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# Teen Risk Behavior

## Information for Extension Professionals

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Adolescence can be a difficult time. As parents, youth workers, and adolescents themselves know, it is a critical time in life for making many decisions. There is a multitude of decisions made during this time, ranging from one's educational future or getting along with parents, to decisions about dating and sex and establishing a healthy sense of self-worth.

Some of these decisions can affect teens for the rest of their life. It has been speculated that one in four adolescents has an STD<sup>3</sup>, there are vast risks associated with tobacco and drug use, and it is reported that risks such as homicide and suicide are very high in this time of a person's life<sup>2</sup>. Additionally, it is often during this time that eating and exercise habits are established.

Adolescence is also when individuals begin to form an identity. Adolescents seek to know and to be known by others. Though identity formation extends throughout a person's life, the teenage years are a very important time as a teen establishes "who they are."

Adolescence is also a time when significant cognitive and brain development occurs. Often the last part of the brain to develop is the frontal cortex, or the section of the brain that aids in decision-making and impulse control. Thus, many teens trying to navigate their complex worlds make some quick or impulsive decisions without a lot of critical thought.<sup>6</sup> These decisions

can also be influenced by a variety of things including parents, peers, siblings, and sports and extracurricular activities.

This fact sheet provides a snapshot of youth risk behavior in 2007, and is intended to give Extension educators and others updated information on this topic. It is organized into sections that examine youth risk behavior in four key domains: tobacco use, violence, drinking and marijuana use, and sexual behavior. Gender and race/ethnic differences in these outcomes are also presented, as well as a comparison of Ohio and the nation as a whole. Data from the 2007 Youth Risk Behavior Surveillance System (see Box 1 for details) are analyzed and prevalence statistics are reported for these risk behavior areas by race, ethnicity, and sex. A general discussion of implications for Extension programming is offered.

### Box 1: 2007 Youth Risk Behavior Surveillance System (YRBSS)<sup>2</sup>

- Investigates the prominent health risk behaviors for students in the United States.
- Questionnaire data compiled by the Centers for Disease Control and Prevention (CDC) in partnership with a representative sample of middle and high schools throughout the United States.
- Sample size of 14,041 students ranging from 11 to 18 years old with a mean age of 16, and 49.4% female.
- The weighted results are representative of the U.S. youth population.

