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Wybrane antyzdrowotne zachowania młodzieży gimnazjalnej z rozpoznaną chorobą alergiczną

Selected anti-health behaviors of junior high school students diagnosed with allergic disease

Streszczenie

Wstęp. Podejmowanie zachowań ryzykownych dla zdrowia jest charakterystyczną cechą okresu adolescencji, zarówno u młodzieży zdrowej, jak również z chorobą przewlekłą, w tym alergiczną. Wiąże się z poszukiwaniem własnej tożsamości oraz autonomii, a także sposobów radzenia sobie z trudnościami i stresem.

Cel. Identyfikacja niektórych antyzdrowotnych zachowań młodzieży gimnazjalnej z rozpoznaną chorobą alergiczną.

Material i metody. Badaniami objęto 100-osobową grupę młodzieży gimnazjalnej, z rozpoznaną chorobą alergiczną w jednej z ogólnodostępnych szkół w Lublinie, w 2008 roku. Grupę kontrolną (100 osób) stanowiła młodzież z tego samego gimnazjum, ale bez obciążeń w kierunku alergii. Narzędziem badawczym zastosowanym w pracy był autorski kwestionariusz ankiety. Dla ich porównania w obu badanych grupach wykorzystano program statystyczny SPSS 14.0 PL z użyciem liczebności, obliczeń procentowych, testu χ^2 zgodności oraz testu χ^2 niezależności.

Wyniki. Do prób palenia tytoniu przyznaje się 38,3% młodzieży z alergią i aż 61,3% chłopców i 58,2% dziewcząt z grupy kontrolnej. Presja ze strony rówieśników w przypadku prób palenia tytoniu była ważnym czynnikiem motywującym do podjęcia tego ryzykownego zachowania zdrowotnego u wszystkich badanych osób z alergią, natomiast u młodzieży zdrowej dotyczyła 68,1% chłopców i 78,0% dziewcząt. Podobnie spożywanie alkoholu istotnie częściej występowało w grupie kontrolnej (87,2% u chłopców), niż w grupie młodzieży z alergią (38,1% u dziewcząt).

Wnioski. Presja rówieśnicza ma istotny wpływ na występowanie zachowań antyzdrowotnych w grupie młodzieży z chorobą alergiczną. Próby zachowań ryzykownych dla zdrowia u młodzieży z alergią częściej występowały u dziewcząt niż u chłopców. Zachowania antyzdrowotne zdecydowanie dominowały w grupie kontrolnej, ale obecność ich u badanych z chorobą alergiczną może stanowić większe zagrożenie zdrowotne, niż w grupie dzieci zdrowych.

Abstract

Introduction. A health risk behavior is characteristic of the period of adolescence, both in healthy adolescents as well as in those with a chronic disease, including allergy. It is associated with looking for their own identity and autonomy, as well as ways to cope with difficulties and stress.

Aim. Identification of some anti-healthy behaviors of junior high school students diagnosed with allergic disease.

Material and methods. The study included a group of 100 junior high school students with diagnosed allergic disease in one of the public schools in Lublin, in 2008. The control group (100 persons) were adolescents from the same school, but without allergies. The research tool was authors' questionnaire. For the comparison of both groups the statistical program SPSS 14.0 PL was used with the numbers, percentage calculations, and chi squared test of conformity and chi squared test of independence.

Results. The attempts of smoking are confirmed by 38.3% of young people with allergy, and up to 61.3% of boys and 58.2% of girls in the control group. Pressure from peers when trying smoking was an important motivating factor to take these risky health behaviors in all patients with allergy, whereas in healthy young people it concerned 68.1% of boys and 78.0% girls. Similarly, alcohol consumption significantly more often was reported in the control group (87.2% in boys) than in adolescents with allergy (38.1% in girls).

Conclusions. The pressure of peers has a significant impact on the occurrence of anti-health behavior in adolescents with allergic disease. Attempts to health risk behaviors in adolescents with allergies were more frequent in girls than in boys. Anti-health behavior strongly dominated in the control group, but its presence in adolescents with allergic disease may be a greater health risk than in the group of healthy adolescents.

Słowa kluczowe: antyzdrowotne zachowania, młodzież, choroba alergiczna.

Keywords: anti-health behavior, young people, allergic disease.

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INTRODUCTION

Health of individuals is determined by various factors that determine human behavior designating their certain life-style. Completely unique to every individual it has a significant impact on the health dimension in of bio-psycho-social terms. Health-related behaviors are formed throughout life of man under the influence of diverse role models, both from the local environment, as well as popular culture and media. Depending on their positive or negative context they can cause various health and social problems [1].

