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Impact of poor quality of life on adolescents in rural Kentucky: A brief report

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Abstract

In many rural areas in Kentucky, adolescents lack the basic assets for a good quality of life, such as having caring adults, a safe place and useful activities after school. Methods: Analysis of data from middle and high school students referred to a comprehensive school based health promotion center (SBI-IPC). Results: From august 2006 to February 2008, a total of 382 students (200 female, 182 male, aged 12-18 years) were referred to the SBI-IPC for help. Only two (0.5%) students had two parents living with them and 12 (3.1 %) had safe, organized after school activities. 19.9% of the total were suicidal, 27.2% used drugs, 44% smoked, 26.7% used alcohol, 45% were depressed, 29.3% had conduct problems, 37.4% had school problems, 43% were overweight, 50% lacked safety procedures (scat belts, access to guns) and 17.5% had other mental health problems. Conclusions: Poor quality of life is a major factor leading to negative outcomes in rural adolescents.

Keywords: Schools, public health, adolescent, rural health, quality of life.

Introduction

Adolescent mortality and morbidity is directly related to risk taking behaviors. Leading causes include accidents, homicide and suicide. Many protective factors contribute to reduction of risk taking behaviors. Factors such as having two parents or at least one supportive adult, access to a safe place for interaction with others and having a useful afterschool activity with adult supervision contibute to improved quality of life and thus decrc:.1sed risk taking behaviors (1-5). When adolescents have good quality or life, they tend to be more productive and less likely to take major risks, which in turn leads to decreased morbidity and mortality. Rural areas of Kentucky have mostly white population, high unemployment

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and increased rate of divorce, possession of fire arms and drug abuse. In this study we evaluated the quality of life of adolescents in a rural area of the state in order to understand causes of higher rates of risk taking behavio'rs and poor outcome results.

Methods

In August of 2006, we established the School Based Health Promotion Center (SBHPC) in a rural county of Kentucky. This center is operating from the area Board of Education Building and serves adolescents in the school system from 6^{lh} to 12th grade. Teachers, school counselors, parents, local health care providers and the court system in the area refer students to the SBHPC for evaluation and intervention.

Students who exhibit risk taking behaviors, violate the law or are at risk for failing school are referred. For this study, we analysed data from middle and high school students referred to the SBHPC between August 2006-February 2008. Simple percentages were calculated for demographics and risk taking behaviors and compared with the data on the state level. Although Kentucky ranks among the top states in regards to health care provision for children and adolescents (6), Kentucky adolescents have higher than the national average rates of risk taking behaviors and poor outcomes (7).

Results

During the study period: a total of 382 students with an age range of 12-18 years were referred to the SBHPC. All were white/caucasian, 200 (52%) were females and J82 (48%) were males. Only two students (0.5%) had two biological parents living with them and only 12 (3.1%) had safe, organized afterschool activities.

Results regarding risk taking behaviors compared with the data on the state levels are shown in table I. Data for state wide results were obtained from the Kentucky youth risk behavior survey (YRBS) (7).

Table I. Outcome measures at the SBHPC and the State of Kentucky (Y RBS)

Outcome	SBIIPC Students	KY YRBS
Smoking (daily)	44%	21.1%
Regular alcohol use	26.7%	11.3%
Regular marijuana use	27.2%	16.4%
Depression	45%	29.4%
Suicidal plan	19.9%	11.9%
Conduct problems	29.3%	13.7%
Obese/overweight	43%	17%
Other mental health problems	17.5%	11.2%
Physical/Sexual abuse	26.7%	13%

Discussion

The results of this study showed much higher rates of risk taking behaviors among the rural adolescents evaluated in the SBHPC. It also shows extremely high percentage of lack of protective factors, such as supportive parents or other adults, lack of a safe place for after school activities or even the availability of such activities altogether. Adolescents who have access to supportive parenting, safe schools and productive activities (1-5) are more likely to have better outcomes and less risk taking behaviors. Many adolescents in rural areas live in single parent homes and are exposed to higher rates of physical and sexual abuse, violence, access to fire arms and drug use than their urban counter parts. Poverty levels are also high in these areas and many families are multiple generations of wellfare reciepients that lack the culture of hard work and self reliance. Many of these teens have nothing to do after school, which results in their activities usually replaced by peer groups getting together for smoking, drinking alcohol, usind illicit drugs and high risk sexual activity. The combination

of these factors, contibutes to increased levels of depression, poor self esteem and suicidality.

This study is very limited, because of the small number of participants included, retrospective nature of the study and lack of actual control. How ever, the results are still adequate to show that poor quality of life as assessed by lack of caring adults, safe place and availability of after school activities may be a significant factor leading to poor outcomes in rural adolescents.

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