

THE “SPORTELLLO SALUTE GIOVANI” PROJECT: HABITS, LIFESTYLES, RISK BEHAVIOURS OF ITALIAN UNIVERSITY STUDENTS AND FUTURE PERSPECTIVES

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Preface

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“Although health is the greatest of our assets that relate to the body it is, however, also the one which we reflect on and enjoy the least”

(Descartes, *Letter to Chanut*, 1649).

INTRODUCTION

There is ample evidence that certain habits, lifestyles and habitual or occasional behaviours have the potential of determining direct and/or indirect impact on health and on physical and mental wellbeing. For example, a healthy diet, regular and appropriate levels of physical activity, moderate alcohol consumption, and the abstinence from illegal drugs are considered healthy lifestyles that can predispose an individual to better health conditions. On the other hand, irregular eating behaviours, sedentary lifestyle, immoderate habits, and early and/or promiscuous sexual activity, are behaviours that can determine risks for an individual's health and life.

Risk behaviours can be defined as any activity that can cause potential negative consequences to an individual's health and life, even if these consequences are to some degree counterbalanced by perceived positive consequences [1]. Even though risk behaviours are present in all age groups, their presence increases within the young adult population. In fact, in the phase of life ranging from 18-30 years of age there are important sources of stress that can favour the development of risk behaviours [2]. This age group represents the period of time in which young adults usually leave their primary social context (family, school, etc.) to confront themselves for the first time with the working world or with the university environment. For many, this involves moving away from home and beginning a life “outside the home” that must be managed autonomously and that presents new requirements and relational dynamics.

Unlike the adolescent period, which has been the object of many studies on an international [3] and national [4] level, the age range from 18-30 years of age currently is not adequately studied in Italy. The first steps towards identifying targeted and effective preventive strategies is to quantify and qualify the incidence of risk behaviour and to evaluate the young adults' awareness towards the potential harms deriving from certain habits and lifestyles. The “Sportello Salute Giovani” project (“Youth Health Information Desk”) was created exactly with the intention of studying the lifestyles, habits and risk behaviours of Italian university students.

OBJECTIVES AND METHODS OF INTERVENTION

The “Sportello Salute Giovani” project (“Youth Health Information Desk”) is the result of the collaboration between the Faculty of Medicine and Surgery of the Università Cattolica del Sacro Cuore di Roma (Catholic University of the Sacred Heart of Rome) and the Istituto Superiore di Sanità (Italian National Institute of Health). The project also involved the faculties of the Catholic University of the Sacred Heart that are located in Milan and Brescia.

The “Sportello Salute Giovani” project was characterized by three purposes of action: 1) to provide students of all the universities of Rome, Milan and Brescia medical and psychopedagogic consultations on health related issues and on the prevention of risk behaviours; 2) to direct the students to the appropriate health care facilities where they could obtain the diagnosis and treatment of any potentially pathological condition; 3) to collect information on risk behaviour in university students across the country, with the aim of subsequently assessing the need and feasibility of preventive interventions.

The methods of action were: a) the constitution of a counselling centre on the three campuses of the Catholic University of the Sacred Heart (Rome, Milan, Brescia) that welcomed students from all the universities of the area; b) the formulation of a questionnaire and its distribution to a sample of Italian university students in order to collect information on this population.

The project involved five phases: 1. constitution of the operational units (Scientific Board, Project Manager, Operators of the counselling centers); 2. activation of the counselling centers (that provided counselling, prevention services and medical aid); 3. preparation of the questionnaire for data collection; 4. administration of the questionnaire (data collection); 5. data processing. Making reference to the paper by Chiara de Waure, Andrea Poscia, Andrea Viridis, Maria Luisa Di Pietro and Walter Ricciardi of this monograph ("Study population, questionnaire, data management and sample description") for the description of phase 3 and 5, here we illustrate the phases 2 and 4.

The three counselling centres that were located on the campuses of the Università Cattolica del Sacro Cuore located in Rome, Milan and Brescia, opened respectively on December 6th 2011, January 25th 2012 and January 30th 2012. The three centres suspended their counselling activities during a summer break that went from July 1st to September 30th 2012. The centres concluded their activity on March 31st 2013. However, the administration of the questionnaires started from February 2012 and the data collection continued until May 2013. During this time period of time, the three counselling centres offered their counselling service for 16 hours per week.

The counselling centres received a large number of requests for advice by students. The problems for which the students referred to the centres can be divided into the following areas: general medicine; gynecology/andrology; allergology; psychiatry; psychological counselling (eating disorders, family problems, anxiety, obsessive-compulsive disorder, problems in adapting to the university environment); counselling on healthy lifestyles (nutrition and sport). When necessary, the students were redirected to the necessary healthcare facilities in order to obtain the diagnosis and treatment of any suspected/detected diseases.

