

SYSTEM OF DIFFERENTIAL APPROACH FOR THE SCHOOL PARTICIPATION IN PRIMARY PREVENTION OF SMOKING AND SIMILAR RISK BEHAVIOR

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Abstrakt: *Contemporal smokers are predominatingly less educated and poor people. Epidemiologic studies from different countries have confirmed the persistent class-based disparities and the growing number of smokers in the lower socioeconomic groups. Thus socioeconomic status (SES) can be accepted as a complex determinant of health and psychosocial factors are the mediators for pathways affecting the public health.*

The relationships between the levels of SES and human health are measured with using some indicators: education, income and occupation, morbidity and mortality.

Education shapes future occupational opportunities, earning potential, knowledge and life skills and in such a way allows easier access to information and resources to promote health.

There is an opportunity to use an upstream, midstream and downstream approach in a broad primary prevention schoolwork: Upstream efforts are directed to whole school community,

Midstream prevention focuses on groups at a higher risk, Downstream approach concentrates more on the individual children.

Key words: *socioeconomic status, markers, education, smoking, three-steps' approach*

Cigarette smoking has been determined as the leading cause of premature death over the world. Half of all cigarette smokers will ultimately be killed by such behavior (US DHHS, 2004). The multiple diseases related to smoking produce substantial health-related costs to society, such as smoking-attributable mortality, lost of potential life years, smoking-related medical expenditures, lost productivity costs and others. Health care costs at a given age are approximately 40 % higher for smokers compared with nonsmokers (Barendregt et al, 1997). In the Czech Republic, the cost of hospital treatment of smokers is annually as much as 6 mld Kč higher than expenditures for nonsmokers (Czémy, Sovinová, 2007).

Contemporar smokers are predominatingly less educated and poor people. Epidemiologic studies from different countries have confirmed the persistent class-based disparities and the growing number of smokers in the lower socioeconomic groups (Sorenson et al, 2004).

The relationships between the levels of socioeconomic status (SES) and human health are measured with using some indicators: education, income and occupation (Siegrist, Marmot 2004), morbidity and mortality (Kristenson et al, 2004).

Education is typically completed in childhood and early adulthood and thus its level and quality serves as a marker of early life circumstances. Education shapes future occupational opportunities, earning potential, knowledge and life skills and in such a way allows easier access to information and resources to promote health.

In many countries (although not in the Czech Republic) income is material sources covering the insurance for health care. Although it was not fully true in former socialist régime, in the Czech Republic now household income can be used as a marker of living standard and the indicator of prestige.

Occupation influences on health status both directly (through different exposure to professional hazards) and indirectly (affecting health behaviors).

Thus SES can be accepted as a complex determinant of health and psychosocial factors are the mediators for pathways affecting the public health. It is very good known that persons with lower SES are more vulnerable to unhealthy behavior, such as cigarette smoking, alcohol abuse, using the illicit drugs, unhealthy nutrition habit, risk sexual practices, etc. (Williams et al, 1990). Further development of human may be demonstrated as a risk spiral: poor health status may be partially responsible for barriers to social mobility and for limits of improvement in social position (Cardano et al, 2004).

There are several factors responsible for the higher prevalence of smokers among poor and less educated people:

- less educated may have the least information about the health risks of smoking, they more likely have low perceived control believing in the existence of external constraints (Doll et al. 2004);
- less educated persons live and work in more stressful environments;
- psychoactive effects of nicotine produce pleasant changes of mood and can help to manage the stress for a short time; and thus serve as a way to cope for the disadvantages to participate in society and to control over one's life;
- persons of lower SES may experience social norms less accepting of tobacco control
- the social environment of less educated people increases their exposure to other smokers and is associated with their lower willing for cessation;
- they can have the least access to cessation services (Harwood et al, 2007).

Associations between cigarette smoking and psychiatric disorders have been repeatedly reported (Breslau et al, 2004). Depressive symptoms are very often associated with smoking initiation and experimentation and people do believe to the popular

self-medication theory that smoking assist in reducing their negative moods. But new scientific results presents suggestion that current smoking may increase the risk for anxiety, panic disorders and even suicides (Kassel et al, 2003). SES, smoking and depression demonstrate cyclical associations and have common negative effects on health.

The enhancing interest of genetic factors and tobacco smoke exposure influencing on the dopaminergic system during the prenatal period have presented the scientific evidence about important relationships. The most important results of studies described the effects of prenatal exposure not only to maternal smoking (both active and passive) but even to nicotine release from the nicotine replacement therapy on the higher prevalence of many conduct disorders during childhood and criminality in young adulthood (Marcusen-Linhart et al., 2003 ; these disorders are partially preventable.

There is an opportunity to use an upstream, midstream and downstream approach described by Mc Kinlay and Marceau (2000) in a broad primary prevention schoolwork:

Upstream efforts are directed to whole school community and focus:

- on system of education, encouraging students activities,
- on friendly and supportive relationships
- on healthy public policy.

Midstream prevention focuses on groups at a higher risk:

- children from incomplete families
- children of low educated parents with social problems
- children with poor school performances

Downstream approach concentrates more on the individual children reported first risk behavioral attempts, and on those with conduct disorders.

The close collaboration both with parents and with specialized psychologists is essential mainly in the downstream, but also in midstream programs. In the Czech Republic, this approach has been applied in the program „Our class does not smoke“ (Smoke-Free Class Competition – Zachovalová, 2007)

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SYSTÉM DIFERENCOVANÉHO PŘÍSTUPU V ÚČASTI ŠKOLY NA PRIMÁRNÍ PREVENCI KOUŘENÍ A PODOBNÉHO RIZIKOVÉHO CHOVÁNÍ

Souhrn: Dnešní kuřáci jsou především málo vzdělaní a chudí lidé. Mnoho epidemiologických studií potvrzuje trvalý sociální rozdíl v kuřáctví a rostoucí počty kuřáků v nižších socioekonomických skupinách. Socioekonomický stav můžeme považovat za komplexní determinant zdraví, přičemž psychosociální faktory jsou prostředníky patologických procesů, které ovlivňují zdraví lidí.

Vztahy mezi socioekonomickým stavem a úrovní zdraví lidí se měří pomocí

některých indikátorů: úroveň vzdělání, výši příjmu, typem zaměstnání, nemocností a úmrtností.

Vzdělání určuje budoucí příležitosti k získání profese, potenciální příjem, znalosti a dovednosti pro zvládání životních situací; těmito mechanismy umožňuje rovněž snadnější přístup k informacím a zdrojům podporujícím zdraví.

Pro ovlivnění podmínek, v nichž školní děti žijí a pracují, se nabízí třístupňový přístup: hlavní proud (upstream) je určen pro celou školní komunitu, střední proud (midstream) se zaměřuje na ohroženou populaci, třetí proud (downstream) je orientován individuálně na jednotlivce.

Klíčová slova: socioekonomický stav, markery, vzdělání, kouření, třístupňový přístup