## Tobacco Use

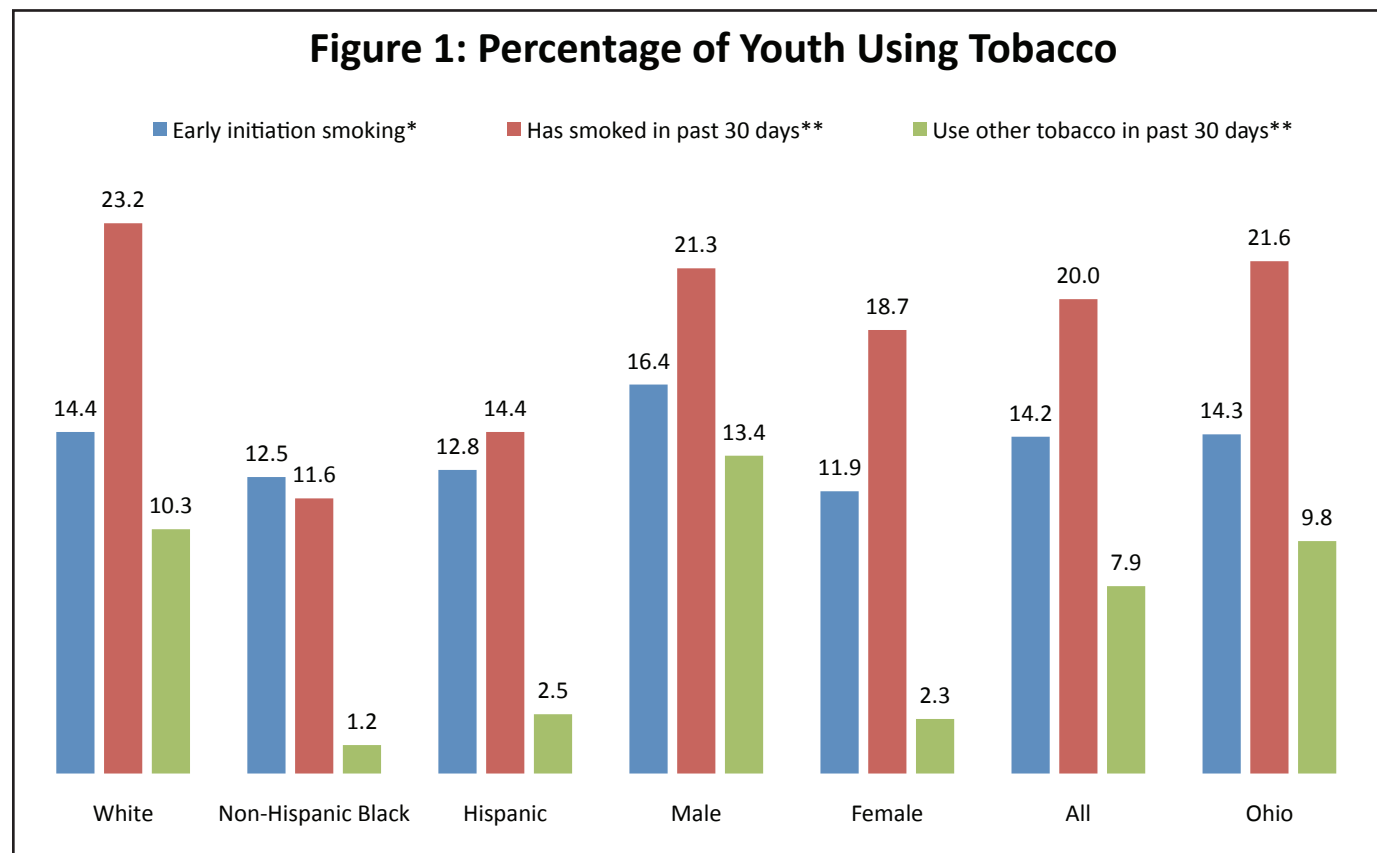
The first risk analyzed is tobacco use. Tobacco use—both smokeless and smoking—has been shown to have extreme negative effects, including heart disease, and lung and oral cancer. Though many negative effects are not immediate, according to the American Academy of Pediatrics, tobacco use as a teenager is associated with lifetime use. In addition to the direct health effects, teenagers who use tobacco are also more likely to take other risks. One theory is that tobacco is used as a “gateway drug” leading to more serious future drug use.<sup>1</sup>

### Figure 1 is based on the following three questions:

- How old were you when you smoked a whole cigarette for the first time?
- During the past 30 days how often did you smoke cigarettes?
- During the past 30 days how many times did you try chewing tobacco, snuff, or dip?

### Findings from figure 1 show that:

- About 13% of all students in 2007 reported smoking before age 13, nearly 20% currently smoked, and 6.5% report using other tobacco products.
- A higher percent of males report engaging in all types of tobacco use.
- Racial and ethnic difference in those currently smoking and those using other kinds of tobacco are especially pronounced. The percent of non-Hispanic whites who report current smoking and other tobacco is significantly higher than that of non-Hispanic blacks and Hispanics.
- A higher percent of non-Hispanic whites engage in all three indicators of tobacco use.



