www.directivepublications.org

World Journal of Chronic Diseases

DIRECTIVE PUBLICATIONS

Research Article

Japan's Child Behavioral Outcomes And Family And Peer Social Capital.

Jared M. Pofdf, Jonatehan A. Jarvis, Mikeaela J. Dufuwr and Swhana L. Pribesh.

Department of Medicine,McGill University,Montreal, QC, Canada.

Abstract

Background/Objectives: Problem behaviors in children have been associated with both short-term and long-term negative consequences. Peer and family social capital have been shown to have a significant impact on children's behavioral outcomes. Nonetheless, the majority of studies on social capital and behavioral issues in children have been carried out in Western settings. Due to distinct peer and family dynamics, social capital may have a different impact on behavioral issues in children in non-Western sociocultural contexts.
Techniques: We extend the literature on different types of social capital to the Japanese setting using data gathered between 2009 and 2014 from a sample of the Japan Household Panel Survey and Japan Child Panel Survey (N = 182). Using OLS linear regression, we investigate the association between children's internalizing and externalizing problem behaviors and their social capital from peers and family. regression.
Findings: Our findings deviate from those often observed in Western settings. In Western nations, peer and family social capital are generally linked to both internalizing and externalizing problem behaviors. However, in Japan, we find that peer social capital is unrelated to either type of problem behavior, while higher family social capital is linked to fewer externalizing problem behaviors but not internalizing problem behaviors.
Conclusions: When examining how social capital could promote prosocial child outcomes, it is critical to take social and cultural circumstances into account.

Keywords : *family social capital; peer social capital; child behavior; Japan.*

INTRODUCTION

Due to the short-term and long-term detrimental effects of such behaviors, such as impaired cognitive development and issues with physical health and employment in adulthood, it is crucial to evaluate behavioral challenges in children [1–3]. A child's internalizing and externalizing issue behaviors have been distinguished; internalizing problems relate to the child's internal emotional regulation, while externalizing problems relate to the child's external social behavior [4,5]. Both kinds of problem behaviors can result in a number of detrimental consequences throughout infancy and adulthood, even while externalizing difficulties are typically linked to poorer mental health and internalizing problems are typically linked to sociability concerns [6,7].Social capital is a significant component that could influence the emergence of problem behaviors in children. Social capital is defined by James Coleman as the advantages, assets, and personal rewards resulting from social engagement [8]. Social capital has been specifically studied in peer and family situations and can be obtained from a number of sources. Family interactions and investments in children that promote their well-being and facilitate socialization are examples of family social capital [9]. Family social capital has significant effects on children's behavioral outcomes [11], as the home is the main source of social capital for kids [10]. Long-lasting benefits on a child's behavioral and intellectual development [12], including a decreased risk of deviant or delinquent behavior [9], are linked to increased family social capital.Peer social capital, which refers to the existence and type of interactions that kids have with their peers, has a similarly significant impact on how kids behave [13]. Peer relationships are known to influence risk behaviors, life satisfaction, and child well-being [15], and they play a significant role in the development of children and adolescents, especially in the classroom [14].Social capital has been found to have varying effects on children in different sociocultural contexts, even though it has typically been linked to better child behavioral outcomes for both families and peers [16]. For instance, Jarvis and colleagues [17] discovered that certain aspects of social capital can worsen academic stress in South Korea, despite the fact that higher family and school social capital is generally linked to positive outcomes in

***Corresponding Author:** Jared M. Pofdf, Department of Medicine,McGill University,Montreal, QC, Canada.
Received: 27-Jan-2025, **; Editor Assigned:** 28-Jan-2025 **; Reviewed:** 09-Feb-2025, **; Published:** 16-Feb-2025,
Citation: Jared M. Pofdf. Japan's Child Behavioral Outcomes and Family and Peer Social Capital. World Journal of Chronic Diseases. 2025 February; 1(1).

