

Family risk factors for development of dependency in a child

Rodzinne czynniki rozwoju ryzyka uzależnień u dziecka

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Wstęp. Dane statystyczne sygnalizują o negatywnych tendencjach w stanie zdrowia nastolatków na Białorusi. Odnotowuje się również wzrost umieralności wśród osób wieku produkcyjnego. Jednocześnie udowodniono, iż wzrost sprzedaży alkoholu o 1 litr na osobę na Białorusi łączy się ze wzrostem umieralności ogólnej o 2,8%, umieralności na skutek przyczyn zewnętrznych o 5,8% oraz wzrostem liczby samobójstw o 5,9%.

Cel pracy. Za cel badań własnych oraz analizy dostępnej literatury wzięto określenie zależności pomiędzy podejmowaniem ryzykownych zachowań zdrowotnych przez nastolatków a takimi czynnikami jak: struktura rodziny (pełna/niepełna), stan materialny, zasady żywienia dziecka w rodzinie, organizacja jego wolnego czasu i aktywności fizycznej, realizacja przez rodziców edukacji zdrowotnej dzieci oraz ich zachowania zdrowotne. Zwrócono uwagę również na znaczenie relacji dziecka z matką, obecność agresji i deprywacji macierzyńskiej w rodzinie.

Materiał i metoda. Badaniami ankietowymi objęto studentów pierwszego roku Uniwersytetu Medycznego w Grodnie.

Wyniki. Korzenie rozwoju uzależnień należy szukać w rodzinach, ponieważ pierwszy kontakt z alkoholem u 2/3 ankietowanych miał miejsce na uroczystościach rodzinnych. Co 10. student zetknął się z problemem nadużywania alkoholu w rodzinie. Spożywanie alkoholu jest jednym z czynników ryzyka wpływających negatywnie na zdrowie.

Wnioski. Analiza wpływu wyżej wymienionych czynników na stan zdrowia i zachowania zdrowotne dzieci potwierdziła istnienie pośredniej zależności społeczno-psychologicznej. Najbardziej ważnym czynnikiem ryzyka wpływającym na rozwój uzależnień u dzieci jest mikroklimat rodziny oraz jej jedność. Obecność emocjonalnego kontaktu dziecka z rodzicami daje mu możliwość adekwatnej samooceny oraz pomoc w budowaniu mechanizmów obronnych. Dobrze funkcjonująca rodzina przekazuje dziecku system wartości, który pozytywnie wpływa na stan jego zdrowia.

Słowa kluczowe: zdrowie nastolatków, uzależnienie od alkoholu, ryzykowne zachowania zdrowotne, czynniki ryzyka, rodzina

Introduction. Statistical data about Belarusian teenagers' state of health testify to negative tendencies. Growth of death rate of population of productive age is observed. At the same time, it is proved that an increase of alcohol sale level on 1 liter per capita in Belarus is accompanied by an increase in the general death rate by 2.8%, in the death rate from external reasons by 5.8%, in the level of suicides by 5.9%.

Aim. For the purpose of own research data and the review of the published results we have been studying the influence on teenage risky behaviors in the sphere of health of such factors as: family structure (full/incomplete), financial status, nutrition of the child in a family, organization of leisure of the child and its motor activity, education of mother; the factor of transfer of medical information by parents to children, presence of bad habits in parents, their behavior in health sphere. The influence of the factors connected with training is also considered. The importance of warm psychological mutual relations with mother, danger of aggression in a family and parent deprivation are underlined.

Material & method. The study surveyed first-year students of the Medical University in Grodno.

Results. It is necessary to search for roots of alcohol dependence development in families. The first use of alcoholic drinks occurred during a family celebration in two thirds of the first-year students. Every tenth first-year student faced a problem of the excessive use of alcohol in the family. Alcohol consumption is a component of risky behavior in health sphere as a whole.