\*N= 13581 \*\*N=13463 \*\*\*N=13485

## Violence

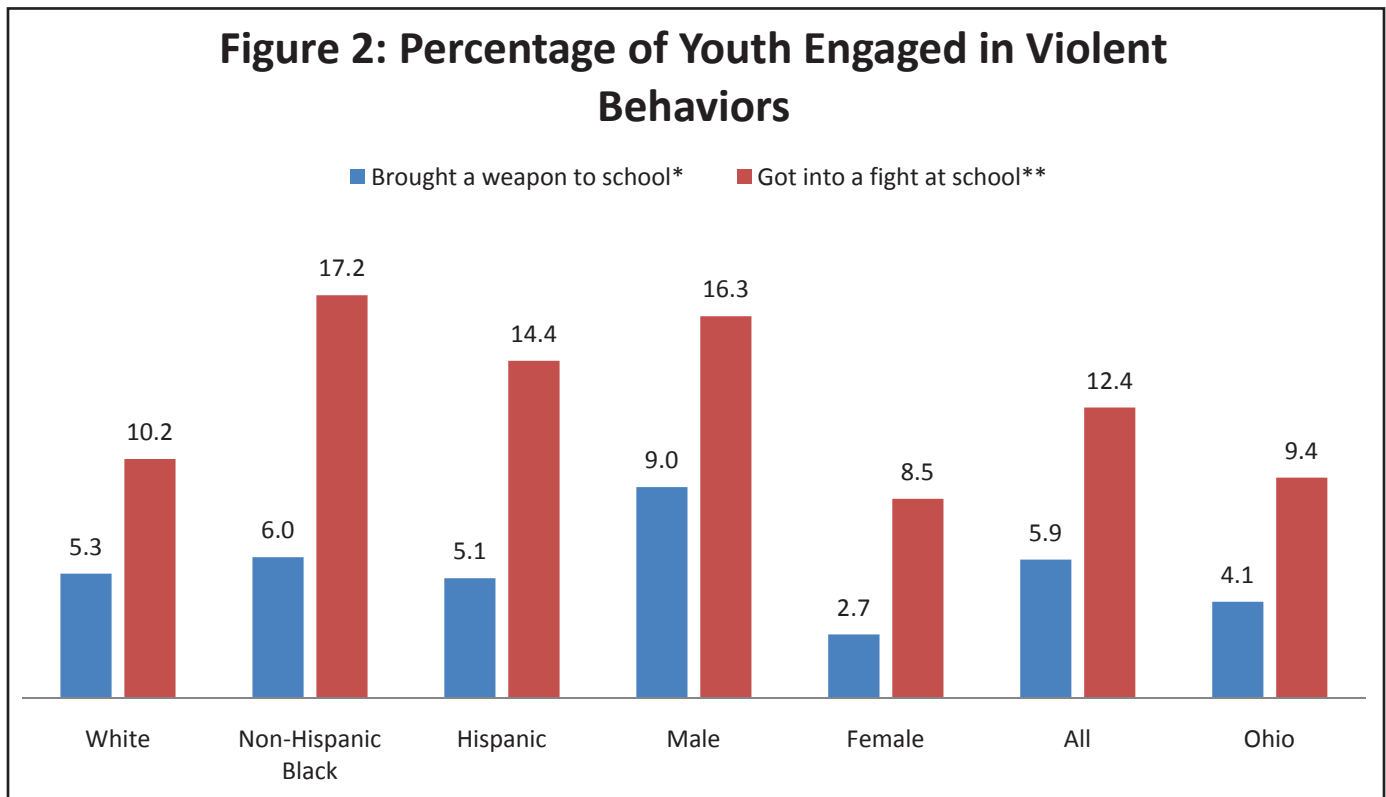
Violent behavior is not a new problem, nor is it unique to this age period. However, during adolescence there tends to be heightened incidences of violence across demographic groups. Violence can be very dangerous, potentially life threatening to teens. It is problematic in any context, but is especially disconcerting in a school setting. Here, we examined violence as it relates specifically to school behavior.

**Figure 2 is based on the following two questions:**

- During the past 30 days did you carry a weapon such as a gun, knife, or club on school property?
- During the past 12 months, have you been in a physical fight on school property?

**Findings:**

- Most students do not engage in overt acts of violence at school.
- Males engage in more violent behavior than females. They are more than twice as likely to get in a fight, and are almost five times as likely to bring a weapon to school as females.
- There are some noticeable racial and ethnic differences in school violence. The percent who report bringing weapons to school is similar across groups; however, fighting is higher among non-Hispanic blacks.



