

## Adolescent health in Europe: let's think in terms of context and resources

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*The present issue of Social & Preventive Medicine focuses on adolescent health, with two papers on smoking behaviours and two others on diet and nutrition. In the recent report of the European commission on the health of adolescents (European Commission 2000), the authors state indeed that while “a majority of young people enjoy good health ... a considerable proportion of young people suffer from poverty, family breakdown, lack of social support and of educational or professional challenges, or from low quality of food, all factors which may impede healthy growth and development”. It is thus of considerable importance to survey and monitor crucial indicators – which vary often over time and across countries – as was done for instance in the Ruiz et al. (2006) paper. There are however several pitfalls linked with the conception and interpretation of earlier studies on adolescents' health.*

*First, although several authors have attempted at outlining the contextual factors which influence adolescent lifestyles, such as the school climate (Vuille & Schenkel 2002), the measures of these so-called social capital variables remain at the very best fairly rough. We may reflect in the future on a combination of approaches which combine self-reported data with more objective measures of the structural, socio-economic and legislative environment of young people. At the level of large national surveys, statistical analyses as multilevel modelling could be useful. One area in which such broader approaches are needed is the one of international comparisons (Pirkis et al. 2003): although the use of unified questionnaires such as the HBSC (Currie et al. 2004) or the Global Youth Tobacco Survey GYTS (as described in this issue by Baska et al. 2006 and Ergüder et al. 2006) reduce the potential for biases, they do not provide the reader with real clues as to why certain differences appear. Also, as rightly pointed out several years ago by a Belgian colleague (Piette 1996) during a workshop on adolescent health indicators,*

*the words have not the same meaning across countries, nor do young people admit some behaviour in the same manner, due to the cultural context surrounding certain habits. One answer to address these potentially misleading biases is to focus on trends instead of pure cross sectional comparisons. Such international comparisons of trends in adolescent behaviour remains – alas – relatively meagre in comparison with the large body of local or national survey reports and articles.*

*A second problem often encountered in the literature on adolescent surveys, and which often tends to give a misleading image of adolescent health, is the tendency of many authors to focus essentially on health problems and health risks ignoring the potential for a more positive and participatory conceptual frame for such research. Why choosing for this issue of SPM the title “Health risks in adolescents in Europe” while our colleagues in Bern (Bisegger et al. 2005) work hard on new positive measures of health such as the QOL/Quality of Life questionnaire (Antonovsky 1986, Buddeberg-Fischer et al. 2001)? Indeed, the use of the concept of risk during adolescence places too much emphasis on the individual responsibility towards health, letting apart the impact of our society in promoting certain behavior; also, it dismisses the fact that risks are an essential part of life and an important aspect of the development of experience (Tomkiewicz 1989). As previously discussed (Michaud et al. 1998), we propose to use more systematically expressions such as “experimental” or “exploratory” behavior for all those conducts most individuals engage in during their adolescence: having sex, trying cannabis, driving fast, drinking alcohol per se should not be necessarily considered as risky behaviors as long as they are practiced under usual conditions. Indeed, research in the future may even target the positive long-term consequences of certain of these exploratory behaviors. For instance, the experience of a bad trip or of a*

near-missed accident may be more helpful than just escaping this kind of experience! To address this kind of issue, it will be necessary to set up cohort studies as our colleagues from the United States have already done (Chen & Kandel 1995). A third issue that survey research raises is one of the dissemination and valorization of the results. Too many studies remain in the hands of researchers and thus have no real impact on the way critical health issues are dealt with, by policy makers as well as by professionals connected to young people in their everyday work. Both scientists and public health professionals from Europe and the US have designed original ways to spread out survey results and have attempted to make them usable in various local, regional and national contexts (Blum 1994, Michaud & Jeannin 2005). Obviously, the channels for the diffusion of such information must fit with the target audience. Besides scientific reports and articles, specialists in the educational or psychosocial area can be accessed through their own journals or through training sessions, ad hoc workshops and congresses. Media can help disseminating the information towards young people and parents. Still another way to spread important information is to set up special events such as symposia on the health of young people. Two years ago, a joint valorization process

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of two large national surveys was set up by the Swiss Institute for the Prevention of Alcoholism and other Drugs and the University Institute for Social and Preventive Medicine in Lausanne. Among other activities, a brochure in German and French summarizing in an attractive form the results of the surveys<sup>1</sup> has been designed and largely distributed along with a 45 min DVD film displaying the opinion of young people on the results. Along the same line, politicians at the regional and national level were met and meetings with multidisciplinary groups of professionals were set up in most cantons. The European report cited at the beginning of this editorial identifies priority issues for future activities: "There is a clear need to develop comparative indicators of health and to analyze both the statistical information and the research findings in the differing contexts of the individual Member States. New comparative studies on the health and well-being of young people should also cover mental, social and cultural aspects, and try to explain differences between countries by relating them to structural and/or cultural factors". We could not have thought of a better conclusion!

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<sup>1</sup> Available on Internet at [www.sfa-isp.ch](http://www.sfa-isp.ch) or [www.umsa.ch](http://www.umsa.ch)

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