Western studies.This shows that further research is needed to look at behavioral issues in children in non-Western contexts, where distinct cultural traits may affect the relationships between social capital and behavioral outcomes. Because Japanese children and adolescents experience significant pressures from their families and schools, the country offers an engaging environment for studying problem behaviors in youngsters.These pressures have been linked to reduced enjoyment and a sense of helplessness [19], as well as violent actions and school avoidance [18]. It is anticipated that family and peer social capital will have an impact on child behavioral outcomes in Japan as well, given that home and school contexts have been demonstrated to influence behavior in Japan in earlier research [18,20].Nevertheless, little study has been done to date on the relationship between social capital and Japanese children's behavioral results. The impacts of social capital have not been as commonly incorporated in Japanese studies on child problem behaviors as they are in Western countries, but there are some broad similarities [21]. The operationalization of social capital is still limited in recent Japanese studies on the subject, and family and peer social capital are rarely examined simultaneously. Additionally, social capital is frequently measured from the perspective of the caregiver, and the results are not consistent. For example, Yagi and colleagues [23] find no correlation between social capital and child conduct, whereas Funakoshi and colleagues [22] discover that parental social capital at the individual and community levels protects children.According to Fujiwara and colleagues [24], children who have caregivers with higher cognitive and structural social capital exhibit fewer harmful behaviors. According to Takakura [25], who assesses social and cognitive capital as generalized social trust, young smoking and drinking are inversely correlated with trust. Last but not least, Nakano and colleagues [26] discover that parental support and the social capital of classmates can lessen suicide thoughts in teenagers. These findings are informative, but they don't explain how peer and family social capital relate to problematic behaviors in kids. Research suggests that social capital in Japan may assist lessen the internalizing and externalizing problem behaviors of children [25,26], but it also suggests that social capital may not have the same impact on Japanese children as it does on children in Western environments [23]. Peer and family social capital in Japan therefore require more investigation. Our study intends to (a) elucidate the relationship between child behavioral outcomes in Japan and family and peer social capital, and (b) determine if the effects of these factors on children in Japan differ from those in Western contexts. We make the following hypothesis: (1) We expect higher levels of family and peer social capital to be negatively associated with children internalizing problem behaviors, similar to Western contexts [9] and in light of prior research in Japan [26]; (2) we expect higher levels of family and peer social capital to be negatively associated with children externalizing problem behaviors, similar to Western contexts [15] and in light of prior research in Japan [25]actions.

MATERIALS AND METHODS

Two datasets from the Panel Data Research Center at Keio University are used in this investigation. A nationally representative survey of Japanese homes, the Japan Household Panel Survey (JHPS) was launched in 2009, and the Japan Child Panel Survey (JCPS) is a widely The supplementary survey that focuses on children living in JHPS households, starting in 2010. Because JHPS and JCPS participants share a "mainid" characteristic that enables parents and children to be connected, the combination of these surveys enables a joint investigation of parents and children in Japan. All survey participants gave their consent, and Keio University oversaw all ethics committee clearances. Scholars can access the data on Keio University's website as secondary data (initially obtained on November 22, 2021; see "Data Availability Statement" for further information).Using census survey districts as sampling units, households were chosen using a two-stage stratified random sampling technique. The surveyor who completed both surveys, which were first conducted in Japanese and then translated into English, dropped distributed surveys to parents and kids living in the same home, which were either picked up by the surveyor or returned by mail. The following are the response rates for the included Waves: JHPS 2014 = 91.1%, JCPS 2012 = 57.5%, and JCPS 2014 = 45.6% (Keio University regrettably does not have the response rate for JHPS 2009). To investigate relationships between peer and parental social capital as well as other relevant factors and children's internalizing and externalizing problem behaviors, we used OLS linear regression models.The variables in our models are described in Table 1. Standardized measures of children's internalizing and externalizing problematic behaviors serve as our dependent variables. Parents evaluate problematic behaviors in the JCPS by answering items from the Strengths and Difficulties Questionnaire (SDQ).The Japanese version of the SDQ has been found to have high psychometric qualities [21], and SDQ items have been widely employed in Western contexts to evaluate internalizing and externalizing problem behaviors [4]. When developing scales for internalizing and externalizing problem behaviors, we adhere to standard procedures [4]. The externalizing scale is derived from the sum totals of three SDQ subscales (Prosocial Behavior, Hyperactivity, and Conduct Problems), while the internalizing scale is derived from the sum totals of two SDQ subscales (Emotional Symptoms and Peer Problems). Five questions with three alternative answers—"Not true," "Somewhat true," or "Certainly true"—are included in each

