Health of Young People in Relation to Social Factors in the German Federal State of Brandenburg

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Before giving an overview of the health status of young people in the German federal state of Brandenburg, let me briefly address the question of the social context of young people.

This social context is characterized by two different sets of living conditions, depending on where the young people live: on the one hand, we have the so-called wealth belt – an area of Brandenburg surrounding the German capital, Berlin – and on the other, typical rural areas, far away from Berlin and sparsely populated. Some other striking data: in the wealth belt, the population density is three times higher than Brandenburg's average, the birth rate is higher and the unemployment rate is much lower than in the rural areas. In the suburban development area, however, the population decreases as we move away from Berlin, there are less children and the unemployment rate is extremely high (over 25%) (Figure 1) (1).

What is striking, too, is that the suburban development area has a much higher percentage of parents with low social status, as defined by education level and employment, than the wealth belt – compare the red and orange areas with the yellow ones (Figure 2) (2).
Over the next decade, there is likely to be a worsening of this demographic trend with a population “crash” in terms of young people, their numbers dropping by nearly half by 2015. There are two reasons for this: a sharp decline in births since German reunification, and increasing migration – especially of young women – since 1990. Sociological studies show that "work and family" are young people’s highest priorities. 96% of all young people state that a “fulfilling job” is most important to them. However, every second young person contemplates leaving the country because of the high unemployment rate. They are very concerned about poor vocational-training and job prospects. In addition, more than half of young people consider having a family of their own. However, less-educated young people are increasingly doubtful about their ability to live their lives according to these priorities (3). Furthermore, modern lifestyle has a strong influence on young people: 74% of 12- to 19-year-olds have a mobile phone.

The Health Behaviour in School-Age Children study conducted in 2001/2002 showed some remarkable results for Germany. Of the 25 countries studied, Germany has the second-highest smoking rate among children under 15 years, and in terms of alcohol consumption Germany ranks seventh from the top (Figures 3 and 4) (4).
After these preliminary remarks on young people’s social context, I would like to present some important findings of the Public Health Institute’s analysis of medical examinations of 10th grade pupils performed by public health doctors. The data is given separately for the various school types and reflects the social status of young people. We know that children from families with high social status tend to go to grammar schools, whereas special needs schools have a higher proportion of children from families with low social status. Let us now turn to the question of health status. Every third young person suffers from eye and hearing disorders, and more than every seventh young person suffers from allergies.
(especially allergic rhinitis). The same applies with regard to orthopaedic data. Furthermore, some 6% of young people are obese. Since 1994, the trend has been steadily increasing, with the obesity rate actually doubling between 1994 and 2004 – from 3% to 6%. Another reason for concern is that young people at special needs schools suffer more frequently from obesity than those at grammar schools (Figure 5) (5).

A continuous increase in allergic diseases has also been observed over the past decade (6). However, unlike obesity, allergic rhinitis and atopic dermatitis affect those attending grammar schools more frequently than those at special needs schools (7) (Figure 6).
To conclude, I would like to present some interesting results from a recently conducted survey on drug abuse among Brandenburg’s 10th grade pupils. We achieved a good response rate (60%) from a sample of 10,785 young people with an average age of 16. In Brandenburg, 33.5% of 10th grade pupils are daily smokers and – corresponding to the figures for Germany as a whole – there are more girls than boys in this category. Alcohol consumption at least once a week (25.1%) is, however, much more prevalent among boys than girls. And 3.5% of young people smoke cannabis at least once a week (8).

The following results show smoking and alcohol consumption rates according to school type. At special needs schools, the smoking rate is much higher than at grammar schools, which do, however, have a higher alcohol consumption rate than the former.

What is striking is that over half of the pupils surveyed stated that they wished to stop smoking, while only one in five expressed the desire to stop drinking alcohol.
In general, young people’s health is related to their level of education. This is clearly underlined by the results of a sample census on health conducted in 2003. The percentage of people “ill or injured in the last four weeks” was 10.5% for those with a low education level and 4.8% for those with a high education level. Similar findings are obtained for health-risk behaviour (e.g. smoking).

I would like to sum up by drawing the following conclusion: adopting a “setting approach” can help strengthen prevention and health-promotion measures at schools and in vocational training. Healthy schooling, healthy professional training and good opportunities on the labour market should be the key pillars of health policy.

References
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