The 'wild' tech-college boys

What predicts health as major life goal? OLS

		Model 1 SES	Model 2 Health status	Model 3 Cultural and Social capital[a,b]
Gender				
Boys	ref	0	0	0
Girls		0.0410^{ns}	0.0292^{ns}	0.0381^{ns}
Parental education (2003)				
Unskilled	ref	0	0	0
Skilled		0.1790^{**}	0.1561^{*}	0.1519^{*}
KVU/MVU		0.2764^{***}	0.2292^{**}	0.2168^{**}
LVU+		0.2809^{**}	0.2384^{**}	0.1870^{*}
Household income (2003)				
In 1000 dkr		0.0002^{**}	0.0002^{*}	0.0002^{**}
Health status				
Days hospitalised (range: 0-208) (age 3-6)		---	-0.0087^{**}	-0.0087^{**}
Perceived Stress (range: 0-15) (age 17/18)		---	-0.0178^{**}	-0.0175^{*}
Chronic disease yes/no (age 17/18)		---	-0.0809^{ns}	-0.0833^{ns}
Cultural and social capital				
Cultural capital index (range: 0-16) (age 17/18)		---	---	0.0150^{*}
Social capital index (range: 0-14) (age 17/18)		---	---	-0.0159^{*}

* = $p < 0.05$, ** = $p < 0.01$, *** = $p < 0.001$
[a] Measured by asking adolescents to what extent they talk with parents about a range of issues including school, health, intimate relations etc (6 items)
[b] Measured by asking respondents about access to different ressources inside and outside of their families (14 items)

Conclusions (1)

- Young adults from different social backgrounds tend to have different 'major life goals' → individuals from lower educated families are more oriented towards *extrinsic* goals than those with higher education who are more oriented towards *intrinsic goals*.

- The sparetime actitivities reported at age 17/18 are spread out in the space of major life goals → along the first axes a dispersion of creative activities located among the young adults who have more intrinsic life goals vs. young adults with more extrinsic goals who indicated to be hanging out on corners/fixing moped at age 17/18

- Along the second axis we see a distinction between those adolescents indicating to be spending time girl/boy scouts and frequenting churches vs. those partying on a weekly basis.

- Conducting a cluster analysis on the space of major life goals yields 3 clusters: 1) one 'mainstream' group of upper secondary students (gymnasium), 2) one group of 'quiet/proper) girls with strong religious beliefs, and 3) a group of 'wild' boys attending 'technical colleges' who go to parties on a weekly basis, fix their mopeds and likes to play money games. The clusters are located in separate places in the space of major life goals.

- Do this clustering of individuals indicate groups of young adults that may be on somewhat different trajectories into adulthood?

Conclusions (2)

- Focusing on health as one major life goal our analysis reveal socioeconomic differences in the importance of this goal → young adults from lower social classes rate this life goal as less important than peers with higher educated and higher income parents.

- Some of the social class differences in the importance of health can be explained by prior health status → hospitalisation in early childhood predicts lower scores on the item – is that evidence of what Bourdieu calls 'a sense of one's place' (Bourdieu 1984, p. 471), (i.e. those with bad health (no longer?) have high hopes that they will be able to live a life relatively free from sickness and for that reason value other major life goals more)?

- Most of the social class differences in how important a life goal health is cannot, however, be explained by the available data → is this a genuine difference in major life goals that ought to be taken into consideration in the discussion of social inequalities in health?