subscale.Among the subscale questions for peer problems are "Rather reclusive, preferring to play alone," "Has "Mostly liked by other kids," "Picked on or bullied by other kids," "Gets along better with adults than with other kids," and "at least one good friend" (reverse coded). "Frequently complains of headaches, stomachaches, or sickness," "Many worries or often seems worried," "Often unhappy, depressed, or tearful," "Nervous or clingy in new situations, easily loses confidence," and "Many fears, easily scared" are some of the subscale questions related to emotional symptoms. "Frequently loses temper," "Generally well behaved, usually does what adults request" (reverse coded), "Frequently fights with other children or bullies them," "Frequently lies or cheats," and "Steals from home, school, or elsewhere" are some of the subscale questions related to conduct problems. "Restless, overactive, cannot stay still for long," "Constantly fidgeting or squirming," and "Easily distracted, concentration wanders" are examples of hyperactivity questions. Reverse coded are "Thinks things out before acting" and "Good attention span, sees work through to the end." The following are reverse-coded questions from the Prosocial Behavior subscale: "Consider other people's feelings," "Shares readily with other children, for example, toys, treats, pencils," "Helpful if someone is hurt, upset, or feeling ill," "Kind to younger children," and "Often offers to help others (parents, teachers, other children)" The alpha reliability coefficients of the internalizing and externalizing problem behavior measures are both good ($\alpha = 0.72$ and 0.78, respectively). The internalizing and externalizing measures are standardized to allow for appropriate comparison because the internalizing scale consists of 10 questions and the externalizing scale consists of fifteen questions. Our primary independent Our family and peer social capital scales are derived from the row totals of JCPS questions that ask kids about their experiences during the previous week. "I felt fine at home," "I got on well with my parents," and "I felt restricted by my parents" are examples of family social capital questions (reverse coded). "I got along well with my friends," "Other kids liked me," and "I did things together with my friends" are examples of peer social capital inquiries. "Never," "Rarely," "Sometimes," "Most of the time," and "Always" are among the possible answers; the scale's total points vary from 3 to 15. Peer social capital ($\alpha = 0.72$) and family ($\alpha = 0.71$) have strong alpha reliability coefficients. We additionally incorporate a number of relevant factors. The JCPS uses years to determine child age, and the youngsters in our sample were between the ages of 11 and 16. The JCPS evaluates a child's sex as either male or female. The JHPS continuously measures household income, which varies from 25 to 1500 (ten thousand yen). The JHPS uses three categories to measure the educational attainment of mothers and fathers: "High school or less" (reference category), "Junior college or specialized school," and "University or graduate school." Lastly, the JHPS evaluates moms' employment and records it as either "Not working" or "Working." Since almost all fathers reported having a job, the work status of fathers was excluded because there was little variation in the replies. Since attrition occurs in subsequent waves, we focus our research on 2014 because it is the most recent wave that is available and permits an investigation of our variables of interest while maintaining a suitable sample size. Both parental and peer social capital were tested in 2012 to capture their influence during the formation of 2014 child behavior outcomes, even though the majority of the variables in our analysis were measured in 2014. Furthermore, these metrics are from 2009 because parental education was only evaluated at the start of the JHPS. Children who have answers to the 2009 parental education measures, the 2012 family and peer social capital questions, and the 2014 measures of all other factors are included in our sample.This means that 182 out of 187 children who had replies accessible in JCPS 2012 and JCPS 2014 make up our available analytic sample. To deal with missing data and maintain our sample size at 182, we employ multiple imputations. Household income (9.9% missing), fathers' education (12.6% missing), mothers' education (13.2% missing), peer social capital (19.8% missing), internalizing problem behaviors (1.7% missing), and externalizing problem behaviors (1.7% missing) are among the imputed variables.Child age, child sex, and moms' employment are variables that were registered as "regular" in the multiple-input procedure and had no missing data. We employ robust OLS linear regression because of the limited sample size and the existence of heteroskedasticity.Lastly, we conducted our data analyses using Stata 18.

RESULTS

Our social capital and full models (Models 1 and 2, respectively) that look at children's internalizing and externalizing issue behaviors have OLS linear regression results, which are shown in Table 2. Only family and peer social capital are examined in Model 1, whereas the other variables listed in Table 1 are added in Model 2. Our first hypothesis is challenged by Model 1, which shows no meaningful relationships between internalizing problem behaviors and peer or family social capital. Peer social capital is still nonsignificant, but we find that every unit increase in family social capital is linked to a 0.079 standard deviation decrease in externalizing problem behaviors ($p < 0.05$). This provides some evidence in favor of our second hypothesis and implies that although peer social capital might not be a major Increased family social capital can help reduce externalizing issue behaviors, which are a contributing factor to the prevalence of problem behaviors in children in Japan. Covariates of child age, child sex, household income, mother's occupation, father's education, and mother's education are added in Model 2. Our initial premise