Of particular importance for the development of good health behaviors, such as intentional action of individuals to increase health potential, is the period of adolescence, which largely determines the future health potential of adolescents or enlarges the burden of social disease risk factors [2]. A characteristic feature of adolescence is to take health risk behaviors the negative consequences of which occur in adolescents very fast because of the still incomplete biological, emotional and social development. In addition, they trigger multi-organ symptoms, exacerbating the course of various chronic diseases, cause malfunction of medications taken at the time, and sometimes may lead to an immediate threat to health and life [3,4].

Literature data indicate a close interaction of risky behaviors, i.e., a negative health-related behavior entails more negative behaviors. An important aspect of these abnormal behaviors is their accumulation in the form of risky behaviors syndrome. They can also replace each other if one of them would be difficult or impossible [5].

The assessment of health risk behaviors in healthy young people, as well as in those with a chronic disease is an important cognitive element, essential to develop appropriate prevention programs, targeting the development of healthy attitudes among the younger generation. Prevention programs should focus on strengthening the protective factors against risky for health activities and pay particular attention to reducing the causes.

The most important determinants that protect the child from the anti-health behavior are proper family ties and the resulting requirements as well as clear rules of conduct with a child, and a coherent system of beliefs and attitudes towards health in the family [6].

AIM

The aim of research undertaken in this study is to identify some anti-health behaviors of school children diagnosed with allergic disease.

MATERIAL AND METHODS

The study was conducted in a group of 200 gymnasium students of one of the public schools in Lublin, i.e., the gymnasium No. 19 of Joseph Czechowicz, in 2008. Allergic disease was diagnosed in 100 subjects. The remaining 100 participants of the gymnasium youth were the control group, without allergies. The research was approved by the school management, class teacher, school nurse, and students.

The research tool used in the study was author's questionnaire which addressed anti-health behaviors among

gymnasium students. The survey was anonymous, giving the respondents freedom of expressing opinions. Pilot studies had been carried out in a group of 10 gymnasium students and after collecting the questionnaires, necessary corrections were made in the research tool.

For comparison of the results in both groups, the statistical program SPSS 14.0 PL was used using the numbers, percentage calculations, chi squared test of conformity and Pearson's chi squared test of independence.

RESULTS

The study group included people aged 13-17 years. Most respondents (59.0%) were 15 year-old adolescents, both in the group of healthy children, as well as with allergic disease. The respondents were mostly from the city, i.e. 82.0% (control group) and 75.0% (children diagnosed with allergic disease), while from rural areas – 25.0% of children with allergies and 18.0% in the control group.

The vast majority of boys (73.0%) and only 43.0% of girls in the control group rated their health as very good. While 27.0% of boys and 49.2% of girls of the study group rated their health as good. Other negative health assessment categories (satisfactory and unsatisfactory) accounted for 3.6% of the total. At the same time, there was no significant relationship between the assessment of health status, and gender of respondents (Fisher's exact test, $p=0.2456^*$).

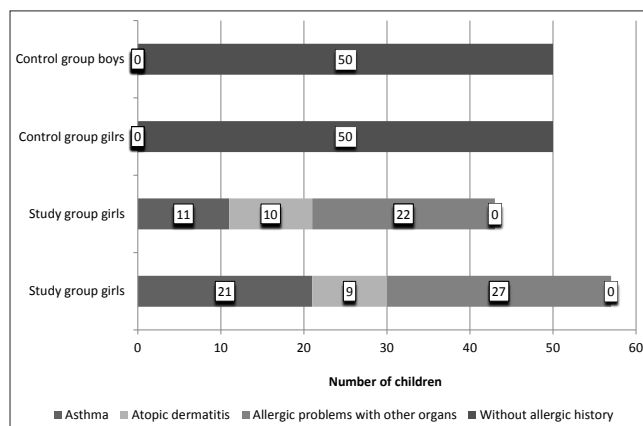


FIGURE 1. Characteristics of the study group with regard to allergic diseases.

Among adolescents with diagnosed allergic disease (Figure 1) 32 people have asthma, including 11 boys and 21 girls. In 19 subjects, i.e. 10 boys and 9 girls atopic dermatitis of varying severity and location of symptoms occurred. In contrast, in almost half of the students, i.e. 49 respondents, including 22 boys and 27 girls, allergic symptoms dominated in other systems and organs (allergic conjunctivitis, allergic rhinitis, gastrointestinal allergies).

