REAL-LIFE RESEARCH
Volume 1

Researching the Topics That Matter
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I am very pleased to write an introduction and appreciation of a set of short articles all of which have such intriguing titles. All the articles address questions or beliefs that many people hold. Do we really need eight glasses of water per day? What holds back social mobility? Are older people bad drivers? Does our health show in our faces? What social pressures affect breastfeeding? And many other questions. The reader might have their own ideas about each topic, or not have noticed the topic before, and can then read a discussion of the evidence that supports, or goes against, each title. The articles summarise the research and findings of work by members of the College of Human and Health Sciences, in Swansea University. I thank all those who have contributed. But above all I am grateful that the authors have spotted questions that many people ask, and that have implications for the health and wellbeing of so many people, and have with curiosity, over many years, investigated the topics, and summarised their work in The Conversation (http://theconversation.com). The College has now founded the Health and Wellbeing Academy, on the Singleton campus of Swansea University, which will enable the health expertise of the College to benefit the surrounding area. I am very pleased to commend the very readable accounts of our research in The Conversation, and the health benefits of the Academy, all of which link to the College’s research, teaching, and engagement with the wider world.

Professor Andrew Kemp

I am delighted to have been asked to write a forward for this brochure, in my capacity as Research Director for the Health and Wellbeing Academy (HWA). Swansea University is working hard to bridge the gap between academic and societal impact, and the opening of our Academy in 2017 represents an important development. Similarly, this brochure provides my colleagues and I with an opportunity to present some examples of the excellent research that is being conducted on health and wellbeing at Swansea University to the broader community. While academics typically write up their results for publication in peer-reviewed scientific journals, all of the articles in this brochure were written for The Conversation, https://theconversation.com, an online media platform that allows academics and researchers to communicate directly to the public. Our Academy aims to assist people in making more informed and positive lifestyle choices to improve their health and wellbeing, and it is our research that will enable us to do this. I hope you enjoy finding out more about how our research goes on to affect your region and communities.
200 million girls and 100 million boys will be sexually victimised before they reach adulthood.

75% of victims are reported to be female.

Low self-esteem and spending long periods of time online have been identified as high risk factors.

How Paedophiles Speak To Children Online

Authors: Cristina Izura, Associate Professor, Psychology
Nuria Lorenzo-Dus, Professor of English Language & Applied Linguistics

The internet has transformed our lives. As of July 2016, around 40% of the world’s population was online – that’s nearly 3.5 billion internet users.

Since it was created, the web has gone from being a simple tool used to share and distribute information to a complex virtual place which pervades nearly every aspect of society. Though the creators’ intentions for the internet were surely good, today it is also used for heinous crimes such as the sexual exploitation of children. This type of abuse can take almost as many forms as in the physical world: ranging from producing, storing and trading child pornography to seeking paid or unpaid sex online or offline once onscreen contact has been established.

Online grooming – that is, the process of persuading a youngster to have sex, online and/or offline, with an adult – is at an alarming high. Research has found that 200m girls and 100m boys will be sexually victimised before they reach adulthood, and a significant number of these children will be lured online.

However, despite its large societal impact, research into online grooming is limited, particularly when looking at the language used to influence children. Language is the main tool used by sexual predators to groom children online so this gap in our knowledge of how grooming unfolds is quite remarkable.

That is why four years ago we founded the Online Grooming Communication Project, with the aim of gaining a solid understanding of the verbal behaviour which underlies the grooming of children via the internet. To date we have carried out one of the largest empirical studies – based on a corpus of approximately 140,000 words from online chat-logs – of the linguistic strategies used by convicted paedophiles to groom their victims.

The act of grooming

Grooming is developed in three phases: access, entrapment and approach. Access and approach are relatively simple: they respectively involve contacting a child, saying “hi ur cute” for example, and making the necessary arrangements to meet the child offline. Entrapment, however, is a much more complex phase where information is requested and provided to fulfill
four grooming objectives: building trust with the child; isolating them and finding out how isolated they already are; testing the child’s willingness to comply with the groomer’s intentions; and obtaining sexual gratification.

Once we identified these phases, their objectives, and how groomers use specific language techniques to achieve them, we found that there are several “myths” society believes about grooming that are not entirely true. For example, groomers rely on persuasion, not coercion. Our figures showed that gaining the trust of the youngster is of paramount importance for groomers, and they devote the highest amount of words and therefore time – around 45% – to it.

All groomers in our study were skilled and sophisticated communicators, interacting with their targeted child as if they cared about him/her, making them feel special. They complimented the children regularly on a range of topics, rather than only on sexually-oriented ones. Because of this, many of their interactions with children can go undetected by existing protection software.

Furthermore, online groomers do not always masquerade as children or adolescents in cyberspace. In fact, none of the conversations included in our database involved a sexual predator pretending to be a youngster. Some online groomers misrepresented their true age by taking around four or five years from their real age – but they still made it clear from the very start that they were adults. Not all online sexual predators are middle-aged adults either. In the data we examined, online groomer age ranged from 18 to the late 60s. Though online grooming is often considered to be a long process, taking several months from initial contact to sexual exploitation, it is actually alarmingly brief. In our research database, it sometimes took just a matter of minutes.

A few studies have investigated the characteristics of children and adolescents who are solicited for sex online. In terms of gender, for example, 75% of the victims are reported to be female. As for personality and behavioural traits, low self-esteem and spending long periods of time online have been identified as high risk factors.

However, regardless of how high the risks taken by a group of children are, the threats faced by all are deeply concerning. All children are vulnerable to online sexual predation by adults and so our efforts must be devoted to ensuring that all children are safe online.