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## Drinking and Marijuana Use

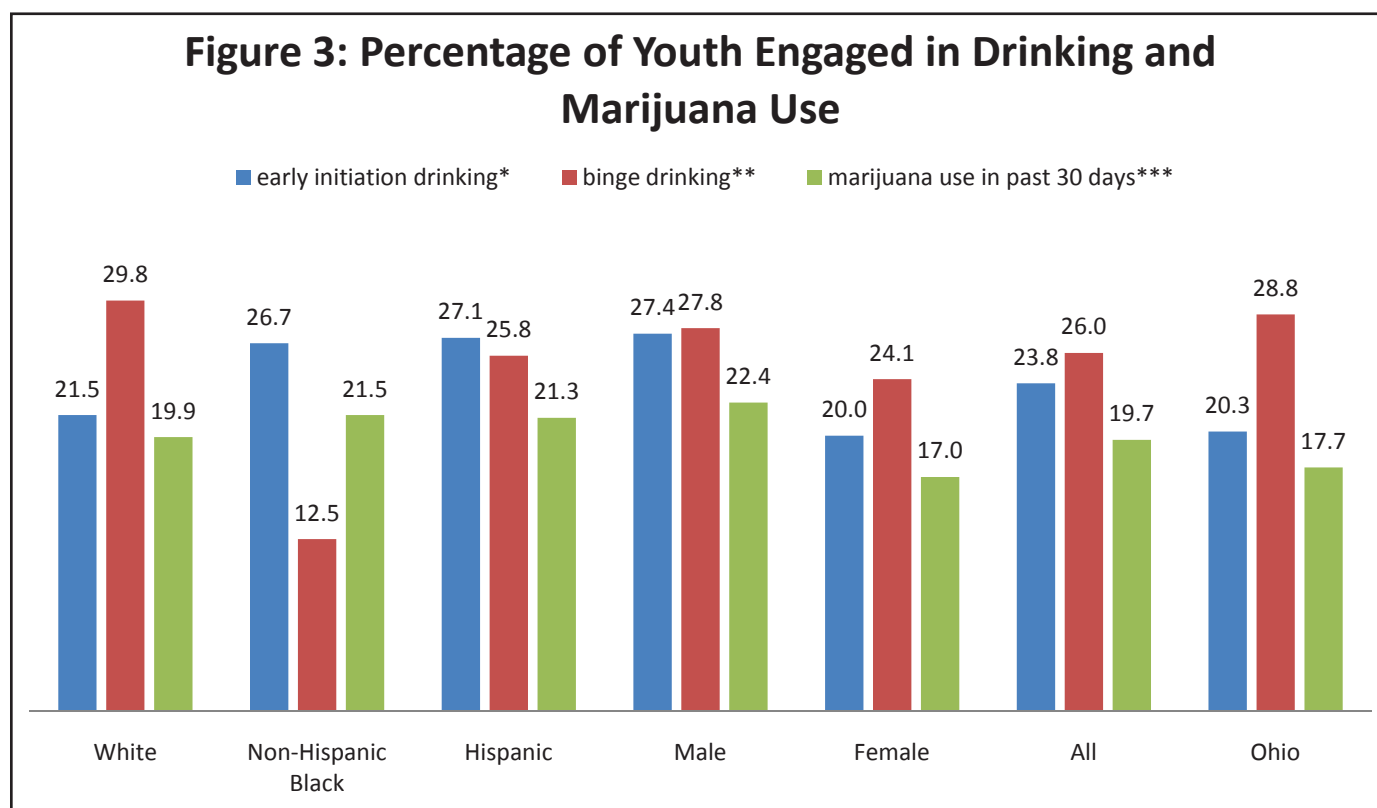
Drinking and marijuana use are also examined, both of which are hazardous for teenagers. It has been shown that teens who drink before 15 are more likely to develop dependence than those who start drinking after 21.8. In the three leading causes of death for teenagers—automobile crashes, homicide, and suicide—alcohol is the leading factor in all three.<sup>8</sup> Additionally, prolonged alcohol and marijuana use has detrimental health effects.<sup>5,8</sup>

### Figure 3 is based on the following three questions:

- How old were you when you had your first drink of alcohol, more than a few sips? (Before 13?)
- During the past 30 days did you ever have more than five drinks in a row, that is, within a couple of hours? During the past 30 days have you used marijuana?