Significantly more often smoking is noted among young people with no symptoms of allergies (Figure 2), including 61.3% of boys and 58.2% girls ($p<0.001$), whereas the incidence of this behavior in the group of children with allergy concerns 16.2% of boys and 22.1% of girls.

Taking into account the place of residence (Figure 3) much more frequently attempts to smoking occur in adolescents between 7 and 14 years of age from the poviat of Lublin (60.2% of the healthy and 21.3% of those with

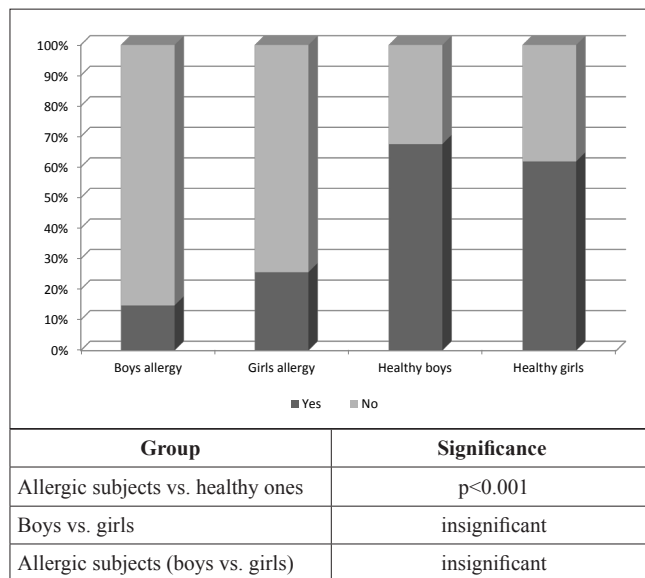


FIGURE 2. Attempts to cigarette smoking by gymnasium students by gender.

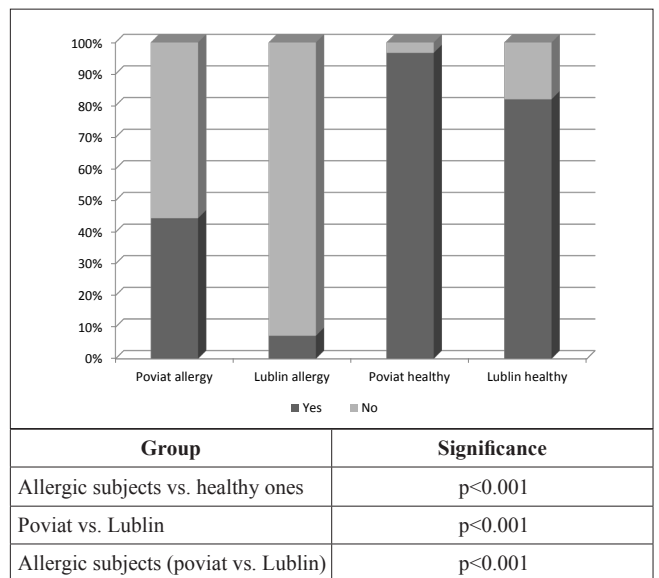


FIGURE 5. Alcohol consumption by gymnasium youth taking into account the place of residence.

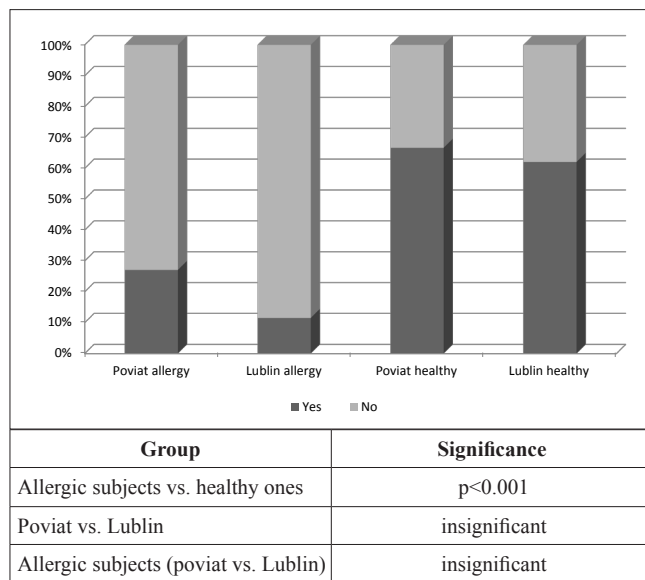


FIGURE 3. Attempts to cigarette smoking by gymnasium adolescents taking into account place of residence.

