Social Networks and Health

At the end of a talk, our People often say "All my relations." These three words are a declaration that we—people, the four-legged animals, and all of nature—are all connected and related. But how do these connections or social networks influence health?

This collection of papers represents a weaving together of diverse discourses on health. While one paper discusses the attitudes of Aboriginal young people toward pregnancy and fertility, another tackles the issue of suicide attempt among Māori youth in New Zealand. Within this diversity, there are common threads that weave each of these papers together.

One, of course, is health. In the Anishinaabe culture, "mino bimaadzwin" (the good life) is a holistic conceptualization of health, where health is a balance between the physical, mental, emotional, and spiritual realms of life. It is also a life that is lived according to the seven grandfather teachings of wisdom, love, respect, bravery, honesty, humility, and truth.

The second common thread is the concept of connections or social networks. As individuals, we are all a part of intricate, complex, and ubiquitous social networks that tie us to family, friends, organizations, and so on. These social networks have a significant influence on our health. Research by Nicholas A. Christakis and James H. Fowler has shown that obesity is contagious—if you have a friend who is obese, your risk of obesity goes up by 57 percent (Christakis & Fowler, 2007). They've also shown that happiness is contagious (2008). And perhaps the most devastating example of the power of social networks is suicide contagion. People are connected, so their health is connected.

Each article in this issue of the *Journal of Aboriginal Health* tells a story about how we negotiate mino bimaadzwin in a post-colonial and increasingly connected world. They also provide examples of how our health is influenced and shaped by our social networks, in addition to other determinants of health.

In a qualitative study conducted by Karen M. Devries and Caroline J. Free, we see how Aboriginal young people share views on planning for pregnancy, having children, and how these relate to condom and contraception use. This study has important implications to improve sex education programs and reduce rates of sexually transmitted infections.

Terryann C. Clark and colleagues found similar results in their random survey of Māori students in New Zealand exploring risk and protective factors for suicide attempt. Their findings highlight the importance of family in shaping health. For example, having a close friend or family member die by suicide was a significant risk factor for suicide attempt, and being connected to family not only reduced the risk of suicide attempt, but reduced it across all levels of risk, not just at higher levels of risk.

In a qualitative study by Peter J. Hutchinson and colleagues, we are introduced to six communities, or social networks, and their experiences around establishing tobacco control policies (TCPs). The authors identified three main factors that influence the success of TCPs, which were most strongly illustrated in three different community halls used for bingo: economic drivers, the smoking majority, and community and grassroots support. This study suggests that when smokers are the majority in a network, they hinder the success of TCPs, and when people in the network support the ban of smoking, TCPs are more likely to succeed.

John F. Anderson and colleagues explore place-based learning communities (PbLCs), which are dialogue-based networks, and how these can be used to support a community's ability to generate its own research projects and co-produce locally relevant knowledge with other researchers. This article suggests that PbLCs can be used to strengthen connections within a network. The Health Integration Project Planning Committee, which is a partnership between the First Nations community of Sts'ailes, the Fraser Health Authority, and researchers at the University of Victoria and the University of British Columbia, implemented the principles of PbLCs in a primary health care project, and this resulted in an intimate, trusting partnership.

A qualitative study by Jude Kornelsen and colleagues describes the birth experiences of women in rural First Nations communities before and after the loss of local maternity services. They found that many of the women felt a sense of isolation, alienation, and powerlessness as a result

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of having to give birth at a referral centre. However, most of the women showed resilience by proactively seeking answers about the decline of services, or trying to mitigate their feelings of isolation and estrangement at the referral centre (e.g., by bringing along family members and returning home as soon as possible).

This diverse collection of papers shows us that our health, from our attitudes towards pregnancy and fertility to our risk of attempting suicide, is influenced by our social networks. This network phenomenon suggests that all of us have the potential to be healthy, resilient and powerful people in our networks, and encourage the spread of positive health behaviours. It also compels us to rethink the ways we promote and advance the health of First Nations, Inuit and Métis, and suggests some innovative approaches to public health.

All my relations,

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