### Findings from these figures show:

- Overall upwards of 20% of students report engaging in all three behaviors.
- More males report engaging in all three risk behaviors than females, which is consistent with earlier trends.
- Marijuana use is almost evenly distributed across whites, blacks, and Hispanics.
- Non-Hispanic blacks are much less likely to binge drink than Hispanic or white teens.
- Non-Hispanic whites represented the lowest amount of early initiation drinking among other males; however, they score the highest in binge drinking.



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## Sexual Behavior

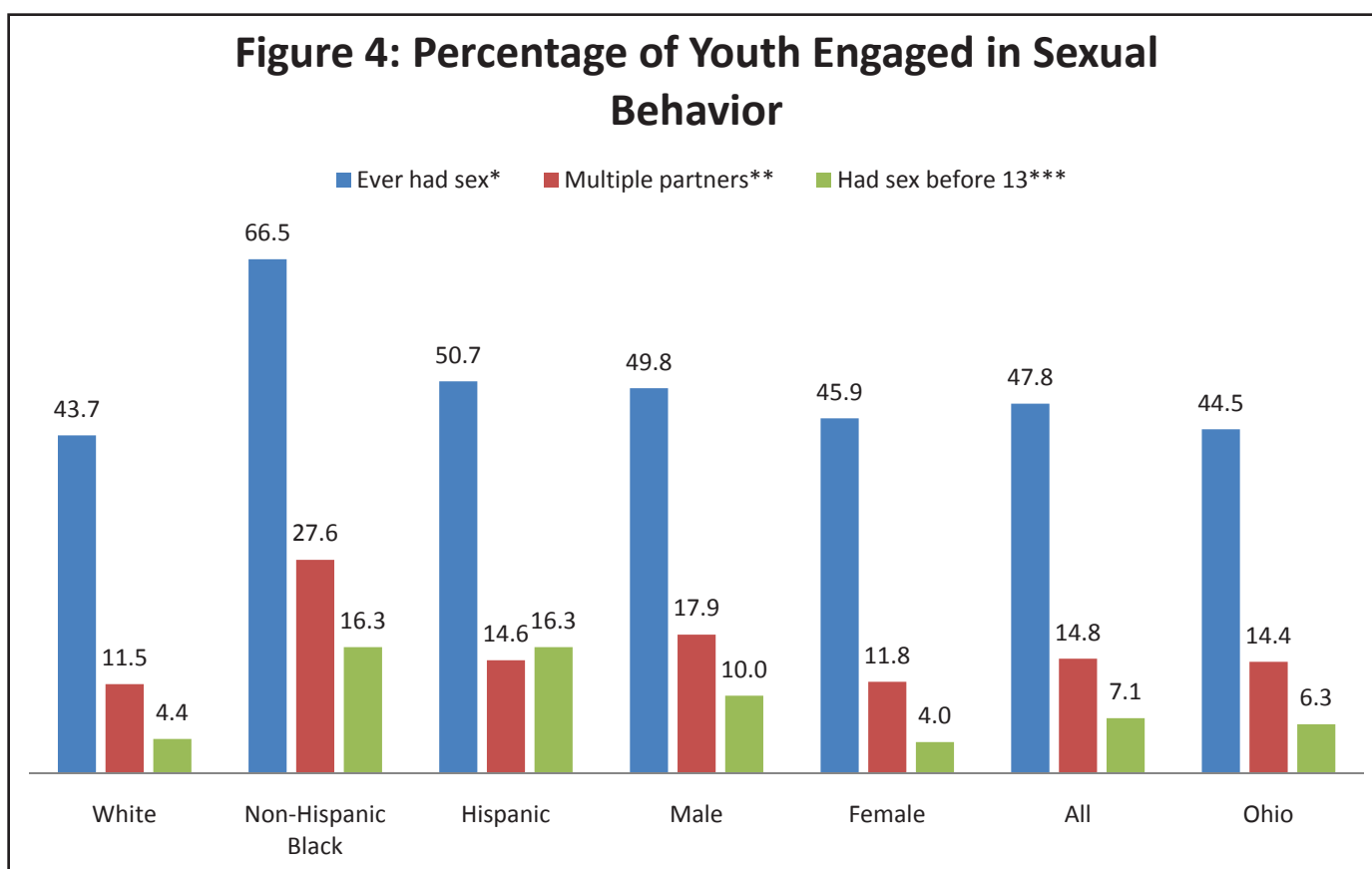
Lastly, we examined sexual behaviors. One in three girls will get pregnant before they are 20 years old. Compared to other industrialized countries, the United States has the highest teen birth rate, having one and half times more than the United Kingdom, which ranks second.<sup>9</sup> Mothers who have children before 18 are less likely to graduate from high school and their children are more likely to grow up in poverty.<sup>4</sup> The earlier a person initiates sexual behavior, the more sexual partners he or she is likely to have. Furthermore, the more sexual partners a person has, the more at risk he or she is for contracting a sexually transmitted disease, with the risks increasing exponentially.<sup>7</sup>