Technologies such as filtering system software can help to restrict children’s access to known sites where grooming has occurred. However, they do not resolve the problem of online child sexual exploitation altogether. Increasing our awareness and understanding of online grooming behaviour is a vital component in our endeavour to protect our children and provide a safe internet environment.

This article was originally published on The Conversation. Read the original article.
To Keep Older People Active, Pedestrian Accessibility Must Improve

Author: Charles Musselwhite, Associate Professor, Centre for Innovative Ageing

At the Habitat III conference in Quito, the foundation of the Federation Internationale de l'Automobile called for a “children-first” approach when designing the world’s roads with pedestrians in mind. But there is another group that urgently needs consideration too: the over-70s.

One of the key concerns for people as they age is mobility. Though certainly many are happy to drive – and do so safely – or make use of public transport, there is still the issue of being physically mobile. Roads were built to facilitate getting masses of people from A to B quickly and conveniently, and yet the way that pathways are managed at present is not the most helpful for all who use them.

In the UK, people over the age of 70 make up 11.8% of the population, and account for around 8% of pedestrian activity. Older people also count for a staggering 42.8% of all pedestrian fatalities: 191 deaths from 446 in total. That means almost half the pedestrians killed on roads come from just over 11% of the population.

Quite evidently there are simple things that can be done. Older people report feeling unsafe walking near busy and fast traffic so road speeds could be slowed, and more space made to walk away from fast vehicles. The upkeep of pavements could also be improved, to stop people from falling, and make sure they are accessible to those with poor balance or eyesight and at different times of the year; in the winter months main roads are gritted for vehicles but pavements for pedestrians are not.

A look at police data, collected at the scene of road collisions in Britain, shows that failure to judge vehicle speed is a significant factor in older people’s road collisions as pedestrians. This correlates with data in Australia, France, the Netherlands and several other countries. Generally, older pedestrians look less at traffic and accept significantly smaller gaps in traffic when crossing the road than younger pedestrians.

Time to cross

In the UK, there five types of crossing, each slightly different from the other: zebra, pelican, puffin, toucan and pegasus. The most common is the Pelican crossing, which is a traffic lighted...
crossing point with green and red phases for drivers and pedestrians. Government guidelines suggest that the time for the pedestrians’ green phase should be set at a walking speed of between one to 1.22 metres (around 4ft) per second – a speed found almost universally across the world. Despite this, the green phase for UK pedestrians is generally around four seconds, with a further six seconds of flashing green, giving people ten seconds to cross the road. My research has identified that this simply isn’t long enough. I found that 88% of people over 70 couldn’t cross the road given a time of 1.22 metres a second. For women, the statistic is even more stark: 94% couldn’t cross in this time. Those in poor health and, interestingly, those with lower socio-economic backgrounds walked much slower, making it harder for them to cross the road in time.

Previous research has found similar results, suggesting that older people’s average speeds are between 0.7 and 0.9 metres a second. What may be regarded as a trivial issue by some can actually be hugely detrimental to the lives of older people: anxiety over crossing times can stop older people going out, making them housebound, increasing sedentary behaviour, loneliness and isolation.

Making a difference

There has been some recognition of the plight of pedestrians across the world. New York City, through its Safer Streets for Seniors campaign, is evaluating the pedestrian environment in light of older people’s road safety. The state of Victoria, Australia, recently pledged to increase the length of the pedestrian phase on some of its crossings. And yet more can be done globally. Countries like the UK have an opportunity to show off their age-friendly credentials and create an environment that is more accessible for the world’s ageing society.

As the population of older people increases, it is vital that this issue is resolved well before then. Lobbying from groups wanting to increase crossing times has already begun, while some improvements are being made with the introduction of puffin crossings.

Walking is not only beneficial for health but also enables connections. As the world ages, it is vital that we help older generations continue to enjoy their lives – and ensuring accessibility and safety for pedestrians is a crucial part of this.

This article was originally published on The Conversation, Read the original article.
Place Plays A Vital Role In How Boys Learn To Become Men

Author: Michael Ward, Lecturer, Public Health, Policy & Social Sciences

Since the late 1970s, how young people transition to adulthood has been shaped by changes in global industry. As job opportunities in the UK have moved away from industrial roles, young people have become more likely to remain in education than ever before, and increasingly strive to gain educational qualifications to enable them to compete in a shrinking labour market.

However, these changes have been accompanied by an increasing anxiety in the UK, the global north and elsewhere about the position of boys and young men. There is still concern that boys are underachieving in school compared to girls, that they are suffering from high rates of suicide and poor mental health, and that boys are increasingly involved in offending and anti-social behaviour.

Policy makers, the media and social commentators have suggested that the problem is down to young men suffering from a lack of male role models – although there is often frustratingly little detail offered as to what a role model is or what a suitable candidate might offer to young men.

These problems are often framed as outcomes of a “war” on boys – or as MP Diane Abbott put it, a “crisis” of masculinity. But men still tend to hold the key positions of authority and control throughout society, and across the world, so how real is this problem?

“Boys” – and girls – are extremely diverse, and there are multiple ways of being a boy. What we really need to be thinking about when we talk about these issues, is which boys and which men are struggling.

