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Original Article

Approaches towards Explaining Risk Behaviors in Teenagers

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Abstract

Regarding fast social changes in recent years,one of the serious health threats, which is among the most important problems in the society,is the prevalence of risk behaviorsamong different groups of people, especially teenagers which has been taken into consideration by health organizations, rule performers, and social politicians. Since "prevention" is the optimized approachin facing social problems, in this paper, with the purpose of having a comprehensive, to the point,scientific, and brief study, the most important prevention approaches and the explanation of risk behaviors in teenagers have been presented. The five mentioned approaches are: Health belief model, conflict theory model, reasonable action model, self-effectiveness pattern, prototype/willingness model.

Key words: Prevention, Approach, Risk behaviors, Teenagers

INTRODUCTION

The behavior of human beings is a function of their totality. This means that psyche is a function of body and everybodydoes something in the effect of the relation of psychic and bodily characteristics. No action is done in isolation.

When human being and his behaviours are chosen as the subject of a survey and study, different attitudes and approaches are discussed as needed. Although sometimes the existing attitudes about human behavior do not seem separated in appearance, in order to gain evidence and a thorough understandingof behaviours, using achievements, the results of each of the scientific branches, and theirlogical combination seem necessary (Pitts and Case, 1991).

Many theories have been presented to describe how ensuring or health threatening behaviours are taken, and many scholars have examined these theories with experimental and reasonableevidences. However, they have not been able to reach to an agreement in this field that one theory or model can be stronger than other theories and justify healthy or risk behaviors in people (Rininger, 2005).

Checkingrisk behaviors of teenagers, many attitudes and models have been created. In explaining of these kinds of behaviours,some theories have concentrated on some characteristics of the "person" himself, and some others have had emphasis on aspects of "society". There are some other theories that consider combinedaspects of person and society in risk behaviors of teenagers involved. Cognitive factors, e.g. understanding danger, biological factors e.g. hormone effects, characteristic factors, e.g. excitementtendencies, and social factors and effects, e.g. parents and peer group, all are among the factors in order to understand how risk behaviors in teenagers are and how the prevention ways are.Also, their negative results have been studied. Some of the models have considered the interaction of these factors (Jessor, 1992; Irwin, 1993; Kalichman, 2000).

Many theories mention that all (or most) of people have "Deviant Impulses" or a desire for abnormal behaviours. But they always want to have these impulsesin control,atleast most of the times (Gottfredson, 1994). There are different theories about a method that helps people to control the impulses:

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Petriatisand others (1998) believe that variantimpulses,which probably exist in everyone, are controlled by strong social, family, educational, work, and religious connections.[1-9]

In Singer and others' belief (1965), the feeling of identity controls the variant impulses. Based on the theory of losing oneself, losing individual identity in a grouped situation can lead to not-preventive behaviours.

Arnett (1992) points out that "the process of socialization in teenagers controls the variantimpulses in the ones that own special personality and temperamental characteristics.

Some of the most important theories and modelswill followwhichhavebecome famous,used, and emphasized by scholars, andexplain the related behaviours to health.

Health Belief Model (HBM)

Health Belief Model, is a psychological model whichby concentrating on the attitudes and beliefs of people,tries todescribe and predict the related behaviours to their health. In 1950s,this model was formed by four social psychologists in United States of America in order to describe the reasons of shortage in general part-taking in health screening programs and prevention of illnesses. Since then on, many researches have been done on the basis of the mentioned model to justify the different kinds of short-term or long-term behaviours in people. Becker & Maiman(1975) have corrected that model in order toincorporaterisk behaviors to that. The HBM model is derived from the Kurt Levin's median theory that says: "The surrounding world of people is the one that determines their actions. Based on this model, being ready for an action and getting involved in threatening or protective behaviours of health depend on some factors:

