

PART

1

FOUNDATIONS
AND THEORY
IN ADOLESCENT
HEALTH RISK
BEHAVIOR

CHAPTER

1

ADOLESCENTS AT RISK: A GENERATION IN JEOPARDY

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LEARNING OBJECTIVES

After studying this chapter, you will be able to

- Identify key features of the adolescent period.
- Describe underlying factors that may influence adolescent risk taking behavior.

Adolescence is a period of rapid and transformative physical, psychological, sociocultural, and cognitive development. The physical changes of puberty—including growth and maturation of multiple organ systems such as the reproductive organs and brain—lay a biological foundation for the other developmental changes. The adolescent brain is rewired, with resulting maturation of cognitive abilities in early adolescence. When these new cognitive abilities are combined with life experiences, we often observe development of social judgment, including judgment about risk and safety. Adolescence is also marked by critical transformation in the relationship of a young person to the world, as the social circles of peers and the adult worlds of work, pleasure, and social responsibility become more central and the family circle becomes somewhat less prominent—at least temporarily. Adolescents must learn to deal with an expanding social universe and must develop the social skills to find friendship, romance, employment, and social standing within multiple social spheres. Finally, a critical task of adolescence is the establishment of a stable sense of identity and the development of autonomy or agency. This development of identity often occurs only after a period of exploration, of trial and error in social roles and social behaviors. Although most adolescents navigate the often turbulent course from childhood to adulthood to become healthy adults and productive citizens, many fail to do so. Too many fall prey to social and behavior morbidities and mortality, and many fail to achieve their full potential as workers, parents, and individuals. Many suffer substantial short-term impairment and disability, and for many this impairment extends into adulthood. Many of these failures of adolescent development are the result of preventable health risk behaviors.

Adolescence is marked by increasing involvement in health risk behaviors. Between the ages of twelve and twenty-five, we observe the initiation of myriad health risk behaviors, including alcohol and drug use, smoking, sexual behaviors, delinquency, and behaviors leading to intentional and unintentional injuries—all of which can adversely influence health in the short and long term. For example, alcohol and drug use are the proximate causes of unintentional injuries during adolescence; they also can lead to adult addiction and social and health impairment. Sexual behaviors often result in unplanned pregnancy and sexually transmitted diseases, including HIV infection. These adolescent risk behaviors may profoundly influence health in adulthood.

Paradoxically, the rise in health behavior–related morbidities is the result of public health success in controlling and eliminating infectious diseases. As the result of advances in medical and public health understanding and technologies such as clean water, sanitation, and vaccines, enormous progress was made throughout the nineteenth and twentieth centuries in controlling these traditional causes of morbidity and mortality. Today adolescents in the developed world are primarily at risk from diseases that originate from behavioral and social circumstances. For example, a teen in the United States is much more likely to die from handgun violence or a motor vehicle injury than polio or whooping cough.

How can we explain this explosion of risk taking within each new cohort of adolescents? Multiple explanations have been suggested, most of which are explored

in this volume. From an evolutionary viewpoint, risk taking may have had important survival value, with inquisitive young humans exploring new lands and willing to develop new ways of surviving in hostile environments. As such, developmental psychology often discusses risk taking as normal adolescent exploration that is an important part of the learning process of a young person.

Social and cultural factors including family instability, poverty, and racism also seem to drive adolescent risk-taking behaviors. While these responses may seem maladaptive from a societal viewpoint, they can also be seen as adaptive responses to unresponsive circumstances. Risk taking may also exist simply as part of the adolescent's new identification with peers and the desire to attain adult status. Recent attempts to understand adolescent resiliency and the positive health impact of school and community connectedness can be seen as reciprocal processes: adolescents with greater social capital or with greater identification with society's benefits and values may be more likely to eschew risk behaviors. Finally, these processes of risk taking can be understood at the level of brain chemistry, at the level of individual autonomic responses, and even as social processes that support risk taking.

Today preserving health is a function of understanding and altering the risk behavior of entire populations. This realization is vital because it suggests that population-based strategies to improve public health must begin early, before risk behaviors become ingrained habits. The implication, then, is that adolescents should be the primary foci of health promotion efforts. To understand the rich potential to affect public health through intervention with adolescents, consider just a few examples.

The current epidemics of obesity and diabetes in the United States are an outgrowth of sedentary behaviors combined with the overconsumption of high-calorie or empty-calorie food products (such as soda, chips, burgers, and fries). Similarly, the epidemic of hypertension in the United States is being addressed by changing the dietary and exercise behaviors of adolescents before they develop essential hypertension. Clearly, the public health battle to prevent cancer involves the prevention of tobacco use above and beyond any other single risk factor. Given the strong addictive properties of nicotine, it becomes clear that prevention efforts aimed at nonsmokers or new smokers are highly likely to serve public health; thus, once again adolescents become the critical population.



DISCUSSION QUESTIONS

1. What biological and physiological changes occur during adolescence? How does the sociocultural environment interact with these changes to affect the development of individual identity and later risk-taking behavior?
2. Discuss reasons why preventive interventions should focus on adolescents as a means to preserve health and alter risk.

