

# Adapting a good practice

## Introduction

Health promotion practice may vary from country to country in EU, so the way of measuring and affecting risk taking behaviour is different in Eastern and Western European countries. Although one of the most practical ways is still to adapt good practices. In a wide field are available so-called „good practice guides”. For example, the WHO publication on injury prevention (1). In the following, we will introduce the experiment to adapt a program from the Netherlands in connection to the AdRisk project.

## Method

The point of the Dutch model is to select some videos uploaded by youngsters to the video sharing website „youtube” ([www.youtube.com](http://www.youtube.com)), which related to injuries or violent acts. Main themes are such as alcohol consumption, effect and consequences of drug and alcohol consumption, bullying, scar tattoo, webcam sex, vacation without parental supervision, sport accidents.

The video clips were presented for youngsters during a group conversation. The class is not an ordinary lesson, but an interactive group session. The session is led by an invited outsider expert. The length of the session was 2 hours, after which the participants could express their opinion on the benefit and appeal of the meeting in questionnaires.

In Hungary, the test of the method was realized in a county centre (population: 160,000). Not every Dutch video clips were used. Those were not found relevant were taken out (scar tattoo is an example), while other, very current at that moment in Hungary, were used instead (a motorcycle accident, filmed by the overspeeding cyclist in the nearby hills). The questionnaire also had some changes, for example we put questions in like how they feel about how relevant the problem is to Hungary, their environment, and to themselves. To assess the needs, we asked what other topics they also include.

During the test 99 students were participating from 4 high schools. The conversations were led by a young social worker specialised in mental health, collaborating with social workers dealing with the very school, with permission from the headmaster. The session was 45 minutes long. Sound recording was done in two classes, the questionnaires were filled in every group. We introduce of their result in the following.

## Results

From 99 participants 30 were female and 63 were male (6 persons did not indicate their gender). Average age was 17 years.

To the question that how relevant the four topics in Hungary, the following results were found (table 1).

*Table 1:* Prevalence of risk behaviour in Hungary according to participants of the pilot project

	<b>Drug and alcohol consumption</b>	<b>Group violence</b>	<b>Sport accidents</b>	<b>Webcam sex</b>	<b>Not typical</b>
<b>male (%)</b>	<b>90,48</b>	<b>85,71</b>	74,60	54	0
<b>female (%)</b>	<b>93,33</b>	66,67	63,33	<b>70</b>	0

In the more specific field, in their own environment, the rates are a bit lower (table 2). However, drug usage and group violence scored the same in this level.

*Table 2: Prevalence of risk behaviour in participants' own environment according to participants of the pilot project*

	<b>Drug and alcohol consumption</b>	<b>Group violence</b>	<b>Sport accidents</b>	<b>Webcam sex</b>	<b>Not typical</b>
<b>Male (%)</b>	66,67	66,67	58,73	42,86	9,52
<b>Female (%)</b>	53,33	50	40	33,33	16,67

Questioning their own situation, the number of admitted experiences falls (table 3).

*Table 3: Prevalence of risk behaviour in participants' own experience according to participants of the pilot project*

	<b>Drug and alcohol consumption</b>	<b>Group violence</b>	<b>Sport accidents</b>	<b>Webcam sex</b>	<b>Not typical</b>
<b>Male (%)</b>	44,44	31,75	30,15	14,28	36,51
<b>Female (%)</b>	36,67	23,33	23,33	10	46,67

Assessing the clips were done in a 10-step grade. For the question about which clip shows the risk taking behaviour in the most credible way, the sport accidents got the highest rank with 7,4 points. The film about group violence got 6,9, drug and alcohol consumption had 5,75, while webcam sex scored the least with 4,8 points.

Measuring the impact, group violence was the most frightening (got 8,6 points). The sport video got the second place with 7,4 points, the drug and alcohol consumption clip scored 6,4, while webcam sex was the last again with a mere 5,9 points.

## **Discussion**

Anticipation: due to the low number of youngsters involved in each group, we are cautious with results deducted from numeric values, and we should not make any assumption to the whole population.

In accordance with literacy, by tapering the circle around the persons (from society to individual), the positivity of the answer is reduced. In case of drug and alcohol consumption, among males, the 90% country-wide score got 66% in the environment and 44% to themselves (it is worth to think it over in social or personal level as well: among females the rate for the first is 93%, while the last is 36%).

In the field of group violence the tendency is the same: 85% - 66% - 31% among males, and 66% - 50% - 23% among females.

Extreme sports are not only less dangerous, but even less widespread, according to the answers. For males the rate was 75% - 58% - 30%, while it was slightly less for females as well.

At last the webcam sex: the rate according the preceding was 54% - 42% - 14% among males, while the answers from females (70% - 33% - 10%) shows that they see the problem much more significant in national level than in their own life.

As expected, the rate of „not typical” answer raised significantly closing to their own experience.

Where they had to state their own answers, among what they want to hear about were alcohol (possibly in a different context), workplace accidents, prostitution, family violence, jobs in a foreign country.

Noteworthy that hard drugs, which affected the persons appeared in the clip, are treated by many youngsters as a problem only of the United States and not their own country.

The method was unexceptionally found proper. From the answers it is obvious how important is to listen to their opinion, and to let them know their mates' point of view.

For the Hungarian AdRisk team, it was very positive that beside the many traditional lecture about this topic, this could give them something new.

In summary, the Dutch method was found capable to be adopted to other countries. Our intentions to collect further experience among adolescents, and to gather new footage better suited to the specific country. After that, we want to prepare a methodological package for school workers without teacher qualification (social workers, psychologists). The method should be certified. From this we expect the grow in numbers of those, who participate in courses in injury prevention and risk-taking behaviour, and have preventive work among adolescents.

*Hungarian AdRisk team:*

*Bényi Mária MD*

*Rákos-Zichy Péter*

*Somoskői György*

Literature:

1. MacKay M, Vinenten J, Brussoni M, Towner L: Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.
2. [www.adrisk.eu.com](http://www.adrisk.eu.com)
3. AdRisk Community action on adolescents and injury risk. Tackling injuries among adolescents.