**Figure 4 is based on the following three questions:**

- Have you ever had sexual intercourse?
- During your life, with how many people have you had sexual intercourse? (multiple was more than four)
- How old were you when you had sexual intercourse for the first time? (before 13?)

### Findings show:

- Almost half of all students in 2007 report ever having sex, 17.1% report four or more past partners, and 7.1% has sex before they were age 13.
- Males and females are almost equally as likely to have had sex, though males are more likely to have sex before the age of 13.
- A higher percent of non-Hispanic blacks report having had sex and having four or more partners.
- Non-Hispanic blacks and Hispanic teens are more likely to have sex before 13.



\*N=12955 \*\*N=12907 \*\*\*N=12932

## How can these findings inform Extension programming?

As stated in the introduction to each of these risk behaviors, there can be devastating, long-term consequences to many of the behaviors ranging from disease, addiction, and health problems, to addiction or death. In spite of these risks, we can see from these statistics that youth risk behaviors are common. It can be tempting to take a “not my kid” or “not the youth I work with” mentality—realizing that the problems exist, but failing to face the reality of these behaviors in the population we work with; however, we see that the risks do exist, and they are as real in Ohio as in the rest of the nation. As these statistics show, some risk behaviors vary across gender lines, some across racial lines, but overall these are high numbers for youth.

Why do teens take these risks? There are multiple possible reasons. As mentioned before, they are attempting to form their identity, which may lead to “trying new things.” Additionally, they are still developing in many ways which can lead to a lack of impulse control, heightened emotions, and depression—which can all be attributing factors in deciding to take risks. Furthermore, while some teens may realize the ultimate risk, many are more concerned with immediate gratification. When faced with peer pressure and conflicting thoughts, some many adolescents find it very difficult to say no.

Adults are not helpless, however. Parents and role models for teenagers can be a powerful contrast to peers or temptations to engage in risks. Programming that exists in Extension and mentoring must address these risks issues openly and candidly, and help youth build skills to make good decisions when they are presented with the opportunity for engaging in risky behaviors. There are two main beliefs about adolescent risk decision making. The first is based on a trade-off theory, where adolescents knowingly trade-off the

risks for the perceived benefits of the behavior. The second is based on quick decision-making skills, and the impact of the environment the decision is made in—stating that in a pressure filled environment, teens are unable to make good snap decisions regarding risk behaviors.<sup>6</sup>

With these two theories in mind, there are lessons that programs can glean. Interventions that encourage teens to weigh risks and benefits may actually be doing the teen a disservice, since they are not developmentally able to accurately weigh these two concepts. Instead, encouraging teens to make up their mind beforehand, when they are more able to grasp the inherent risks may actually be more beneficial. Program providers and parents can help with role playing, and considering the risk in a neutral environment where there is not added pressure of immediate gratification, may help teens make better decisions when they are faced with the decision.<sup>6</sup>

All populations of youth—rural and urban; white, black, and Hispanic; male and female—are facing these risks and we must be honest with them about the dangers that make these behaviors risky. As parents, mentors, and role models we are charged with helping teens navigate the complicated landscape of risks and their consequences.

For more information on programming, the Cooperative Extension program in Wisconsin has been looking at best practices, and what is working in youth and family programming. You can find information on programs ranging from violence prevention to substance abuse to delinquency prevention. This information can be found at their web site: <http://whatworks.uwex.edu>.

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