



Family characteristics and health behaviour as antecedents of school nurses' concerns about adolescents' health and development: A path model approach



Hannele Poutiainen ^{a,*}, Esko Levälähti ^{b,1}, Tuovi Hakulinen-Viitanen ^{c,2},
Tiina Laatikainen ^{d,b,e,3}

^a Social and Health Affairs, City of Lahti, P.O. Box 116, 15101 Lahti, Finland

^b National Institute for Health and Welfare, Department of Chronic Disease Prevention, P.O. Box 30, 00271 Helsinki, Finland

^c National Institute for Health and Welfare, Department of Children, Young People and Families, P.O. Box 30, 00271 Helsinki, Finland

^d University of Eastern Finland, Institute of Public Health and Clinical Nutrition, P.O. Box 1627, 70211 Kuopio, Finland

^e Hospital District of North Karelia, Tikkamäentie 16, 80210 Joensuu, Finland

ARTICLE INFO

Article history:

Received 27 November 2013

Received in revised form 22 December 2014

Accepted 4 January 2015

Keywords:

Family characteristics

Smoking

School nursing

Health concerns

Health examination

Path model

ABSTRACT

Background: Family socio-economic factors and parents' health behaviours have been shown to have an impact on the health and well-being of children and adolescents. Family characteristics have also been associated with school nurses' concerns, which arose during health examinations, about children's and adolescents' physical health and psychosocial development. Parental smoking has also been associated with smoking in adolescents. **Objectives:** The aim of this study was to determine to what extent school nurses' concerns about adolescents' physical health and psychosocial development related to family characteristics are mediated through parents' and adolescents' own health behaviours (smoking).

Design: A path model approach using cross-sectional data was used.

Settings: In 2008–2009, information about health and well-being of adolescents was gathered at health examinations of the Children's Health Monitoring Study.

Participants: Altogether 1006 eighth and ninth grade pupils in Finland participated in the study.

Methods: The associations between family characteristics, smoking among parents and adolescents and school nurses' concerns about adolescents' physical health and psychosocial development were examined using a structural equation model.

Results: Paternal education had a direct, and, through fathers' and boys' smoking, an indirect association with school nurses' concerns about the physical health of boys. Paternal labour market status and family income were only indirectly associated with concerns about the physical health of boys by having an effect on boys' smoking through paternal smoking, and a further indirect effect on concerns about boys' health. In girls, only having a single mother was strongly associated with school nurses' concerns about psychosocial development through maternal and adolescent girl smoking.

* Corresponding author. Tel.: +358 503987724.

E-mail addresses: hannele.poutiainen@lahti.fi (H. Poutiainen), esko.levalahti@thl.fi (E. Levälähti), tuovi.hakulinen-viitanen@thl.fi (T. Hakulinen-Viitanen), tiina.laatikainen@pkssk.fi (T. Laatikainen).

¹ Tel.: +358 29 524 7807.

² Tel.: +358 29 524 7109.

³ Tel.: +358 50 599 8031.

Conclusions: Socio-economic family characteristics and parental smoking influence adolescent smoking and are associated with school nurses' concerns about adolescents' physical health and psychosocial development. The findings underline the importance of comprehensively taking into account adolescents' and parents' health behaviours and the family situation in health-care contacts when providing health counselling.

© 2015 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- Parental smoking has an effect on smoking among adolescents.
- Family socio-economic status and other family characteristics are associated with health behaviours. Adolescents living in nuclear families smoke less frequently than others.

What does this paper add?

- Adolescent smoking, family characteristics and adolescents' and parents' health behaviours increase school nurses' concerns about adolescents' health and psychosocial development.
- The effect of the family's socio-economic characteristics on nurses' concerns are partly mediated through the parents' own health behaviours.
- These results highlight the importance of comprehensively taking into account family characteristics in health-care contacts and targeting preventive health-care measures to the entire family.

