

RISKY BEHAVIORS IN TEENAGERS-A GLOBAL ISSUE: EVALUATION OF AN EVIDENCE-BASED INTERVENTION TO REDUCE RISKY BEHAVIORS WITH IMPLICATIONS FOR PRACTICE, EDUCATION AND RESEARCH

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Purpose

This presentation describes: global perspectives on risky behaviors in teenagers; an evidence-based intervention, the Newark NJ Best Friends Adolescent Family Life Intervention which aims to reduce risky behaviors; and gender differences on intervention outcomes.

Background

Global trends indicate teenagers have high rates of risky behaviors which affect health including: drug and alcohol use (Halcon et al., 2003; Ramirez, Hinman, Sterling, Weisner & Campbell, 2012; Tatchell et al., 2004); smoking (Panday, et al., 2007); sexual activity contributing to sexually transmitted diseases, HIV and AIDS (Bearinger et al., 2007; Chin et al, 2012; Klein & Cord, 2011; Lloyd et al., 2012; Malone & Rodriguez, 2011; Maticka-Tyndale, 2001; Rector, 2002) and teen pregnancy (Benton, Roberts-Gray & Lewis, 2011; Chin et al, 2012; Greene, Monahan, Ditmar & Roloson, 2011; Imamura et al., 2007; Klerman, 2002; National Campaign to Prevent Teen and Unplanned Pregnancy, 2009; Shah, 2012).

Background

Risky behaviors in teenagers are prevalent in the United States, England, Australia and Canada (Marti, Stice & Springer, 2010; Schinke, Schwinn & Fang, 2010).

Risky Behaviors

There are high rates of risky behaviors among Newark teenagers including drug and alcohol use, smoking, and sexual activity contributing to STD's, HIV/AIDS, and teen pregnancy. Risky behaviors affect health (Weed et. al, 2008).

Literature Review

Illicit Drug Use -- In 2007, an estimated 19.9 million Americans aged 12 or older were current (past month) users of an illicit drug.

Tobacco Use -- In 2007, an estimated 70.9 million Americans aged 12 or older were current (past month) users of a tobacco product.

Alcohol Use-- Slightly more than half of Americans aged 12 or older reported being current drinkers of alcohol in a 2007 survey (51.1%). The rate of current alcohol use among youth aged 12 to 17 was 15.9% in 2007.

From <http://www.drugabusestatistics.samhsa.gov>

STD's

- **The Center for Disease Control and Prevention (2008) reported nearly 3.2 million girls, ages 14 to 19, is infected with an STD.**
- **African American girls are at higher risk. Chlamydia rates among adolescent girls is up by 1.8 % in 2009, and African Americans represent 48% of all new cases of Chlamydia and 71% of all new cases of gonorrhea (CDC, 2009).**

<http://www.cdc.gov/std/stats09.adol.htm>

<http://www.cdc.gov/std/stats09.minorities.htm>

HIV and STD Rates For Teenagers in New Jersey

Incidence of HIV among 13-24 y.o.

1998:12.6

2002:11.8

Incidence of chlamydia, females 15-19 y.o.

1998:1873.8

2003:1841.3

Incidence of gonorrhoea, females 15-19 y.o.

1998: 622.7

2003: 619.0

Incidence of syphilis: 1998:1.3 2003:2.0

Per 100,000 of the population

Birth Rates For Teenagers in US

The U.S. has the highest rates of teen pregnancy and births of all developed nations. The teen birth rate per 1000 girls aged 15-19 in 2006 in the US was 41.9 (National Campaign to Prevent Teen and Unplanned Pregnancy, 2009).

Theoretical Framework and Intervention

The intervention is guided by Bandura's Social Learning Theory

The intervention has a seven component curriculum which is implemented in schools that provides support, role models and education on delaying sex, and avoiding risky behaviors.

Intervention

The intervention includes: 1) group discussions on sexuality; 2) mentoring; 3) role modeling; 4) health and fitness classes; 5) cultural events; 6) community service; 7) and a formal recognition ceremony.

Intervention

The intervention reduces risky behaviors by providing supportive relationships, positive peer pressure, counseling, sexuality information and health lessons.

Methods

Design: Pretest post- test design.

Sample/Setting: Four intervention schools (n=230 girls; n=221 boys) and five comparison schools (n=134 girls; n=110 boys) participated. Participants were 6th, 7th, 8th grade students primarily of African American ethnicity. Intervention participants were randomly selected. Comparison participants were a convenience sample who did not receive the intervention. Intervention and comparison schools were matched on demographic variables.

Instruments and Analyses

Instruments

**-Adolescent Family Life Core
Baseline/Follow-up Questionnaires**

-Demographic Questionnaire

**Paper and pencil administration of the
questionnaires was done by trained staff.**

Statistical Analyses

**Pearson Chi Square, Mann Whitney U
statistical tests and a .05 level of
significance were used.**

Results

Demographic Characteristics

- 6th , 7th, and 8th grade high risk boys and girls primarily of African American ethnicity from impoverished environments
- high unemployment
- single parent households
- violence in the community

Results

Intervention vs Comparison

Participants

Post-Test III Results: Significantly more intervention than comparison participants reported: talking to parents about no sex until marriage ($p = .005$); saying no to wrong activities ($p = .012$); and abstinence prevents STD's, pregnancy, and other health problems ($p < .001$).

Results: Comparison vs Intervention Participants

Post-Test III Findings: Significantly more comparison than intervention participants reported: having friends who drink ($p < .001$)/ tried marijuana and other drugs ($p < .001$); sex before marriage is okay if you have been dating a long time ($p < .001$).

Results: Intervention vs Comparison Girls

Post-Test III Findings: Significantly more intervention than comparison girls reported: saying no to wrong activities (p= .013); its important to remain abstinent until marriage (p <.001); abstinence prevents STD's, pregnancy and other health problems (p<. 001).

Results: Comparison vs Intervention Girls

Post-Test III Findings: Significantly more comparison than intervention girls reported: having friends who drink ($p < .001$)/tried marijuana and other drugs ($p < .001$).

Results: Intervention vs Comparison Boys

**Post-Test III Findings: Significantly more
intervention than comparison boys
reported: abstinence prevents STD's,
pregnancy and other health problems
($p < .001$).**

Results: Comparison vs Intervention Boys

Post-Test III Findings: Significantly more comparison than intervention boys reported: having friends who drink (p = .003)/tried marijuana/other drugs (p = .028).

Gender Differences: Intervention Girls vs Intervention Boys

Post-Test III Results:

More intervention girls than boys reported:

saying no to wrong activities ($p < .001$);

**having sex before marriage makes moral
development harder ($p = .002$);**

**abstinence prevents STD's, pregnancy
and other health problems ($p < .001$).**

Gender Differences: Intervention Boys vs Intervention Girls

Post-Test III Results:

More intervention boys than girls reported:

smoking cigarettes ($p = .034$); having friends who drink ($p = .042$)/tried marijuana/other drugs ($p < .001$).

Conclusions

Intervention participants have more significant outcomes related to fewer risky behaviors than comparison participants. Girls had fewer risky behaviors than boys. Findings suggest the intervention reduces risky behaviors like using drugs which helps prevent health problems in teenagers.

Implications

Findings have implications for the development of interventions to reduce risky behaviors in teenagers and for practice, education and research.