In reality it is those boys and young men from working-class backgrounds who live in de-industrialised places who are most likely to be struggling. These men are the ones who are most often associated with the “crisis” and with public fears of disorder, disrespect and delinquency. Due to economic restructuring over the past half century, working-class young men are no longer likely to be learning to labour, working in mines, factories or elsewhere like their fathers but learning to “serve” in the growing service industry.
From labouring to learning

So how do young men from post-industrial communities adapt and change in insecure times and make sense of their position as they transition into adulthood? When young men are left with the legacy of industrial labour, do they perform and articulate masculinity in different ways or by different means? In terms of education, do academic or vocational pathways impact upon specific classed identities? What are the broader social and spatial networks within their communities that mediate the identities of these young men and how do space and place impact on who they are and who they can become?

To address some of these questions, I followed a group of about 30 young working-class men living in the de-industrialised south Wales valleys for two and a half years. I shadowed them from their last week of compulsory schooling, up until some of the young men started university. I spent time as an active participant in school lessons, playgrounds, assemblies, dinner halls and parents evenings in order to understand their school lives.

As the boys grew older, I also followed them beyond the school gates: hanging out in the cars they drove, the fast food places they ate in, the pubs and nightclubs they drank and danced in, at university open days, and their places of work. I attended sports events, went shopping, to the cinema and to 18th birthday parties. On one occasion we visited a lap dancing club. On another, I attended the funeral of a young man after a tragic car accident.

What I learnt is that life for these modern young men is not as simple as the media and policy portray it to be. They are seen as feckless, out of control and educational failures, lacking aspiration – but this is simply not true. In fact, for this group of young men in a community of social and economic deprivation, expectations and transitions to adulthood are shaped through the industrial legacy of the region. This legacy has an impact on class and gender codes and what it means to be a man – and what behaviour is deemed acceptable and what is not. This then plays a huge part in educational decision-making and future life chances.

We simply cannot classify young men’s issues into neatly defined categories. Really we need to look at how their lives are shaped within specific contexts and localised cultures. It is these issues which need tackling if some of the concerns surrounding young men are to be resolved. Home life, street life, individual neighbourhoods, regions and nations all shape the performance of different masculine identities. And it is these local expectations of manhood that are a huge influence on who they are and the possibility of who they can be.

This article was originally published on The Conversation. Read the original article.
Mothers Are Made To Feel Guilty Whether They Breastfeed Or Formula Feed Their Baby

Authors: Sophia Komninou, Lecturer, Public Health, Policy & Social Sciences
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From the first cry of their newborn baby, mothers are faced with a myriad of expectations on how they raise their child. Now surely all they can do is try their best, right? Essentially yes, but one of the most fundamental parts of doing this is providing the “best” nutrition for their child from day one – a minefield of a topic to say the least.

The way mothers feed their babies has become a matter of international public interest. Take a quick glance at the extensive list of breastfeeding benefits, against current rates, and the concern is understandable. In the UK, over 80% of women initiate breastfeeding, yet less than 1% of mothers exclusively breastfeed to the recommended six months. This means that the majority of babies receive at least some formula supplementation during those critical first few months.

Unfortunately, our recently published study of formula-feeding women found that the large majority of mothers who supplement their babies’ feedings with formula are made to feel guilty, stigmatised, defensive, and dissatisfied over their decision to top-up or swap from breast to bottle. Mothers who initiate exclusive breastfeeding but stop, and mothers who intend to exclusively breastfeed during pregnancy but are unable to do so, are at a much higher risk of experiencing guilt and dissatisfaction too.

It’s not much easier for mothers who do manage to feed their baby by breast alone for at least six months either. In a second study we found that though these mums did not have negative emotional experiences as often as formula-feeding mothers, they still occurred, particularly for those who supplemented breastfeeding with formula. Mums can’t win either way.

Social barriers

Society makes it very difficult for mothers to breastfeed. Family members, with the best of intentions, suggest formula to “help baby settle”; partners want their share of the feeding responsibilities to “give mum a break”. Add to that the barrage of media stories of mothers being asked to cover up or leave public spaces and it is little wonder mums feel confused, conflicted, and contemplating formula over breastfeeding.
Promotional efforts, on the other hand – like the “breast is best” message – make women who intend to exclusively breastfeed but turn to formula, either on rare occasions or more permanently, feel guilty and dissatisfied about the prospect of feeding their child something less than breastmilk. The mantra was originally designed to convey the health benefits of breastmilk, and tackle the prolonged slump in breastfeeding rates. But, assuming every new mother wants the “best” for their baby, the slogan and associated promotions take on a profoundly moralistic dimension, which has become intertwined with the concept of “good parenting”. Regardless of whether they breastfeed or not, this catch-22 situation is making life unnecessarily difficult and stressful for mums.

A lose-lose situation

Some mothers simply cannot breastfeed, others plan not to, or don’t initiate breastfeeding after birth. Our research found that these mums were more likely to feel stigmatised than breastfeeding mothers, and were also less likely to ask for infant feeding advice from health professionals. Instead they were more likely to turn to family members or use their own accord and experiences to inform their feeding practices. It seems that our portrayal of formula as “risky” or “dangerous” alongside the “breast is best” message may alienate those who intend to exclusively formula feed and create reluctance among women to seek professional advice about their “suboptimal” feeding method. This is a vicious circle that embeds the formula feeding culture down the generations, and has considerable implications for infant health if formula is not prepared carefully, there is a much higher risk of contamination and illness.

Negative emotions like stigma can also lead to other harmful behaviours, from trying to make “homemade” formula, to early introduction of solids, and even, thankfully isolated, cases of food deprivation.

Breastfeeding has profound and long-lasting health advantages, but the risks of poor maternal well-being run just as deep. The “breast is best” message has, in many cases, done more harm than good for both breastfeeding and formula feeding women. Words carry a lot of power and we need to be very careful of their use in future breastfeeding promotion campaigns.

