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Vulnérabilité aux comportements à risque à l'adolescence : définition, opérationnalisation et description des principaux corrélats chez les 11-15 ans de Suisse

Executive summary of research report No. 67

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Executive summary

Issue and goals of this report

The scientific literature identifies many risk and protective factors for health-related behaviors among adolescents. Some young people, during their adolescence, have or are exposed to more risk factors for health-risk behaviors than others at the same age. Therefore, they are more "vulnerable" to experimentation and adoption of these behaviors.

The present study has several goals: 1) to conduct a review of the literature on risk and protective factors for risk behaviors among adolescents (substance use, school dropout, risky sexual behavior, aggressive behavior, and eating disorders), 2) based on data from the *Health Behavior in School-aged Children* study (HBSC) conducted in Switzerland in 2010, to examine the characteristics of 11-15 years old adolescents who are presenting these risk behaviors (in terms of four dimensions: individual, familial, social and school), 3) to estimate, based on the method of Suris and colleagues (2006), the proportion of adolescents who are "the most vulnerable" to the risk behaviors mentioned above, 4) to study the individual and interpersonal characteristics of these adolescents and 5) their health-risk behaviors. Thus, the main goal of the present report is to update part of the findings of Suris and colleagues (2006) concerning "vulnerable" young in Switzerland.

Methodological considerations

The review of the literature was undertaken in a non-systemic way. The empirical part of this report is based on representative data for the whole country. Due to the cross-sectional design of the HBSC study, causality between characteristics of the 11-15-year-old students and their behaviors could not be established.

Characteristics of adolescents with risky behaviors

The review of the literature and the analysis from the 2010 HBSC data highlight the multifactorial nature of the risk behaviors during adolescence and, therefore, its complexity.

Some individual and interpersonal characteristics are correlated with a specific risk behavior, while other characteristics are associated with several behaviors. For example, the results of the 2010 HBSC study show that frequent physical and psycho-emotional symptoms, lifedissatisfaction, perception of low parental monitoring (parents know little or nothing about what their child is doing in his free time and with whom) and spending evening out with friends (at least once a week) were significantly associated with substance use (tobacco, alcohol, cannabis), aggressive behaviors in school and harmful weight-reduction methods.

Prevalence of "the most vulnerable" young adolescents (estimation)

According to the theoretical and operational definition proposed in the present study, the "most vulnerable" adolescents are those who are at an increased risk to experiment and/or adopt risky behaviors, compared to other adolescents at the same age, as they present or are exposed to a greater number of risk factors for these behaviors, at individual, family and school levels. Based on the results of the 2010 HBSC survey, the proportion of the "most vulnerable" 11-15-years-old

can be estimated at approx. 7% (approx. 8% of girls and 6% of boys). At the national level, this represents 30'000 adolescents. Moreover, among both boys and girls, the proportion of "the most vulnerable" young people is likely to increase between age groups.

Characteristics of "the most vulnerable" young adolescents

Compared to other adolescents, "the most vulnerable" ones have indeed more individual and interpersonal characteristics (family, social and school) corresponding, according to the scientific literature, to risk factors for health-risk behaviors.

Irrespective of their age, girls and boys 11 to 15 years are more likely to be part of the group of "the most vulnerable" if they rate their health as poor (Odds ratio (OR), boys: 5.8; girls: 6.9), report low life satisfaction (OR, boys: 10.8; girls: 10.6) and/or low body image satisfaction (OR, boys: 1.7; girls: 3.1), are living in a single parent family or stepfamily (OR, boys: 1.8; girls: 1.6), perceive low parental monitoring (OR, boys: 5.6; girls: 5.0; asked to 14-15 years old only), spend at least one evening per week out with friends (OR, boys: 1.5; girls: 2.3), hardly confide to their (best (OR, boys: 1.6; girls: 1.8)) friend (OR, boys: 1.9; girls: 1.6), have poor school performance (OR, boys: 3.9; girls: 3.5), feel some or a lot pressured by schoolwork (OR, boys: 5.9; girls: 6.0), have repeated at least one year of school (OR, boys: 1.5; girls: 1.4) and feel less accepted and supported by their classmates (OR, boys: 3.8; girls: 2.6).

Risk behaviors of "the most vulnerable" young adolescents

Risk behaviors are indeed more likely among "the most vulnerable" boys and girls aged 11 to 15 years than among others adolescents of the same age. For example, the results of the 2010 HBSC study show that the probability of having used tobacco, alcohol, cannabis (asked to 14-15 years old only) or other illegal drugs (asked to 14-15 years old only) are between two and four times higher in this group than among those who do not belong to this group. The probabilities of having presented aggressive behaviors in school, risky sexual behaviors, harmful weight-reduction methods and/or school dropout are higher among the "most vulnerable" 14-15 years-old students, up to seven times higher regarding the probability of having racketeering another student.

The importance of early detection

The presented results reveal many hints in how to identify "the most vulnerable" young people. These can be used by health-care professionals, for example to apply selective prevention measures to these risk groups. Among these "early-warning" signs among school-aged children are frequent physical and psycho-emotional symptoms, difficulties at school (e.g. poor results or school failure), a negative attitude toward school and poor relationships with classmates. However, care should be taken not to stigmatize young people who meet those criteria.