1. Introduction

In Western countries, the health of adolescents is generally good. However, it seems that both health-promoting and health-harming habits accumulate in certain individuals (Anda et al., 2002; Jefferis et al., 2004; Engels et al., 2005; Kempainen et al., 2006). A significant proportion of the health and mortality gap between social classes is explained by lifestyle factors, such as alcohol use, smoking, unhealthy eating habits and a lack of exercise (e.g. Strand and Tverdal, 2004; Laaksonen et al., 2007). While health discrepancies between social classes are not as obvious in children as in adults (Chen et al., 2002), adolescents' health behaviours, and self-perceived health in particular, are associated with socio-economic factors (Torhsheim et al., 2004; Spencer, 2006; Richter et al., 2009). Low parental education level, poor social status and single parenthood have been observed to be linked to children's dietary habits, such as a low consumption of fruit and vegetables (Roos et al., 2004; Riediger et al., 2007) or a lack of exercise or sports activities (Tammelin et al., 2003; Stalsberg and Pedersen, 2010).

In Finland, differences in adolescents' smoking status by education level become evident early on. Thirteen per cent of boys and 12% of girls in grade 8 (14–15 years) smoke, while 10% of students in upper secondary school (16–18 years) are smokers, compared to as many as 40% of girls and boys who have started vocational education (16–17 years) (Luopa et al., 2009). Correspondingly, about 5% of university students and 13% of applied university students

are smokers (Kunttu, 2012). About 17% and 1% of 14–15 year-old boys and girls, respectively, have tried other tobacco products, such as snuff. Compared to the European average, Finnish adolescents smoke more, but they use drugs less often (Hibell et al., 2012).

The typical age for trying out smoking and for the onset of smoking is between 12 and 17 (Ashley et al., 2008; Rainio and Rimpelä, 2009). Several studies (e.g. Rajan et al., 2003; Avenevoli and Merikangas, 2003; Otten et al., 2007) have shown that adolescents are more likely to start smoking if their parents or older siblings smoke. Maternal smoking seems to have a greater impact on children's smoking than paternal smoking (Milton et al., 2004). Maternal smoking has an effect on smoking in girls in particular (Kestilä et al., 2006; Ashley et al., 2008). Conversely, parental non-smoking (Rosendahl et al., 2003) and negative attitudes towards smoking (Simons-Morton, 2004) have been linked to adolescent non-smoking.

An association between family type and smoking in adolescents has been detected. According to previous studies (Griesbach et al., 2003; Kestilä et al., 2006; Otten et al., 2007), the nuclear family seems to be a protective factor against smoking compared to other family forms. Other protective factors reducing the likelihood of smoking and daily smoking among adolescents include strong family ties, communication within the family as well as parental support and participation in children's activities (Fleming et al., 2002; Tilson et al., 2004).

Adolescents' substance use is also affected by the cultural and social environment in which they live (Kendler et al., 2008; Kulbok et al., 2008). Friends' smoking seems to have an effect on experimenting with tobacco and the establishment of a smoking habit (Avenevoli and Merikangas, 2003). It seems that, rather than friends having a direct impact on smoking behaviour, adolescents who come from a family of smokers or who smoke themselves seek out a circle of friends who are smokers (Engels et al., 2004; Kempainen et al., 2006). Young people often see smoking as an aid in social interactions or as a way to pass the time (Walsh and Tzelepis, 2007). On the other hand, adolescent smoking may be associated with symptoms of depression and anxiety or poor school performance (Kinnunen et al., 2010; Saban and Flisher, 2010). Although the need to smoke is often related to situations that are emotionally and mentally difficult, or smoking is used as a means to alleviate anxiety, adolescents do not commonly consider it a sign of dependence (Walsh and Tzelepis, 2007).

The aim of school health care is to ensure the healthy growth and development of pupils as well as to promote prevention and the early detection of health problems.

Download English Version:

<https://daneshyari.com/en/article/7515772>

Download Persian Version:

<https://daneshyari.com/article/7515772>

[Daneshyari.com](https://daneshyari.com)