For many, the current WHO recommendation of six months of exclusive breastfeeding is simply not realistic and can discourage mothers from even initiating breastfeeding. Instead we should follow a woman-centred approach where mothers are empowered to set their own realistic targets.

This article was originally published on The Conversation. Read the original article.
Across the world it has been shown migrants have a healthier lifestyle on arrival in a country than a few years post-migration. Most migrants to the UK aren’t refugees or asylum seekers, but migrate for work or study. Just 13% of the UK population were born abroad. In 2015, 27% of babies born in England and Wales were to a mother who was herself born abroad.

In the case of migrants, there is a strange paradox: across the world it has been shown migrants have a healthier lifestyle on arrival in a country than a few years post-migration. In the UK, migrants are less likely to practise healthy behaviours once settled in their new country — such as eating diets low in fat, taking regular exercise and breastfeeding — and are instead more likely to take up smoking and drinking alcohol. Though there is individual variation between migrant groups, these poorer health outcomes apply overall for non-UK born individuals when compared to the UK population.

Movement of migrants

Of course much depends on who is considered a “migrant”. Horrifying pictures of migrants fleeing war-torn countries, the tragedies of sinking boats in the Mediterranean, and appalling conditions in refugee camps paint one picture of “migrants”. But in the UK, most migrants — that is, people born abroad who intend to live in the UK for one year or longer — are not refugees or asylum seekers, but migrate for work or study.

The majority of these migrants are young and do not have children when they arrive, but become parents a few years later. In fact, just 13% of the UK population were born abroad, a far lower percentage of foreign-born residents than in Switzerland (26%), for example. In 2015, 27% of babies born in England and Wales were to a mother who was herself born abroad. The children of migrant parents therefore form a significant and growing part of the UK child population.
A better life?

Children, particularly in their early years, are reliant upon their parents for provision of food, living conditions and exercise, which are the building blocks of lifelong health. The health of migrant children is relatively unexplored, but some studies have identified higher rates of obesity than in the majority population. Gaining evidence on the health of migrants and their children is difficult because much data currently collected is related to ethnic group rather than migrant status. Other existing research focuses on refugees and asylum seekers, and specific diseases, rather than on the well-being of those who come to work or study.

We recently published our own qualitative research into how migrant parents keep their children healthy in the UK. We asked parents from five migrant groups – Romanian, Polish, Somali, Pakistani and Roma – to discuss their experiences of health and parenting with others of the same nationality or ethnicity. The most surprising finding was that the most recently arrived migrants – Polish, Romanian and Roma – experienced challenges in providing children with the basics of good health, that is parental employment and secure housing. Two families, one Polish and one Romanian had experienced temporary homelessness; one mother was asked by a social worker if she could return to her country of origin. Several parents had experienced difficulty in finding work, which was frequently not commensurate with existing qualifications or previous employment. Discrimination was described by a minority – one Roma father said that his Romanian nationality was more of an obstacle to getting work than his Roma Gypsy ethnicity.

Physical health

All groups discussed how changes in diet and exercise had affected their children’s health. For the Roma, who predominantly have poor living conditions in Romania, the high standards of environmental health in the UK were valued. However, Pakistani, Somali and Romanian parents thought that food in their countries of origin was more nutritious and fresher. They also believed that there are fewer opportunities for exercise in the UK, due to less space for safe outdoor play, lack of a communal ethic of childcare and a social expectation of children being under constant parental supervision.

The news on migrant children being moved from the Calais camp has so far focused on unaccompanied minors, most being brought to the UK to be reunited with family links. But while these youngsters certainly will have the most pressing health needs, this small study shows that it is highly important that we don’t forget about children of migrants already living in the UK. Parents who come to the UK with or without children do so for a new, and sometimes better, life. But if society is unwilling to help them integrate, and support cultural behaviours, it will increase the difficulties of migrant parents in making sure that the new generation have the best start in life.

This article was originally published on The Conversation. Read the original article.
The functioning of our brains can be compromised by just a minor degree of dehydration.

Studies have found a water loss of around 2% can affect memory, attention and mood.

Ensure you drink regularly and realise that if you sense thirst the functioning of your brain may be already compromised.

We’re often told we should drink eight glasses of water a day, check that our urine is not too yellow, and limit caffeinated drinks because they make us lose hydration.

Such everyday advice implies that dehydration is a common problem, but the traditional view when it comes to the science is that this view is not supported by research. Rather it has been assumed that if your lifestyle does not include prolonged activity, or the temperature is not particularly high, most of the time the level of fluid in your body will be in the normal range.

However, our new research, published in The American Journal of Clinical Nutrition, is challenging this received wisdom. We found, for the first time, that the functioning of our brains can be compromised by just a minor degree of dehydration.

Previous studies have found when there is a water loss of around 2% of body weight then memory, attention and mood are adversely affected. This is typically associated with periods of extended physical activity – and much dehydration research has focused on this area, rather than the everyday water loss that we examined.

Water makes up nearly two-thirds of the body and is an essential nutrient, necessary for all aspects of bodily functioning including the distribution of oxygen and other nutrients, the removal of waste products and the regulation of temperature. Its importance is illustrated by a person dying within as little as three to five days if they do not drink. However, the body can be affected by dehydration well before the point of death.

It is well accepted that the performance of athletes will suffer if they lose too much fluid. During a single match, a footballer may run 12 or more kilometres and lose up to 3% of their body weight. If they initially weigh 75kg they will have lost 2.25kg – that is nearly five pounds of weight – which reflects a loss of half a gallon of water.