is once again called into question when we discover that the association between behavior problems and peer and family social capital is not significant for internalizing problem behaviors. Nonetheless, we discover that, like Model 1, there is a 0.082 standard deviation drop in externalizing problem behaviors for every unit increase in family social capital ($p < 0.05$). Externalizing problem behaviors is not linked to peer social capital.Therefore, more parental social capital is linked to lower externalizing problem behaviors in children, even when control variables are included. This validates our results from Model 1 and partially supports our second hypothesis.

DISCUSSION

Our key conclusion is that, even after adjusting for variations in child traits like age and sex, more parental social capital is linked to fewer externalizing problem behaviors. We do not, however, discover any connections between peer social capital and either internalizing or externalizing issue behaviors, nor do we uncover any equivalent relationships between family social capital and internalizing problem behaviors. It's unknown why peer and family social capital differ from one another. It's possible that Japanese children look to their families more than their peers to teach them appropriate social behavior because externalizing issue behaviors are concerned with outward social behavior. Additionally, a cultural emphasis on social conformity [19] may reduce the impact of peer social capital in Japan by minimizing disparities in peer influence. Our research, however, does not pinpoint the precise processes causing this disparity in the importance of family and peer social capital.Our results go counter to earlier studies conducted in Western contexts, which discovered that social capital from peers and family influences both internalizing and externalizing problem behaviors [9,10,15]. Our findings, however, demonstrate how social capital can have varying effects on children in different sociocultural contexts [16,17].Therefore, further studies that look at peer and family social capital in less-studied contexts are required. There are several restrictions on this study. For example, our analytic sample is smaller than anticipated because of the dispersion of variables across the JHPS and JCPS (i.e., finding children that have the necessary individual and parent responses across relevant waves in two datasets), even though the JHPS and JCPS datasets allow for an examination of both child and parent data. Furthermore, although our operationalization of family and social capital is secure, these constructs lack a standardized method of measurement, which sets them apart from concepts like internalizing and externalizing problem behaviors. Consequently, due to variations in operationalization, research may reach disparate results about peer and family social capital. This emphasizes the necessity of additional research on peer and family social capital to strengthen our comprehension of the ideas, especially in contexts where they have received less attention. Our findings imply that, in Japan, more family social capital is linked to fewer externalizing problem behaviors in children but not internalizing ones. Peer social capital, however, has little bearing on either kind of behavioral consequence. This points to clear trends in the ways that friends and family influence kids' conduct that might be unique to Japan. In order to (a) investigate the mechanisms underlying this particular difference between family and peer social capital in Japan and (b) pinpoint the elements influencing the distinctions between Japan and similar Western contexts, more research is required.

Author Contributions

J.A.J., M.J.D., and S.L.P. conceptualization; J.A.J. and J.M.P. methodology; J.A.J. and J.M.P. software; J.M.P. validation; J.M.P. formal analysis; J.A.J. and J.M.P. enquiry; J.A.J. and J.M.P. resources; J.A.J. and J.M.P. data curation; Project Administration, J.A.J., M.J.D., and S.L.P. Writing—Original Draft Preparation, J.A.J. and J.M.P. Writing—Review & Editing, J.A.J., M.J.D. and S.L.P. Writing—Visualization, J.M.P. The published version of the manuscript has been read and approved by all authors.

Funding

There was no outside support for this study.

Institutional Review Board Statement:All ethics committee clearances were overseen by Keio University's Panel Data Research Center.

Informed Consent Statement

The Panel Data Research Center at Keio University got informed consent from each participant in the study.

Data Availability Statement

The availability of this data is subject to limitations. With authorization from the Data Management System of the Panel Data Research Center at Keio University, the data, which were sourced from the center, can be downloaded.

Conflicts of Interest

No conflicts of interest are disclosed by the writers.