Conclusions. The analysis of influence of the above-stated factors has shown that they influence the state of health and behavior of children through social-psychological mechanisms. Emotional contact with parents is necessary for support of an adequate self-estimation of a teenager; aiding in formation of child's own identity. A well-functioning family gives the child a system of values positively influencing the development of a spectrum of personal values in the sphere of health.

Key words: health of teenagers, alcohol dependence, risky behavior in the health sphere, risk factors, a family

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Introduction to the problem: Family as the source of risk or the basis of anti-risk for development of dependencies in the child

With the purpose to reveal peculiarities of alcohol initiation of youth, we had questioned 577 first-year students of medical faculty of Grodno State Medical University in 2009. The questionnaire had been developed on the basis of the «Kwestionariusz ankiety dotyczącej konsumpcji napojów alkoholowych i aktywności fizycznej» (Klimberg A, Marcinkowski JT: Poznan University of Medical Sciences, 2006). 73% of the interrogated students lived in cities before entering university, 27% – in villages. The basic share of first-year students (58%) were at the age of 17 years, 33% – 18 years. The overwhelming majority of students from cities (98%), and from a countryside (96%) had experience of alcoholic drinks. Mean age of the first use of alcohol for students of both groups was 14.7 years. First-year students from cities were offered alcohol for the first time more often by parents or friends, students from a countryside tried alcohol for the first time under their own initiative. The analysis of results has shown that a considerable part of first-year students live in families where parents have received higher education (50% of the families living in cities, and 37% of parents of the students living in a countryside). At the same time, almost 26% of the first-year students from cities and 17% from a countryside have specified parents among those who offered the future student alcohol for the first time. Other relatives offered alcohol to every tenth teenager from a city and 14% from a village, friends – 21.7% of city students and 14% of students living in a countryside. Students tried alcohol for the first time mostly at home (31% of students living in cities and 36% – in the countryside), at New Year' celebration (city – 26%, countryside – 23%). The first drink occurred during a family celebration in 64% of the first-year students from a countryside and 60% from a city ($\chi^2 = 0.86$, $p = 0.3$). First-year students mainly answered «Because of a family celebration» to the question «Why do you drink alcohol?» (27% of students from a city and 38% – from a village), or «to relax» (33% and 15% respectively). About 10% of the questioned first-year students faced the problem of excessive use of alcohol in the family. In every tenth the use of alcohol by one of members of the family led to a quarrel or scandal.

We had made a questionnaire of obstetric-gynecologic patients in the middle of 2000 (625 women of 15-24 years of age expecting a birth of the child or women in childbirth; 625 women of the same age terminating pregnancy at will; 118 women under 25 years of age, suffering at the moment of interrogation from infertility, but having a pregnancy

earlier); the territorial distribution of the sample corresponded to a distribution of Belarusian youth) [1]. It appeared that two thirds of pregnant women and women in childbirth of 15-24 years of age had own experience of smoking. About 12% of pregnant women continued smoking during pregnancy. A quarter of young pregnant women subjected the fetus to alcohol influence in dangerous doses.

The results obtained by us confirm once again that it is necessary to search for roots of development of dependence on alcohol in the families which are bringing up children. Burova S.N. marks: «The objective indicator of well-being of a society and a family is the state of health of its members» [2]. The results of research prove certainly an important role of a family in formation of health and hygienic culture of the child [3], creation of health-oriented attitudes [4]. The direct relation to health has a culture level, in particular, of such elements, as culture of nutrition, culture of residing, culture of the organization of leisure, hygienic (medical) culture [5]. Bases of levels of culture are formed in a family.

The analysis of dynamics of 15-17-year-old children's (teenagers') state of health for 2005–2009, executed by Antipova S.I. and Savina I.I. has shown that morbidity has considerably increased for the last 5 years both in young men and girls. Mid-annual rate of incidence has reached 8.8% in young men and 8.2% at girls; of prevalence – 5.8% in young men and 5.5% in girls. The fact of high frequency of suicides among teenagers, especially among young men is especially disturbing. From 2 to 11 (in 2006) cases of murder of teenagers are annually registered, besides, 5-7 cases of their death from injuries of uncertain causes [6].