But fluid loss is a feature of daily life too, and occurs not just when we are exercising. We found that lack of water in the body begins to have an adverse influence well before the 2% loss that is typically associated with extended athletic activity.
Water limits

To find out, we conducted a study involving 101 healthy adult participants in a controlled environment at 30 degrees centigrade for four hours. We used an electronic scale to measure each participant's body weight 50 times at five second intervals, to control for body movements. The scale was sensitive enough to measure to within 5g, so changes in weight due to breathing and perspiration could be detailed over short periods.

At the end of the four-hour period, we tested each participant's memory by asking them to recall a word list after they had heard it. Focused attention was assessed using a flankers test, where the subject is asked to say whether an arrow is facing left or right with some distractions.

After an hour and a half into the study, the extent to which thirst was experienced predicted poorer memory and attention. At this point there was a loss of only 0.22% of body weight, a change that may well occur on warm days, when you are active or if you do not drink regularly. After four hours, when there was an average loss of 0.72% of body weight, urine concentration predicted cognitive functioning: those who were more dehydrated had poorer memory and attention. Those who reported being more thirsty felt less energetic and more anxious; at the end of the four-hour period the other test subjects who had consumed water found the tests easier.

These findings show that the brain function of healthy adults is affected at a much lower level of dehydration than previously thought – but there may be groups that are at a higher risk of becoming dehydrated. Children, for example, have a greater body surface area and often rely on adults to offer them a drink. Previous research we conducted found that when school children were given a drink in the afternoon, they had a better memory and spent more time on their classroom tasks. Older adults too may also be at particular risk of dehydration as their kidneys become less efficient and the sensation of thirst declines.

The take away message is that even a minor degree of dehydration can disrupt brain functioning, so there is a need to take a few common sense precautions. Ensure you drink regularly and realise that if you sense thirst the functioning of your brain may be already compromised.

This article was originally published on The Conversation. Read the original article.
Is it okay to talk to your young children? To read them stories at bedtime, discuss the flowers by the bus stop, be attentive as they describe their day? Let’s try another tack. Is it okay for parents to pass wealth down to their children? So the kids gain a house when mum dies, for example. And before that, get everyday benefits just because their parents are relatively well-off?

These questions may seem like dummy bullets. Why even ask them? Surely talking to your kids is just good parenting? Surely the joy of passing things on to them is part and parcel of bringing them up? Where’s the catch?

To see it, it helps to look at things from the kids’ point of view. Is it okay that in the UK in 2016, we find such drastic variations in children’s well-being – based on their social position? That among the 2,000 or so babies born each day, we can make quite solid predictions about where their life will take them and how long it will be – based on their class background? Or that, as the Social Mobility Commission’s just-published state of the nation 2016 report has found, only one in eight children from low-income backgrounds is likely to become a high-income earner as an adult?

Most of us will answer “yes” to the first batch of questions (about parents), and “no” to the second (about kids). In doing so, we should feel some discomfort. For those everyday workings of families are crucial to why kids’ life chances remain so unequal. Vast gaps in income, or in the amount of vocabulary used in the home, wield a hefty impact on how the lives of kids in different families will turn out. And often, it’s because the better-off kids have more opportunities rather than because the less advantaged have fewer.

Prospects

“Barriers to social mobility” is a phrase everyone seems to love, and also – an even rarer thing – to agree on the meaning of. Your background should not determine where you end up in life. Theresa May has made realising this a defining aim of her term as prime minister.

It can be unpacked in two ways: inter-generational mobility is about the class position of an adult compared to that of their parents. So the more children of unskilled workers who are bankers, the more mobility we have. Intra-generational mobility is about how different groups in society are faring, at any one time. So optimal mobility would mean the children of unskilled
workers doing as well as the children of bankers.

Are children feeling the benefits of optimal mobility in the UK now? The answer is no – and not just that, mobility is slowing too. Background matters as much as ever. In state schools, the highest attaining poorest kids are, on average, overtaken by the moderately attaining richest kids somewhere between the ages of five and 16. The poorest pupils are far less likely to attend an elite university than their privileged peers. On average they will also earn less, feel less healthy, and die younger.

Strikingly, 71% of senior judges, 43% of newspaper columnists, 33% of MPs and 22% of pop stars were privately educated – compared to 7% of the population as a whole. Only 4% of doctors are from working class backgrounds. And everyone – from the Morning Star to the Daily Mail – seems to deplore these stats.

Privilege

What stops us really tackling this? Why don’t we talk more coherently about inequality of life chances? My own research has found two main conversation stoppers. One is that “the family” is politically sacred. Politicians won’t badmouth it, or confess that cherished aspects of family life are hitched to drastic unfairnesses which everyone hates. So they tiptoe around it, and make out that we can achieve equal life chances for children without a thorough reset of our default assumptions about parental privilege.

Before leaving office, former prime minister David Cameron launched a life chances strategy, wanting to “give every child the tools that will let their potential shine brightly”. He rightly identified families as key to this. But he raised no questions about how well-off families advantage their kids at the expense of those in poverty. His successor Theresa May on the other hand has cheerfully linked grammar schools to the aspirations that every parent will “naturally” have for their children, despite the mountainous evidence that they reinforce the privileges of those families who are already better off.