The data was collected through the use of questionnaires, which were self-administered and completely anonymous. The distribution of the questionnaires took place in the three counselling centres, in the classrooms of the three campuses of the Catholic University of the Sacred Heart, and in the classrooms of nine other universities located in the Italian national territory. To ensure the highest protection of privacy, the collected data was not related to any specific region, city, university or faculty.

DISSEMINATION OF THE RESULTS

This work presents the descriptive data collected through the administration of the questionnaire, which can be found in the original Italian version in the Appendix which is available online as Supplementary Material at www.iss.it/anna.

The results are presented through seven articles. The first article is dedicated to the description of the study population, the preparation of the questionnaire, the data management and sample description. Five articles are dedicated to specific habits, lifestyles and/or risk behaviours (nutritional habits in Italian university students, physical activity and health promotion in Italian university students; risky behaviours among university students in Italy; sexual behaviours and preconception health in Italian university students; attitudes towards learning and technology use in Italian university students); one article contains data regarding the health and well-being of Italian university students (Italian university students' self-perceived health and satisfaction of life).

CONCLUSION AND IMPLICATIONS FOR THE FUTURE

Health is an asset and an achievement, which depends on individual and social choices. The individual and the society: these are the targets of health promotion interventions according to the Ottawa Charter of 1986.

Promoting health means not only enabling people to increase control over, and to improve, their health, to identify and to realize their aspirations, to satisfy their needs, and to change or cope with the environment, but also taking care of – for example – environment, food and drug safety, urban planning, and occupational health. In this way, the real protagonist of health is the human being and the institution must put him/her in a position to have the power (empowerment) and the knowledge to make choices, ensuring conditions of complete physical, mental and relational wellbeing. This involves responsibilities both on a community (health, social and environmental policies) and personal (of the individual, of the group, of the community) level. It is then evident that the promotion of health moves also from dynamics that are outside of the world of health care but that are instead cultural, educational, social, economic and environmental.

The survey conducted within the "Sportello Salute Giovani" project (18-30 years) showed a significant percentage of unhealthy lifestyles and behaviours that determine risks for the health and life of the individual and/or of the others. Lifestyles and predispositions towards risk behaviours potentially find their roots in the early period of life but might be exacerbated by specific circumstances connected to university life. In this light, the university environment (institution) may be the place in which to promote the health of young students (individuals), by creating educational moments and organizational interventions.

Because they are the result of individual choices, lifestyles and risk behaviours call into account also the moral dimension and responsibility of action. Even though there are undoubtedly many situations of vulnerability/weakness that can influence a choice, it is fundamental to acquire awareness of what is bad or good. In this context, health education transcends the objective of remedy for a risky behaviour and becomes a space for the acquisitions of skills: to become aware of one's own

actions, to develop critical thought, evaluation criteria, motivations, and to take actions according to freedom and responsibility. Health education thus becomes “the art of maieutics” that brings forth (*e-ducere*) the positive elements that can be found in each human being; “the pedagogy of freedom” that indicates what can improve our health so as to be able to make choices that ameliorate our life.

On the other hand, as written by Siebeck, “Plato states that virtue comes first and then health and wisdom follow, as a god is followed by his cortege. Health, in fact, is not a characteristic of the body, but of the whole person, so it will be subordinated to what is perceived by the person as the authentic good” [5].

Therefore, looking at the results of the “Sportello Salute Giovani”, we should conceive in universities educational interventions aimed to increase the students’ understanding and awareness regarding healthy eating habits, the preservation of male/female fertility, the consequences of tobacco smoking, alcohol abuse or illegal drug use and the risk deriving from an inappropriate use of technological devices. To obtain some of these objectives (*i.e.* prevention of tobacco smoking, alcohol abuse, illegal drug use), it is sometimes necessary to enforce normative interventions. However, the necessity for normative interventions is an evident signal that education was not implemented or that it was not adequate for the obtainment of the desired objectives.

Since health is not affected only by individual behaviour, but also by the environment and the context in which the given behaviour takes place, it is necessary to

promote an organizational model that favours healthy lifestyles. For example, to avoid the low consumption of fruits and vegetables, we must assure the availability of fruit and vegetables (instead of junk food) in the cafeteria, bar and vending machines; furthermore, it is necessary to encourage and plan initiatives (gyms in the campus, conventions with external gyms, presence of fields for football, volleyball and tennis) aimed at promoting physical activity in university students. Since students show a particular interest and inclination to the use of technological devices, it would be appropriate to understand how to include and use these tools of communication in educational programs offered by universities and how to make preventive interventions benefit from them, paying attention to avoid their abuse and misuse that could be dangerous, especially in terms of alteration in social relationships.

Finally, it would be necessary to organize a team of physicians and psychologists that are ready to aid students with acute or chronic conditions since a relevant part of them suffers almost every day of one among somatic or psychological symptoms. The interesting experience presented by the “Sportello Salute Giovani” project should, therefore, become permanent and represent a place where all students can obtain advice, have an opportunity to communicate, or request explanations regarding issues that can influence their health or lifestyles.

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