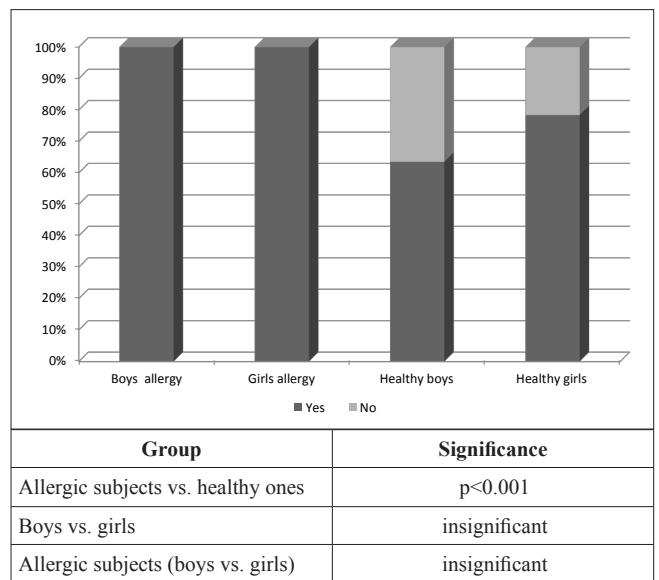


FIGURE 6. Peer pressure and attempts to smoking by gender.

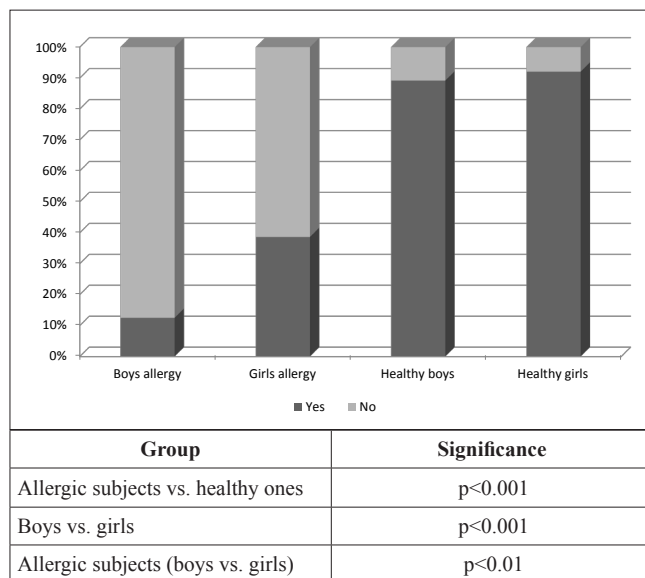


FIGURE 4. Consumption of alcohol by gymnasium students by gender.

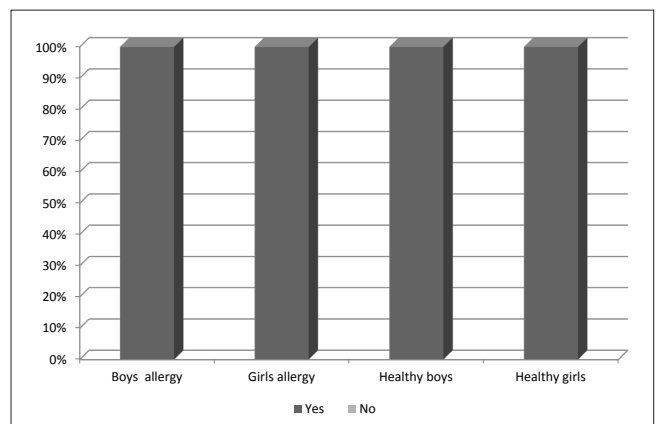


FIGURE 7. Peer pressure and alcohol consumption attempts by gender.

allergic disease) than from Lublin, especially in group of people with allergies.

Alcohol consumption by young gymnasium students is illustrated in Figure 4, which shows that consumption of alcohol in a group of healthy children is similar in boys (87.2%) and girls (84.3%). In the group of students with allergies alcohol consumption is declared by 11.2% of boys and 38.1% girls.

Most youth reach for alcohol after completing 14 years of age, including only students with allergic disease. Attempts of alcohol consumption among healthy young people also took place before the age of 7 and involved 11.0% of boys and 6.9% of girls.

Given the place of residence (Figure 5) the behavior is connected with the Lublin district, both in adolescents with allergic disease (41.2%) and among healthy respondents (98.4%).