The other thing that stops us addressing the lack of social mobility is missing how it’s bound up with inequality. Family differences would mess up life chances far less if society was a more equal place. So if social immobility is the problem, simply promoting social mobility is not the answer. Really, it’s about reducing inequality of outcome – the gap between how much different people end up with. A society with less of a gulf between rich and poor will have greater social mobility. Were we in one, we might talk with a straighter face about the reality of equal life chances. Perhaps with our kids, at the bus stop.

This article was originally published on The Conversation. Read the original article.
Traumatic Breastfeeding Experiences Are The Reason We Must Continue To Promote It

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World Breastfeeding Week was designed to promote, protect and encourage breastfeeding. To celebrate the marvel of women nourishing a whole new tiny person. To highlight why we need to invest in our new mothers, babies and the future.

Yet for many mums, this week sends a chill straight through their core. It makes them want to shout and throw things because breastfeeding certainly isn’t something to celebrate for them.

For far too many women, any mention of breastfeeding reminds them of pain, anxiety and a lack of support. It reminds them of their determination to do what had been promised to them as simple, enjoyable and the right way to feed their baby. Determination which slowly turned to desperation when it didn’t work for them.

It reminds mothers of the heartbreak they felt as they stopped breastfeeding before they were anywhere near ready. – it wasn’t just about the promised health benefits but the feeling that their body wasn’t doing what it was meant to do, and the fact they just really wanted to do it.

All the pain, regret and anger that mothers feel is the reason we need to shout so loudly about breastfeeding. This hurt comes from women being so badly let down by a society that does not protect breastfeeding. Because, while there are many mums and babies who experience health problems that stop them from breastfeeding, there are even more who would breastfeed if the right support was in place.

We need to change this attitude, and one of the best ways we can do that is by drawing attention to its importance. Because although it might not seem like it to some, breastfeeding has become the underdog in a society that might shout about its importance but actually works rather hard to undermine it.

Breaking down barriers

Britain has ended up in a situation where, despite the known health and economic benefits of breastfeeding, rates are abysmal. In fact they’re the lowest in the world. More importantly, 80% of mothers who stop breastfeeding in the first six weeks are not ready to do so.

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of mothers who stop breastfeeding in the first six weeks are not ready to do so, and stop because breastfeeding has become seemingly impossible for them. Breastfeeding should not be so difficult for so many and should only be impossible for a very, very small minority of mothers. However, while society appears to promote breastfeeding, there are actually numerous barriers ranging from formula milk adverts to a lack of community support, that ultimately make breastfeeding feel impossible.

Society does not understand what it is like to breastfeed. Women are given information that damages breastfeeding such as babies should sleep through the night, rather than wake to feed, for example. Some think misunderstand studies, and come to believe that breastfeeding causes things that are actually just normal baby behaviour and that formula is the solution. Others believe self-styled experts who make money out of telling mothers that their baby should be in a routine – despite research showing that strict routines are actually incompatible with or discourage breastfeeding.

Invest in breast

Rather than protecting breastfeeding, the government doesn’t invest properly in the services, support and expertise that would actually enable mothers to breastfeed – despite reports finding it could actually save the NHS money. Instead, cuts to services take away essential volunteer groups and funding of breastfeeding specialists. What should be an easily fixable issue gets turned into months of suffering. Though no longer allowed to advertise to mothers of babies under six months, the multi-billion formula milk industry still dominates. Some might argue that the world doesn’t need a week celebrating breastfeeding but in reality, every week is world formula feeding week.

Mothering is not valued or supported. Instead weight loss is celebrated, tips on reviving your sex life are published, and the focus is on “getting your life back” post-pregnancy. Celebrities are snapped back in their jeans and out partying a week after having a baby. “Normal” mothers meanwhile are ridiculed and criticised for simply trying to feed their hungry baby in public. The simple truth is that we set women up to fail. Most breastfeeding problems are created by a society that is not breastfeeding friendly: the actions of others are responsible for poor breastfeeding rates and the trauma of mothers. And we must change this.

If as a society we encouraged breastfeeding, properly supported women and the government cracked down on the way in which formula is promoted, there might not be this level of problem. Ultimately if we did all of this then there would be no need to shout about breastfeeding and no need for special events. Because it would just be normal. Just how babies are fed.

In the words of the UNICEF Baby Friendly Initiative Call to Action: “It’s time to change the conversation.” We need to keep speaking out about breastfeeding and direct our trauma into action, until everyone who can plays their part in creating a supportive environment for new mothers.

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In the Western world, people are living longer, healthier lives than ever before. As everyone ages, there is a desire to stay mobile, and in particular continue to drive in order to maintain their lifestyles. Shops and services are becoming dispersed, moving away from villages and towns to larger urban areas. Connections to lifelong family and friends need to be maintained often through long distance travel. It’s therefore no surprise that there has been a huge increase in older driving licence holders, and in the number of miles driven by the over-70s.

In 1975, UK figures showed that 15% of people aged over 70 held a driving licence; in 2014, this figure was 62%. Overall, fewer women now hold licences than men - but there has been a substantial increase in female licence holders in the older age bracket, from 4% in 1975-6 to 47% in 2014. Correspondingly, 32% of men held a licence in 1975, compared to 80% in 2014. Since 1995, the increase in miles driven has fallen across all age groups by 8%, however for those aged 60-69 and those aged over 70, miles driven have increased by 37% and 77% respectively.

Driving has become both such a necessity and a desire that giving it up has been linked to loneliness and isolation, an increase in depression and health-related problems. One US study even found that non-drivers were 4-6 times more likely to die within three years than drivers within a three-year period.