REFERENCES

1. Jokela, M.; Ferrie, J.; Kivimäki, M. Childhood Problem Behaviors and Death by Midlife: The British National Child Development Study. J. Am. Acad. Child Adolesc. Psychiatry 2009, 48, 19–24. [CrossRef] [PubMed]

2. Narusyte, J.; Ropponen, A.; Alexanderson, K.; Svedberg, P. Internalizing and externalizing problems in childhood and adolescence as predictors of work incapacity in young adulthood. Soc. Psychiatry Psychiatr. Epidemiol. 2017, 52, 1159–1168. [CrossRef] [PubMed]

3. Turney, K.; McLanahan, S. The academic consequences of early childhood problem behaviors. Soc. Sci. Res. 2015, 54, 131–145.[CrossRef] [PubMed]

4. Goodman, A.; Lamping, D.L.; Ploubidis, G.B. When to Use Broader Internalising and Externalising Subscales Instead of the Hypothesised Five Subscales on the Strengths and Difficulties Questionnaire (SDQ): Data from British Parents, Teachers and Children. J. Abnorm. Child Psychol. 2010, 38, 1179–1191. [CrossRef] [PubMed]

5. Mccarty, C.A.; Zimmerman, F.J.; Digiuseppe, D.L.; Christakis, D.A. Parental Emotional Support and Subsequent Internalizing and Externalizing Problems Among Children. J. Dev. Behav. Pediatr. 2005, 26, 267. [CrossRef]

6. Owens, J. Early Childhood Behavior Problems and the Gender Gap in Educational Attainment in the United States. Sociol. Educ.2016, 89, 236–258. [CrossRef] [PubMed]

7. Willner, C.J.; Gatzke-Kopp, L.M.; Bray, B.C. The dynamics of internalizing and externalizing comorbidity across the early school years. Dev. Psychopathol. 2016, 28, 1033–1052. [CrossRef]

8. Coleman, J.S. Foundations of Social Theory; Harvard University Press: Harvard, MA, USA, 1994; 1022p.

9. Dufur, M.J.; Hoffmann, J.P.; Braudt, D.B.; Parcel, T.L.; Spence, K.R. Examining the Effects of Family and School Social Capital on Delinquent Behavior. Deviant Behav. 2015, 36, 511–526. [CrossRef]

10. Dufur, M.J.; Parcel, T.L.; Mckune, B.A. Capital and Context: Using Social Capital at Home and at School to Predict Child Social Adjustment. J. Health Soc. Behav. 2008, 49, 146–161. [CrossRef]

11. Crosnoe, R. Social Capital and the Interplay of Families and Schools. J. Marriage Fam. 2004, 66, 267–280. [CrossRef]

12. Dufur, M.J.; Parcel, T.L.; McKune, B.A. Does Capital at Home Matter More Than Capital at School? The Case of Adolescent Alcohol and Marijuana Use. J. Drug Issues 2013, 43, 85–102. [CrossRef]

13. Ream, R.K.; Rumberger, R.W. Student Engagement, Peer Social Capital, and School Dropout Among Mexican American and Non-Latino White Students. Sociol. Educ. 2008, 81, 109–139. [CrossRef]

14. Bester, G. Stress experienced by adolescents in school: The importance of personality and interpersonal relationships. J. Child.Adolesc. Ment. Health 2019, 31, 25–37. [CrossRef] [PubMed]

15. Lau, M.; Li, W. The extent of family and school social capital promoting positive subjective well-being among primary school children in Shenzhen, China. Child. Youth Serv. Rev. 2011, 33, 1573–1582. [CrossRef]

16. Drukker, M.; Buka, S.L.; Kaplan, C.; McKenzie, K.; Van Os, J. Social capital and young adolescents' perceived health in different sociocultural settings. Soc. Sci. Med. 2005, 61, 185–198. [CrossRef]

17. Jarvis, J.A.; Corbett, A.W.; Thorpe, J.D.; Dufur, M.J. Too Much of a Good Thing: Social Capital and Academic Stress in South Korea. Soc. Sci. 2020, 9, 187. [CrossRef]

18. Kawanishi, Y. Mental Health Challenges Facing Contemporary Japanese Society: The "Lonely People"; Global Oriental: Kent, UK,2009; 198p.

19. Houri, D.; Nam, E.W.; Choe, E.H.; Min, L.Z.; Matsumoto, K. The Mental Health of Adolescent School Children: A Comparison among Japan, Korea, and China. Glob. Health Promot. 2012, 19, 32–41. [CrossRef] [PubMed]

20. Poff, J.M.; Jarvis, J.A.; Shafer, K.; Dufur, M.J. Maternal and Paternal Psychological Distress and Child Behavior in Japan. J. Child Fam. Stud. 2023, 32, 756–768. [CrossRef]