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Decline in alcohol use among adolescents in Slovakia: a reason for optimism?



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ABSTRACT

Objectives: To analyze selected indicators of alcohol use (lifetime use, initiation of drinking at ≤ 13 years of age, weekly use, beverage preferences, initiation of drunkenness at ≤ 13 years of age and lifetime drunkenness) in adolescents in Slovakia from 2006 to 2014.

Study design: The Health Behaviour in School Aged Children (HBSC) study is a cross-sectional questionnaire study.

Methods: A standardized uniform questionnaire was used in representative samples of 11-, 13- and 15-year-old adolescents. In Slovakia, the HBSC study was undertaken in 2006 ($n = 3972$), 2010 ($n = 5089$) and 2014 ($n = 4369$).

Results: Over the study period, decreases were observed in weekly drinking (from 34.3% to 21.0% in 15-year-old boys and from 22.1% to 11.9% in 15-year-old girls), lifetime drinking and initiation of drinking at ≤ 13 years of age. In terms of beverage preferences, the reduction in beer consumption was most notable. Approximately one-third of respondents got drunk for the first time at ≤ 13 years of age, and this remained consistent throughout the study period. **Conclusions:** The declining trend in alcohol use among adolescents in Slovakia may reflect a progressive change in the social environment and is attributable, at least in part, to policy improvements such as pricing and stricter legislation and enforcement.

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Introduction

Excessive use of alcohol ranks globally among the most significant risk factors for premature loss of health and mortality. According to official data, 3.3 million deaths worldwide

were attributed to alcohol in 2012, representing 5.9% of all deaths. The problem is most pronounced in Europe, where consumption reaches the highest levels in the world (10.9 l of pure alcohol per capita vs 6.2 l globally) and deaths attributable to alcohol account for 13.3% of all deaths.¹

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The largest decline in alcohol use was seen in Southern Europe from 1990 to 2010, followed by Central-Western and Western Europe. In Nordic countries, consumption remained fairly stable. However, consumption increased by almost 8% in Central and Eastern Europe (CEE) within the same period.²

Adolescence is an important period for initiation and development of substance use, including alcohol. Social motives, such as identification with adult-like behaviour, getting one's own way, resisting social norms, etc., prevail among the reasons for drinking alcohol.^{3,4} Adolescents may also perceive alcohol as a mediator to intensify contacts with peers and initiate new relationships.⁵ On the other hand, young people usually underestimate the health effects of alcohol (particularly those associated with long-term use). For this reason, monitoring the use of psychoactive substances among adolescents is of great importance for evaluating population health in this age group.

Besides personal characteristics, the overall social environment substantially determines alcohol use by adolescents,⁶ regardless of their family background (i.e., the drinking behaviour of their parents). A strict implemented policy may significantly limit drinking among youngsters.⁷ Aside from restrictive measures limiting access to alcoholic beverages, pricing⁸ and marketing regulations⁹ play an important role in prevention at population level.

Since the late 1990s, alcohol consumption among adolescents in most European countries has shown a declining trend, primarily among boys but also among girls.¹⁰ However, this trend was not apparent in CEE, and consumption increased in some countries of this region, particularly among girls, between 1998 and 2006.^{10–12} However, from 2002 to 2010, a decline has also been apparent in other parts of the continent,¹³ indicating that the unfavourable trend in CEE has been broken, and development is approaching the situation first seen in Western Europe.

The aim of this study was to analyze changes in selected indicators of alcohol use (lifetime use, initiation of drinking at ≤ 13 years, weekly use, beverage preferences, initiation of drunkenness at ≤ 13 years and lifetime drunkenness) among adolescents in Slovakia from 2005 to 2014 using Health Behaviour in School Aged Children (HBSC) data. This analysis will contribute to understanding the development of alcohol consumption in the light of social changes taking place in Slovakia.

Methods

The HBSC study is an international, school-based cross-sectional study. Its standardized design makes it possible to create harmonized datasets appropriate for cross-country comparisons and for identifying changes over time. Data are collected through uniform anonymous questionnaires completed at schools. The questionnaires include mandatory modules of questions used in every participating country, and optional modules containing sets of questions based on the specific needs of individual countries.

The sample is created in accordance with the structure of the educational system in the given country and is stratified

by region and type of school in order to obtain representative data on 11-, 13- and 15-year-old adolescents.

HBSC surveys were undertaken in Slovakia in school years 2005/2006, 2009/2010 and 2013/2014 (i.e., May–June 2006, 2010 and 2014). Two-step sampling was used in keeping with the standardized research protocol.¹⁴ In the first step, participating schools were selected at random with probability proportional to size using an official list of all schools obtained from the Slovak Institute of Information and Prognosis for Education. The sample of schools was stratified by region (eight administrative self-governing regions) and type of school (elementary schools comprising 1st–9th grades and grammar schools comprising 6th–13th grades). In the second step, classes within the participating schools were selected at random for data collection. Parents were informed in advance about the study via the school administration and could opt out if they did not wish their child to participate. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation. This approach provided samples that were proportionally representative of all areas and population subgroups at nationwide level, thus eliminating possible bias caused by heterogeneity of the target population. Pupils from the 5th–9th grades were considered eligible for this study (i.e., adolescents aged 11–15 years), and only 11-, 13- and 15-year-old respondents were included in the analysis. Table 1 shows the basic characteristics of the samples obtained in three waves of the survey. Drop outs were mainly due to absence of children due to illness or other personal reasons, and the refusal of parents or adolescents to be involved in the study. No notable differences in response rate were observed between the selected schools.

This study analyzed HBSC data related to adolescents' reports on lifetime experience of drinking alcohol, early initiation of drinking, weekly alcohol drinking, weekly drinking of certain types of beverages (beer, wine and spirits), early initiation of drunkenness and lifetime experience of drunkenness.

Lifetime experience of drinking alcohol was measured by the question, 'On how many days (if any) have you drunk alcohol in your lifetime?' Possible responses were 'never', '1–2 days', '3–5 days', '6–9 days', '10–19 days', '20–29 days' and '30 days or more'. All answers except 'never' were considered as positive. This variable was only analyzed in 15-year-old respondents.

Early initiation of alcohol drinking was measured by the question, 'At what age did you first drink alcohol?' Possible responses were 'never', '11 years or less', '12 years', '13 years', '14 years', '15 years' and '16 years or older'. The answers '11 years or less', '12 years' or '13 years' were considered as positive. This variable was only analyzed in 15-year-old respondents.

Weekly alcohol drinking and weekly drinking of beer, wine and spirits were measured by the question, 'At present, how often do you drink anything alcoholic, such as beer, wine or spirits?' The following beverage types were stated: beer, wine, spirits, alcopops and other drinks. For each beverage type, possible responses were 'every day', 'every week', 'every month', 'sometimes' and 'never'. An answer of at least 'every day' or 'every week' for at least one of the beverage types was considered as weekly drinking. An answer of 'every day' or

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