It has been proved that the raised risk of death rate from the external reasons has a direct connection with alcohol abuse. The authors underline «...the fact of cases of death at young age already – between 20-24 years... The standardized indicator of death rate from diseases is below general death rate. That fact testifies to a considerable involvement in this fatal process of persons of young age» [7, p. 82]. The growth of alcohol sale level to 1 liter per capita in Belarus is accompanied by growth of general death rate level by 2.8%, of death rate from external reasons by 5.8%, of level of suicides by 5.9%. It is characteristic that the connection between the alcohol sale level and death rate in Belarus is closer than in Russia, which indirectly says that the alcohol sale level in Belarus more precisely reflects the level of its consumption [8].

An attempt to allocate factors connected with the influence of families and most significant for the formation of dependences in a child was the purpose of this work. The materials of own research and secondary analysis of the published data were used.

Completeness of a family and mutual relations with parents

It is known that the greatest proportion of children with chronic diseases is manifested in families with frequent quarrels. According to the research done in Russia, it was also established that health of the child is defined in many respects by the family structure. The share of children with chronic diseases at the age of 13 years in full families is twice lower than that in incomplete families (23% vs. 38%). More than one third of parents in full families give their children vitamins regularly, but only the one fifth of parents do it in incomplete families [9].

Rostovtsev V.N. notices that the youth from full families are less frequently subject to risky behavior in comparison with their contemporaries from incomplete families. Simultaneously, it has been established that young men from full families who are not satisfied by mutual relations with parents, are more often subject to risky behavior. The given category of persons has higher alcohol-correlated index of sexual life and is inclined to a multi-vector risk. According to Rostovtsev V.N., formation of teenager`s susceptibility to behavioral risks (the example of alcohol use and risky sexual behavior) depends mostly on the degree of teenager`s satisfaction with the relations with parents, but not on the completeness of his/her family [10].

For modern Belarus, as well as for Russia, such essential tendency of modern decades as «division of parenthood and families, to be exact – parenthood and matrimonies» [11] is characteristic. It is difficult to admit the assumption that consequences of a given tendency are not reflected in family functions. The analysis of results of research on the given subjects shows ambiguity of conclusions. According to the sociological research «Mum without daddy», done in the Gomel region in 2001, (200 mothers were interrogated) in spite of the fact that the child was brought up by a lonely mother, good psychological contact was present in the families. The child (children) was the main thing in the life for a lonely mother (83%). The family as a vital value occupied the second position for these women (48,5%). The third position in the system of vital values was occupied by work (43%) [12]. Probably the spectrum of mother`s vital values allowed to provide the child with the main successful factor of his/her socialization concerning the formation of health – the psychological contact in the family. Comparing these results with the research data «The social portrait of mothers who have left the child in a maternity hospital» it was found out that for all those mothers (who left the child) the child was not desired in the period of his/her conception. 76,9% of women did not change a habitual way of life in the first 12 weeks of pregnancy: 61.1% continued to smoke, 16.7% accepted medicines,

16,7% used alcohol. More than one third – 35.3% of women – specified that nothing would have affected their decision on rejecting the child [13]. At the same time, according to Babenko A.I., Denisov A.P. who carried out a comparative analysis of 1236 families of the various types, bringing up children of early age in Omsk, «in the families generated by young women, first-to-be-mothers at the age of 30 years and senior, in families with many children, initially incomplete families, – children are subject to adverse influence of unsatisfactory financial living conditions, bad intra-family relations, bad habits of parents, low medical activity of mother, to a significantly greater degree that in full families» [14, p. 20].

Family financial position

The family financial position plays a considerable role in the formation of health of children. According to the results of research in Russia, a „starting point” for children with chronic diseases at the age of 1 year approximately was identical in different families and made 6-7%. By 13 years the proportion of children with chronic diseases in the group of the least provided families made 29%, in the group of the most provided – 18% [9].