**Compensating well**

But are older drivers actually safe to stay on the road? Deterioration in working memory, cognitive overload, and eyesight, all related to ageing, can hamper driving. Recovering from the glare of a low sun, for example, can change from two seconds of white out to as much as nine seconds. Physiological and cognitive deterioration can also prolong reaction time: over 65s can be 22 times slower than someone under 30, making manoeuvres difficult and potentially making driving dangerous.

UK police data, collected at the scene of road traffic collisions, also suggests there is a slight increase in injuries and deaths from driving from 75 years onwards. However, much, if not almost all, of this increase is due to frailty or fragility. Older people seem to compensate well for changes in cognition and eyesight, mainly by picking and choosing when and on what roads to drive, avoiding heavy traffic or certain types of road, and situations with low sun or at night, for example. This ability to choose when to drive could change though, if we start to work later in life and have less choice over when and where to travel.
Changing lanes

Older people are typically linked to a similar group of road traffic collision. Our research, concurs with previous studies, suggesting that older people are over-represented in collisions when turning right, and across traffic, particularly at junctions without signals. We ran a desktop simulator study to look at why older drivers might not compensate for this kind of collision, and compared younger with older drivers using a mocked-up turning across traffic situation.

Older drivers took significantly longer than younger drivers to make the turn, but made no fewer mistakes. In a second condition, we added a time pressure: the action of turning across the traffic had to be completed in 15 seconds. Here there was a significant increase in older drivers making mistakes compared to younger drivers. Though more research is needed, older people appear to be making these errors due to feeling under pressure to make the turn as quickly as possible.

So how do we change the environment to support older drivers? It’s difficult: we obviously can’t get rid of right-hand turns. We could introduce more traffic lights to aid the turn but that would be costly and slow traffic down for every junction. We could change turns to roundabouts, but this takes up a lot of space. We could encourage people to be more respectful of other drivers, but again this is very hard to do. Of course there are road safety problems for all age groups and older people are certainly no exception. Drivers do need to be aware of their own limitations, however, and alter their behaviour accordingly, even if it means giving up driving all together.

Safety in numbers

We know that testing doesn’t seem to work. In New South Wales, Australia, medical assessments are required for drivers at 80-years-old, and an on-road test at 85. But its collision rates for older drivers (or any other driver) are no different to Victoria state, where there are no such tests. Likewise, evidence from across Europe has produced similar findings.

Education and training could well be the answer but there is limited evidence that they make any long term difference to safety. Though short-term results seem useful, it is likely regular continual education and training is needed for full effect. A fundamental part of driving is to be wary of other road users and, though there has been no conclusive research to support education of younger drivers on the difficulties older drivers might face, the little study that has been done seems to suggest that it could work in both parties’ favour.

Overall, driving is becoming more prevalent for older people and on the whole older drivers are as safe as other road users, often compensating well for changes in physiology and cognition – but that doesn’t mean we should stop looking for ways to improve driver behaviour or alternatives to driving. In the meantime, all drivers could benefit from being more road aware: older drivers could learn to stay calm, and not panic even when they feel like they are being rushed. Younger drivers, meanwhile, could have more patience with the older generation, and recognise that their driving is a vital link to the outside world.

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Our facial appearance influences how we feel about ourselves – and other people’s faces influence who we choose to approach or avoid and who we’d like to form romantic relationships with. At a glance, a face reveals a wealth of information about how we are feeling, or the kinds of behaviours we might be about to engage in – but what does it say about us when we aren’t expressing emotion? As it turns out, it’s more than you could imagine.

Over the past few years I’ve learned how aspects of our personality are present in our faces, how symptoms of depression cause faces to appear less socially desirable, and how wearing make-up changes perceptions of social traits – but the most important signals that our faces can give are of health.

The face is a biological billboard and we are expert readers, always interested in what it has to say. We are attracted to healthy-looking faces and avoid those who are unhealthy - think of the sensation you might have had the last time you were on the train or a bus near someone who looked unwell – but it is the question of what makes a face look “healthy” in our eyes that is the most intriguing. There are many historical examples of people altering their facial appearance to appear healthier. Things like the influence of body mass index (BMI) on face shape, or the smoothness of skin texture play a role in how healthy we are viewed to be, but it is actually facial colouration that seems to be the most important.

Early research has identified that faces with lighter, redder, and yellower skin were seen as the healthiest – and this was consistent across all ethnicities. There also seemed to be relevant biological processes associated with these colours: for example, lighter skin is associated with the ability to absorb more vitamin D. Greater redness, particularly when from oxygenated blood, may indicate more efficient circulation and blood supply to the skin.

But it is yellowness that seems to be particularly relevant for health, and for good reason: people with yellower skin tend to have healthier diets, rich in fruit and vegetables. The organic pigments in these foods, known as carotenoids, are hugely beneficial for health, and seem to be responsible for producing that desirable healthy glow. Intriguingly, tanning also increases skin yellowness and makes faces appear healthier, but the yellowness conferred by carotenoids...
(as a result, perhaps, of a healthy diet) is preferred to the yellowness brought about by tanning.

Healthy glow

The secret to a healthy appearance isn’t as simple as eating more fruit and vegetables, however, it’s a bit more complicated than that – and healthy face colouration may be more nuanced than previously thought. Skin conditions such as dark circles under the eyes or rosacea, a condition which causes the skin to flush and redden, cause great concern to sufferers – Google searches of treatments or remedies return millions of hits. Both these conditions are also localised to areas of the face, which suggests colours in certain areas of faces could be relevant for looking healthy. Might these patterns of colour in faces, rather than the colour of the entirety of facial skin, be more relevant for looking healthy? To answer this questions, we asked observers to rate faces for how healthy they thought they were, and calculated the colour differences between faces seen as very healthy and very unhealthy. We used Caucasian faces for the comparison, but there is some evidence that suggests how the overall skin colours of yellowness, redness, and lightness are seen as healthy in non-Caucasian faces too: it seems that everyone, regardless of race, finds these tones to be healthy.

