Original research article

Risky behaviour in older school children

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ABSTRACT

The aim of the study is to introduce selected characteristics of risky behaviour associated with addictive substances within all urban primary schools in the regional capital České Budějovice in order to capture the development of these pathologies in the population of older school children. The research was carried out as a quantitative survey designed as a descriptive and comparative study. The data (N = 1172) were obtained using a mass-administered questionnaire for all the pupils of the 6th and the 9th grades of primary schools in České Budějovice run by the municipality. The study focuses on the consumption of alcohol, nicotine, illegal drugs, energy drinks, medical drugs (especially analgesics), and the impact of a risky environment – risky behaviour in the family and visits to night parties and discos by the teenagers. The survey describes the current status of this subpopulation, the development within the sixth and ninth-grade pupils, compares the results with nationwide studies, and tests the relationships between risky behaviour and leisure activities. It was found that the described group as a whole showed a lower level of risky behaviour than in the comparative study conducted within the South Bohemian Region and the whole of the Czech Republic. Within the sub-variables, a growing trend was found in the use of analgesics and energy drinks by age. The results also show the relationship between substance abuse and leisure activities (especially discos) and higher smoking prevalence, as well as between the time spent on a computer and the consumption of energy drinks.

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Introduction

Currently, a lot of attention is being paid to studies focusing on the risky behaviour of children and adolescents in the context of substance abuse, yet it is a subject whose character is changing as quickly as our society. For this reason, it is appropriate to periodically investigate the current situation, i.e. the extent to which these risk phenomena are manifested, how they evolve and how frequent this risky behaviour is...
within specific areas. The research survey focused on the
9 current state in pupils of second stage of primary schools in
10 the city of České Budějovice (South Bohemia Region, Czech
11 Republic). In addition to descriptive statistics of experience
12 and substance abuse, the article focuses on the relationships
13 between the elements of this risky behaviour and the exposure
14 to risky environment. At the application level, this survey
15 allows the contracting authority of the research to identify
16 individual risk areas, including the results of individual
17 schools, which can be used as a basis for preventive
18 programme planning. The article summarizes the results for
19 the whole research file, which are to provide information on
20 the current state of the use of addictive substances in pupils at
21 second stage of primary schools in this city and to compare
22 them with other national and South Bohemian surveys.

**Risky behaviour**

Risky behaviour is an umbrella term for activities that directly
23 or indirectly result in potential psychosocial or health
24 impairment of the originator, other people, property, or the
25 environment in a broader sense [1], resulting in a demonstra-
26 ble increase in health, social, educational or other risks for
27 individuals and society [2]. This category commonly includes
28 experiments and substance abuse, impulsive behaviour, risky
29 sexual behaviour, crime, etc. This behaviour, unlike hazardous
30 behaviour (extreme sports), often contains an unconscious or
31 denied aspect [3].

Risky behaviour is characteristic of a group of adolescents
32 with regard to its psychosocial specifics [4]. The tween school
33 age (or pubescence) that we are focusing on in our research is,
34 in the wider sense, the age of 11–15 years, which represents the
35 first part of adolescence. It is a period marked by secular
36 acceleration in both directions – shorter childhood and
37 postponing full adulthood [5]. As Helus [6] states, an individual
38 often resolves conflicts with his or her parents, teachers,
39 develops new social relationships, and begins to perceive
40 himself/herself differently. He adds that pubescent often
41 becomes difficult for their neighbours and even themselves.

It is a period of uncertainty and doubt [7]. Therefore risky
42 behaviour is based on the relationship between three
43 components: personality, perceived environment and behav-
44 iour.

Gullone and Robinson [4] categorized risky behaviour by
45 focus into four groups: behaviour oriented on search for
46 excitement, irresponsible behaviour, rebellion, and antisocial
47 risky behaviour. Behaviour oriented on search for excitement
48 includes appeals that contain a challenge but are also
49 relatively socially accepted. An example of this category might
50 be sexual experimentation. The category of irresponsible
51 behaviour includes activities that carry greater social and
52 health risks and are not socially accepted (e.g., consumption of
53 addictive substances). Rebellious behaviour raises the sense of
54 independence and autonomy that is common in the process of
55 adolescence, and usually does not lead to more significant
56 damage, while antisocial behaviour (e.g., bullying) has a
57 significant negative social impact.

However, the development perspective is certainly not the
58 only source of risky behaviour. According to Jessor [8], it is also
59 an interaction between an individual and the environment.

Family environment naturally plays a crucial role. Although
60 the institute of the family undergoes a number of specific
61 changes, it is still the basic socializing element and determin-
62 ant of the child’s development. The quality of family life has a
63 major impact on cohesion, adaptability, and family commu-
64 nication [9]. Nielsen Sobotková et al. [10] point out that
delinquent youth often grows up in incomplete families where
65 such characteristics are absent. Not only the pathological
66 environment is a catalyst of pathological behaviour, but also
67 the influences of families, where parents are enormously busy
68 [11]. However, close social relationships have a bi-directional,
69 hence positive potential. Langmeier and Krejčíová [12] say
70 that the peers help overcome emotional instability and
71 feelings of uncertainty and finding oneself. Vágnerová [13]
72 claims that pubescents identify with their peer group, which
73 becomes the source of their necessary emotional and social
74 support. Since this period is very demanding from the point of
75 view of the formation of attitudes towards the environment
76 and oneself, this “search” can also produce attitudes or
77 actions that bring signs of risky behaviour, since the peer
78 group often requires a high compliance. For this reason, it is
79 important to be aware of the status of social pathologies
80 among adolescent peers, both within local surveys and within
81 their social groups, such as educational facilities.

**Statistical data**

The Czech Republic is at the forefront of the European Union in
terms of the substance abuse among youth [14]. Concerning
the available data on the risk behaviour of primary school
pupils in the context of addictive substances, there has been a
significant decline in the prevalence of smoking, alcohol
consumption and substance abuse among the 16-year-olds in
recent years. According to the 2014 HSBC study [15] 8% of 5th
grade pupils (aged 11), 28% of 7th grade pupils (aged 13) and
52% of 9th grade pupils (aged 15) have experience with
smoking cigarettes. The ESPAD study of 16-year-olds has
already recorded an increase in prevalence up to a total of 66%,
with the average age of first cigarette experience being 11.9
years [14]. Regular smoking (at least once a week or more often)
was reported by 2% of 11-year-olds, 5% of 13-year-olds and 16% of
15-year-olds [15]. Experience with smoking in the 5th and
7th grade is more common among boys, but more girls smoke
in the 9th grade. Hrubá and Žaloudíková [16] indicate that the
motive is primarily the desire to look older. In the Czech
Republic, smoking among 13–15-year-olds is above the EU
average [17]. However, as part of the ESPAD study [14], the age
of the first experience with a cigarette, which has been
monitored since 2007, has been steadily rising. As far as
alcohol is concerned, the results are far more alarming. The
2014 HSBC study [15] reports regular alcohol drinking (at least
once a week) in 20% of the 15-year-olds. Regular drinking of
alcohol in the 5th and 7th grade is more common among boys.
In the 9th grade the proportion is balanced. It has been shown
that a significant increase in smoking and alcohol consump-
tion occurs between the ages 13 and 15 years. According
to Kastnerová [18], only 16% of 10–16-year-olds have no experi-
ence with alcohol. An overwhelming majority (90% of children)
try alcohol for the first time in the family [17]. According to
HSBC [15], 24% of the respondents in the 9th grade (boys and

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