Nutrition of the child in a family is the factor depending both on a financial position, and on attention and time given by parents to children. **The more senior the child, the weaker the influence of parents on his/her behavior in the health sphere**, including nutrition. Especially unfortunate trends come to light during the research of teenage nutrition. The research in 2007-2008 revealed an unbalanced irrational nutrition with the dominance of fast food products, and sweets prevailed among pupils of Grodno colleges. Pupils drank 1-1,5 l of beer a day [15]. By the data gathered by our questionnaire of schoolchildren of 10-11 grades of comprehensive schools of Grodno (172 girls and 128 boys of 16-18 years), one third of teenagers estimated the food in families as unsatisfactory [16].

Education of mother

It has been established that nutrition of the child in the family is defined by mother`s education: the proportion of mothers who observe a diet of children, reaches 38% among mothers with higher education and does not exceed 10% among mothers with unfinished secondary education. About a half of mothers with higher education name the regular use of vitamins as a preventive health maintenance measure while in the group with secondary education this indicator reaches about 25%, and mothers with unfinished secondary education do not use vitamins in the diet of the child at all [9].

Zhuravlyova I.V. notices that the educational level of mother is considered one of the most reliable factors of forecasting the children's health [17, p. 81]. In particular, the educational level of parents and their official status, according to Zhuravlyova I.V., is directly connected with the self-estimation of teenager's health. According to the questionnaire of Russian schoolboys, 78% of parents with higher education (in comparison with 60% of parents with unfinished secondary education) always consult a doctor in case of acute diseases or an aggravation of chronic diseases of the child, carry out recommendations in due time and completely [17].

Medical activity and level of parents' medical knowledge

A timely reference to doctors is the one of components of medical activity of parents in relation to the child. Along with it, it is necessary to allocate the factor of parents' knowledge about the state of health of the child and their involvement into actions for protection of his/her health from public health services and education system. As a rule, actions of parents on diagnostics of some pathology and treatment of their child are not connected with the organized actions provided by school and preschool institutions. According to the questionnaire by Shishova A.V. and Zhdanova L.A. in one of schools of Ivanovo, the majority (61%) of parents never received the information about results of obligatory medical-preventive examination of the child, 33% and more received the information only 1-2 times during the entire period of training of the child at school. The recommendations were mainly of a formal character [18].

Transfer of medical information by parents for children is necessary for successful formation of hygienic behavior of the teenager. This function is especially actual in the period of the greatest health risks – teen age [19, p. 10]. According to the questionnaire of 250 families of Moscow teenage schoolboys suffering from sexually-transferred infections (STI, the basic group) and families of healthy teenage schoolboys (control group), it was found out that only 12% of parents in both groups talked with the son or the daughter about STI; 53% of parents try to bypass a theme of drug abuse, prostitution, influence of smoking and alcohol on the organism [20].

Presence of bad habits in parents and parental behavior

These are the proved risk factors of children's initiation to tobacco and alcohol [21; 22]. The most dangerous to the child is the family where mother smokes and uses alcohol. For the descendants of a

smoking mother the risk of familiarizing themselves with smoking increases twice in boys and 9 times in girls. If the mother abused alcohol, the risk of alcohol consumption increases 6 times in boys and 3 times in girls. Even moderate consumption of alcohol by mother (once a month) increases probability of alcohol initiation for teenagers more than twice [23].

School factors

A significant influence on the children's health is rendered by the factors connected with training. It is known that the number of health risk factors in one pupil is 4 times higher in the group of teenagers experiencing difficulties in training [24]. The influence of school factors on the formation of pupils' health is 2-3 times higher than the contribution of public health services [18].