Pressure from peers in the smoking attempts (Figure 6) was an important motivating factor to take this risky health behavior in all patients with allergy, whereas in healthy young people concerned 68.1% of boys and 78.0% of girls.

Similarly, in the case of alcohol consumption (Figure 7) susceptibility to the influence of the peer group was a motivating factor for the occurrence of anti-health behavior in all patients, both allergic and healthy.

DISCUSSION

Smoking is a serious health and social problem not only in Poland but also worldwide. Its negative effects are revealed primarily in adults, but the origins of addiction should be sought during childhood and adolescence. The results of most studies in this field indicate that the period between 15-19 years of age is a time of greatest risk for developing smoking addiction [7,8].

Nicotine addiction is now considered the most harmful to health behavior of individuals. Smoking is mentioned in the first place among the risk factors of cardiovascular diseases, respiratory infections, allergic diseases and cancer. Especially hazardous to health is to try smoking by youth with asthma, which is a chronic, inflammatory disease of the respiratory system. Tobacco smoke inhaled into the lungs in this case is the cause of airway hyper responsiveness leading to recurrent episodes of wheezing, followed by variable bronchial obstruction and dyspnea intensity [9]. Furthermore, the effectiveness of anti-allergic drugs in this situation is significantly reduced [10].

Smoking is often associated with other negative social phenomena, such as drinking alcohol or using psychoactive substances. It is believed that this behavior facilitates the initiation of alcohol and drugs [11].

Alarming is the continuous increase in the percentage of smoking students from primary schools, which affects about 15% of them, while in junior high and high school classes, as much as 68% young people are affected. Simultaneously, with the age, incidence of smoking attempts deepens and among 15-year-olds as much as 70% of boys and 60% of girls have tried that. Whereas with varying frequency about 19% of boys and 12% of girls smoke, including daily 9% of boys and 5% of girls [7,10,11].

Our results confirmed the negative rate of the anti-health behavior and reveal a strict dependence on peer pressure especially highlighted in the group of young people with allergic diseases.

The increasing number of smoking youth shows little effectiveness of health education programs, because smoking is still "trendy" among various youth subcultures. There is an urgent need to develop more effective and systematic implementation forms of communication of health, which should cover in particular children and adolescents with chronic diseases.

Also other biologically and socially harmful anti-health behavior is alcohol consumption by children and adolescents. Tolerance of young organism to alcohol is much smaller than of adults, and brain tissue damage is faster compared to the adult [12,13].

A child who frequently consumes alcohol, even in small quantities, has a reduced intellectual functioning, and therefore lower ability to acquire knowledge, moreover, has lowered immunity, decreased tolerance to exercise and does not control emotions and is often irritable and hyperactive [3].

The increase in health risk behaviors associated with alcohol consumption is closely related to the pathology of social life and destabilization of family relationships. Increased availability of addictive substances, including alcohol and lifestyle promoted by some youth subcultures encourage its consumption. Alcohol consumption is often a way of spending leisure time and a certain „standard" of functioning in the group.

When analyzing the level of alcohol consumption in the population of school children based on the research, it can be stated that over 80% of them were already in contact with alcohol in elementary school or earlier. Striking is the fact that 43.3% of children survived the state of intoxication, including 67.5% of boys and 31.7% girls. On average, 7.5% of young people come to school after drinking, and getting drunk steadily is reported in case of 16% of children. Only one in 10 post-primary school child had no contact with alcohol [8,11,13].

Alcohol consumption, especially alcohol abuse by young people with chronic diseases, including allergies, often leads to severe poisoning, worsening of disease symptoms, ineffectiveness of pharmacological treatment and, consequently worsening of the functioning of the body and long-term persistence of symptoms.

In this study attention is drawn to a worrying percentage of this health-related behavior in children with allergy and its rise under the influence of peer group lifestyles.

CONCLUSIONS

1. Attempts of smoking are confirmed by one third of young people with allergies, and more than half of boys and girls in the control group. At the same time significantly more frequent such behavior is undertaken among the healthy boys and girls with allergies.
2. The first attempt to alcohol consumption took place before 7 years of age in the control group, whereas in adolescents with allergy between 7 and 14 years of age.
3. Alcohol consumption by far is more frequent in the control group than among adolescents with allergy.
4. Attempts of health risk behaviors in adolescents with allergies were more frequent in girls than in boys.
5. Peer pressure affected all attempts of smoking and alcohol consumption in adolescents with allergies.
6. Anti-health behaviors significantly predominated in the control group, but their presence in adolescents with allergic disease may be a greater health risk than in the healthy adolescents.

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