1. The extent of perceived threat: it is the first factor in this model that consists of two parts itself and is related to the extent of people's vulnerability to a special illness:
    - The perceived talent: the mental perception of a person about the extent of health-endangering situdations or the person's beliefs about this issue that how much he estimates hisexposure to a special illness
    - The perceived extent: the feelingsrelated to the seriousness of an illness and the perception of the personabout the probable outcomes of the illness, or disregardingthe behaviours related to health, e.g. physical, psychic or social results.
2. The perceived benefits: This factoris about the reasons supporting health behaviours or taking an action in order toovercomean illness, which is "the extent of effectiveness ofthe methods that are used to decrease the threat of an illness and what aretheir outcome".
3. The probable blocks: This factor consists of the reasonsopposing the strategy. This is "the probable negative results that may exist parallel to some special behaviours related to health, e.g. the physical, psychic, or bodily costs, which are the side effects of taking health into consideration.
4. The cues for action: The cues are the drivesthat set up the proper health behavior. These drives may be internal (like the physical signs or the individual's perception from his own bodily state), or external (drives that come from the society, e.g. collective media).
5. Other factors: There are some other variables that can affect the individual'sperceptions and in this way, they are effective on the behaviours related to people'shealth, e.g. demographic, race, psychic-social, characteristic, structural, and other factors.[10-15]

Becker and others (1977) in the revisionof the model above added another factor to that which is "the tendency or motivation of individual to involve in the related behaviours to health". In their opinion, the Health Belief Model canbe beneficial in predicting how important people can be in their own and others' health. Up to now,this model has been used in different societies, in order to predict different behaviours related to health. Among these researches we can mention the prediction or checkingthebehaviours ofpeople in the fields of influenza inoculation, high blood pressurescreening, quitting smoking, using safety seat-belts, sports, nutrition, risky sexual behaviors, and etc. (Rosenstock, 1994). The review of the previous researches based on the Health Belief Model has shown that in predicting the behaviours related to health, "the probable blocks" variable has been the most effective model and the extent of perception has been the least important variable in it (Janz and Becker, 1984).

Some of researches have added another factor to the Health Belief Model named "self-effectiveness". This concept that was proposed by Bandura (1977) is: "a belief in the skill in success in carrying out the necessary behaviours in order to reach to proper results". Many researcheswhich are done in this field have shown that the extent of perceivedabilitiesofan individual for performing a "health" strategy, like fastening safety seat-belts, is effective on his decision and skill for changing risk behavior and gaining a stable healthy behavior instead of that (Bandura, 1989) (Figure 1).

Although Health Belief Model is explaining the related behaviours with health in many special occasions, there have been some criticisms towards that: A) Most of the researches done in this field have just justified the effectiveness of some of the components of the

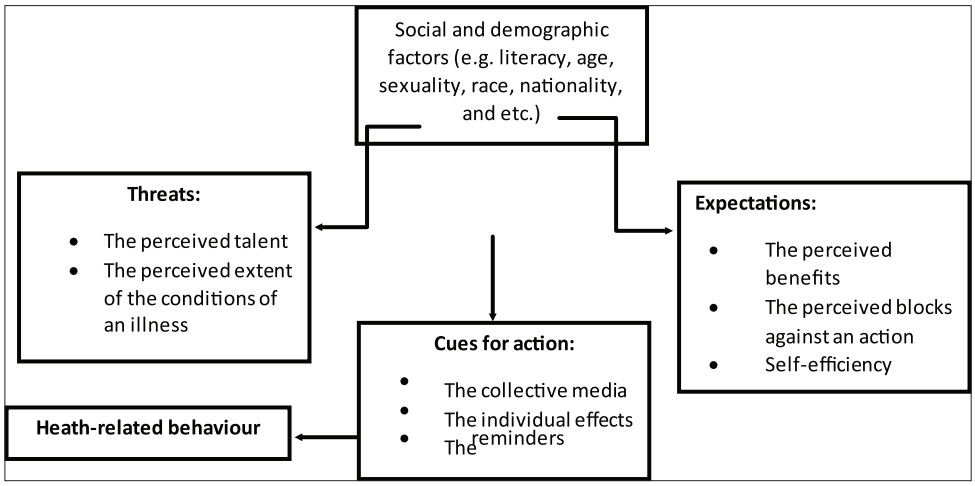

Figure 1: The Health Belief Model in brief, as Rosenstock, Becker, and Strecher have drawn

model, and the effectiveness of this model has not been justified completely and based on the evidences. B) As a psychologist model,it has neglected some environmental or economic factors that have a lot of effects on the behaviours related to health. C) TheHealth Beliefs Model has neglected the effects of social norms and the peer group on decisions and the behaviours of people. Janise (1984) in a criticism to this model says: "The important point in the Health Belief Model is that this model,as it is in other models of logical choices, cannot specify thatin what conditions people can avoid logical decisions in cost of endangering their life,and what circumstances can help them to make better decisions.