Deterioration of children's health is partly caused by the academic load which has increased in the last decades. It creates obstacles for realization of child-age biological requirements in sleep duration, motor activity, open air activity. According to the questionnaire of Russian schoolboys, an insufficient duration of a night sleep was observed in 90%; only 28% of children feel rested in the morning; 5% feel chronic weariness [25]. The research of the way of life connected with training at school of Gomel elementary grades schoolboys (852 children) had shown that contrary to sanitary rules and norms, 46.3% of first-graders spend in preparation for lessons till 2 pm, 14.8% – more than 2 hours. Almost 29.6% of first-graders sleep less than 10 hours a day, this proportion in the second grade is already 49.7%. Hence, the norms of a physiological sleep duration at one third/half of children are not maintained. In spite of the fact that the general duration of outdoor stay should make not less than 3.5 hours per day at 6-10 years of age, 63% of pupils of elementary grades spend outdoors fewer than 3 hours per day. The proper diet is not observed by the majority: 55.6% of first-graders have breakfast only. The share of children eating by the principle «is accurately traced as it is necessary» is increasing during training in initial classes. Only 69.4% of children in the fourth grade never tried alcohol [26].

Organization of leisure. Physically active leisure as the anti-risk factor

To the family factors important for health of the child considered above, it is necessary to add one more – the leisure organization, namely physical activity of the child. According to the Russian monitoring of an economic situation and health in which the information about health, way and conditions of life of 815 children of 14-17 years of age was gathered [27],

it was established that physically active teenagers (especially boys) would smoke and consume alcohol with a smaller probability. Such a connection can be explained as follows: the teenagers who are engaged in physical exercises also tend to follow other habits useful to health. One more hypothesis connecting physical activity and refusal of consumption of psychoactive substances, states that time spent playing sports does not leave time for the habits negatively affecting health [28]. This problem is especially actual for Russia where the majority of teenagers manifest surplus of free time in connection with a sharp reduction of number of the out-of-school children's and youth's establishments, and the overestimated payment for additional educational services. Leisure without special tasks, according to the Russian authors, is the basic pastime of modern youth: many teenagers were at a loss to tell what they do at leisure; among the answers prevailed such as "I walk", "I sit at home", "I do nothing" [29].

Family microclimate. Emotional contact with the child

Parental quarrels, cases of physical abuse, separation, divorce and death are the most negative factors of the family microclimate. Aggression in the family is the expressed risk factor for mental health of the child. Violence in relation to children quite often disappears behind a mask of educational measures. As Senko V.G. notices, «In families where physical punishment is applied, the child changes for the better in any measure as though, afraid to admit that, for what is punished, lives on the danger of physical pain and arrives, adapting to adults ... The indifference, negativism, division of vital representations, embitterment and cruelty are developing at children» [30, p. 3-4]. Such children fill the ranks of minor criminals in the subsequent life, and are inclined to aggression.

The most adverse microclimate is formed in unsuccessful families. According to Tselujko V.M., the unsuccessful family is the family in which the structure is broken, the basic family functions depreciated or ignored, obvious or education latent defects are available; therefore there are «difficult children» [31]. As a whole, if the family is unsuccessful psychologically and parents are not capable to support the child in the construction of own identity, the process of his/her socialization is at a loss, and that leads to various deviations of behavior.

Increase of a role of emotional factors in family functioning is the modern peculiarity which is underlined by many domestic and foreign research projects. A modern family – «a psychological refuge», the *institute of emotional contact*. It has been