Our research found that while yellowness across the whole face was a contributor to looking healthy, confirming earlier findings, lighter skin under the eyes and redder skin on the cheeks seemed to play larger roles. That colouration, in those areas, seemed to account for a lot more variation in health ratings than skin yellowness. We subtly changed photographed faces to have lighter under-eye skin and redder cheeks – and also the reverse effect: darker under-eye skin and greener cheeks. Asking people to pick which they found the healthiest revealed a strong preference for the former pattern.

Interestingly, when we reversed the location of the colouration – lighter cheeks and redder under-eyes or darker cheeks and greener under-eyes – there was no clear preference. Given the wealth of research showing lighter skin and redder skin across the whole face is perceived as healthier this result was surprising. What this work suggests is that lightness and redness in our facial skin is seen as healthy, but only when it is under the eyes or in the cheeks, respectively.

In a final study, I looked at which facial area and colour was seen as the healthiest. While having redder cheeks and light skin under the eyes came out as looking equally healthy, dark skin under the eyes made people think the faces looked quite unhealthy, even more so than sickly-looking greener cheeks.

It is no surprise that cosmetic products such as concealer and blusher are so popular, since they increase a healthy looking colouration in the areas that matter the most to health perception – but nothing could ever beat a good night’s sleep and regular exercise.

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Social Media Is Putting Pregnant Women Under Pressure To Look Perfect

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There is no doubt that social media and its instant availability has changed the way we engage with the outside world. As the popularity and influence of sites such as Facebook continue to grow, few can argue that these are not among the most important tools for social contact in the modern world.

At any time of life, whatever we may experience, social media has become a platform to reach out to others going through the same thing. Pregnant women, for example, can reach out to other expectant mothers who are due to give birth around the same time as them, and track each others’ progress, problems and proud moments, providing support along the way.

However, there is a downside to this constant, carefully selected communication. High levels of Facebook use have been linked to increased depression, anxiety and poor life satisfaction, with those who use it a lot finding their mood decreases afterwards.

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It’s very easy to see why this is the case: Facebook isn’t reality; it’s made up of usually carefully constructed highlights of people’s lives. Posts are all about the latest parties, purchases and happy relationships, and less about sitting home alone on a Friday night in your pyjamas. Even if deep down we realise Facebook is a false presentation of the world our peers live in, the risk of making negative self-comparisons is still high.

One of the biggest negative impacts of Facebook is the increase in body image dissatisfaction, as users compare themselves to the literally billions of perfect photos of celebrities and our peers available to us with just a few clicks. Some might argue that these photos have always been available through traditional media, but social sharing sites make them more accessible. More than ten million photographs are uploaded onto Facebook worldwide every hour, offering an immediate availability of new images that far surpasses that found in any magazine.

The issue of course is that many of these photos aren’t real. We are viewing images that are carefully selected, posed, filtered or altered in some way: Photoshop is no longer confined to magazines or professional websites, with a simple app, a person can rapidly change their image to become their own ideal.
Poor body image is not a good thing at the best of times: it can lead to low self esteem, damage relationships and increase the risk of poor health. Though often assumed to be a problem for mostly teens and young women, body image dissatisfaction can be a problem for women of all ages – even during pregnancy.

Pregnancy is of course a time of big changes to the body. Add to the growing stomach, sickness, heartburn and sore breasts and it’s no surprise that it is an uncomfortable time in a woman’s life. But while pregnancy was once viewed as an excuse to “eat for two” – which, incidentally, wasn’t a good thing either – growing numbers of pregnant women are now trying to limit the amount of weight they gain in a bid to get the “perfect” body.

In a recent study exploring pregnancy body image, we found that over half of the 269 women we surveyed had concerns about what their pregnant body looked like, how much weight they had gained and what their body would look like afterwards. Only a third “loved” how they looked or felt confident about their pregnant body; the rest worried about their changing shape and felt they were gaining too much weight.

Potentially this trend could be caused by lots of factors, but our frequent and carefully constructed use of social media isn’t helping. Our research found that the more pregnant women used Facebook, the greater their body dissatisfaction, and the more likely they were to try and limit how much weight they gained. Directly, two thirds of women who used Facebook stated that they compared their body negatively to other pregnant women and celebrities using it, and that seeing photos of other pregnant women increased their dissatisfaction with their body.

The frequency of this dissatisfaction and attempt to limit weight gain is of concern for both the physical health and well-being of mum and baby during pregnancy. Gaining too little weight increases the risk of low birth weight, premature birth and even miscarriage, and is associated with a drop in self esteem in itself. Research has also shown that when mums have poor body image during pregnancy they are also less likely to breastfeed which can further increase the risk of health issues for mum and baby.

Deep down most people know that we only put our best photos on Facebook and many use apps to alter their photos, but this isn’t always clear. Pregnant women are increasingly feeling the pressure to conform to a slender ideal at a time when weight gain and body changes are not only normal but part of helping their baby grow and develop.

Womens’ changing shape during pregnancy and what this represents is something to be treasured. Forget “eating for two”, the world needs to realise that women are living for two and that the true beauty in this lies in the stretch marks, wobbly bits and swollen ankles - whether that looks “good” on social media or not.

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