established that the most widespread infringements of behavior in children and teenagers from unsuccessful families are the uneasiness, uncertainty, sharp decrease in an emotional background, dialogue avoiding, emotionality loss in relations with adults and contemporaries [32]. The consequence is the formation of behavioral deviations arising as compensatory reaction, „consolation” search, at an insufficient *self-estimation of teenager*. According to Kislitsyna O.A. (her data are based on the analysis of the Russian monitoring of an economic situation and health), teenagers with low self-estimation start to use tobacco and alcohol more often in comparison with their contemporaries with high self-estimation [29]. It is promoted by the influence of the environment creating model of socially attractive courageous, successful, sexual „heroes” who smoke and can afford to „relax” by means of alcohol. Low self-estimation does not allow to resist the pressure from smoking and drinking friends, i.e. the influence of the „street” [21]. According to one of hypotheses, the formation of deviant behavior in a child is caused by bad communication between the mother and the child, insufficient parental monitoring [33]. With the influence of contemporaries (if it is negative), the weak control over behavior of the child can lead to deviations. It is necessary to notice that kinds of risky behavior do not exist separately, as a rule. The close connection between teenage smoking and use of alcohol has been established [29]. According to one of the theories, nicotine affects the central nervous system in such a manner that it raises vulnerability to dependence on other psychoactive substances, and such an effect is unique for teenagers [1]. According to the theory of cumulative behavior, alcohol and tobacco use are only the symptoms of the more general problem, manifested later by diverse kinds of destructive behavior, including violence, suicidal tendencies, illicit sex [34].

Warm *psychological relations with mother* are especially important in the process of formation of teenager's resistance against bad habits. Parental deprivation is the most devastating factor in the personal development of the child. The English researcher Dejl P. believes that emotional rejection lays at the heart of any form of family violence, including sexual, which he names especially „artful”, causing a considerable damage to the development of the person [35]. Longitudinal research of groups of people born between 1961-1963 (children born in full families with the identical social-economic status were compared, but differing under the factor of mother-to-be desire of pregnancy: mothers of one group intended to terminate their pregnancy, the others had been born as desired children) have shown, that «being undesired by parents» statistically significantly bears risk of

infringement of psychosocial development, especially for children who do not have brothers and sisters. At the age of 9 years they showed the worst progress at school. They were less popular among schoolmates. Mothers and teachers gave them the characteristic of «difficult children» much more often than the expected children. At the age of 21-23 years they had been less satisfied by work, clashed with colleagues and the supervisors more often, and felt disappointed in love more often. At the age of 35 years they had problems connected with infringements of mental health [36; 37]. It has been revealed that undesired children appeared less capable to have a successful marriage. They appeared inclined to criminal behavior in adult age, became unemployed, and also made a contingent of visitors of psychiatric services [38]. Other data testify that children undesired by mothers during pregnancy have lower self-estimation 20-25 years after birth [39].

The mechanism of influence of family microclimate and degree of its unity on the teenager`s behavior in health sphere is the *formation of spectrum* of his/her *personal values*.

According to Rostovtsev V.N., there are no revealed distinctions in the importance of moral values between youth from full and incomplete families. Such values, as kindness, mercy, love of people, of life, honor, responsibility, conscience, debt, awareness, fidelity, justice, advantage and others were investigated. At the same time, it has been established that satisfaction of respondents of young age with relations with parents influences for them the importance of some moral values, irrespective of the family structure. The respondents from full families

who are not satisfied with the relations with parents, not only are more often subject to risky behavior and have lower index of morals of sexual behavior, but for them such a category as responsibility is of lower importance. Satisfaction with relations with parents in an incomplete family promotes formation of higher significance of moral values, especially such as mercy, unselfishness, awareness. Simultaneously, irrespective of family structure, for the persons satisfied with relations with parents, the category „advantage” was highly important [40].

Conclusions

The family can be a source of risk and, on the other hand, can become a basis of anti-risk for the development of dependences in the child. The analysis of influence of the above-stated factors on health of the child has allowed to assume that various aspects of family functioning influence a state of health and well-being of children through social-psychological factors, such as *family microclimate, unity of a family*. They are most important from the point of view of risk and anti-risk for development of dependences in the child. Presence of unity of a family, emotional contact, are necessary for the support of an adequate self-estimation of the teenager, for construction of own identity. The mechanism of influence of family microclimate and degree of its unity on the teenager`s behavior in health sphere is the formation of his/ her personal values. The development of behavioral stereotypes in health sphere is also influenced significantly by such factors as bad habits of parents, especially of mother, parental monitoring, timely reference for medical aid; transfer of medical information by parents to children.

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