However, this model has presented a good work pattern that on its basis, more professional patterns are formed and have led to valuable researches in this field.

Control State Model

Rotter (1954) considered behavior the result of the belief of individual about the issue that behavior will lead to a result or reinforcement (expectations) and how much this result would have utility (the value of reinforcement). The most important factor in determining the general expectations is the control state. People who have anexternal control state believe that they do not have any control over their life and in their or others' fate.And on the other hand, people who have internal control state believe that they can effect on life and lead them in the way they want. Therefore, the ones who have external control state, having the belief that their behaviors are not important and the fate of people is predetermined, probably do notinvolve themselves in behaviours that have positive and formative effects on their life. On the other side, the people who have internal control state, believing that they themselves are the responsible for their lives, most probably are eager to take action for that.

Many scholars have tried to test the beliefs of people about the control state and relate these expectations to different kinds of related behaviours to health (Oberele, 1991). Most of these studies have shown that if one has internal control state and high value for health, most probably will have healthy behaviours.

This approach has been criticized, too: Firstly, the predictor's value is not the same as the Health Beliefs Model. Secondly, the prediction of behavior from the attitudes needs a high level consistency and it seems impossible that this model does not contain these problems. Rodgers (1991) considered this model for describing health behaviours absolutely improper. However,Oberele (1991) did not consider the concept of control state the main problem, but the improper criteria performed on the model is the main factor of thecriticisms.

Conflict Theory Model

This model is a pattern of individual decision making that its purpose is to determine the situations that people are ready to continue doing threatening behaviours in cost of endangering their life and avoiding healthy behaviours, and also the conditions that they can make more logical decisions (Janise, 1984).

Janise and Mann (1977) have described five different patterns of confronting real threats and fivesteps that people go throughin order to reach to a stable decision. These patterns are formed from observing people, analyzing the research data, and monitoringgeneral health conditions:

- Un-conflictedResistance: The information about the unseen dangers is taken and the individual continues to his behaviours with self-satisfaction.
- Un-conflictedChange: The individual, without any problems, accepts the suggested actions for change and does them.

- DefensiveAvoidance: By postponing everything, consideringothers asresponsible, or giving optional attention to that group of information that he wants to receive, the individual dodgesto pay attention to the issue of his unhealthy behavior.
- Hypervigilance: Because of having a probable danger feeling, the individual grabs the first solution he finds and neglects other behaviours. This is sometimes considered as panic.
- Awareness: Before making any decisions,the individual takes all of the choices into consideration with a non-profitable method.

Janise and Mann (1977) consider the fifth confronting pattern i.e. awareness as the pre-requisite and necessary factor for proper decisions, however, four other patterns will lead to non-adaptive behavioral results. In order for the awareness pattern to be able to perform, three factors must be considered: a) awareness of the serious dangers of every selected choice, b) hope to find a better choice, c) belief in this issue that there is adequate time for searching and contemplating before making decisions. If the first condition (conflict) does not exist, un-conflictedobedience will form. If the second condition (hope) is not there, the confronting pattern of defensiveavoidance is formed, and if the third condition (adequate time) is not satisfied, hypervigilance, confronting pattern becomes clear.

The individual who makes decisions, having the mentioned criteria, now is in a situation that has to make a permanent decision through some steps which are:

1) Challenge evaluation: The individual discusses that if there is no change, serious dangers would threaten him or not.
2) Searching for solutions: In order to confrontthe problems,the individual searches for an acceptable solution.
3) Valuing the choices: In this step,the supporting and opposing factors of every solution and the results of choosing or refusing them are evaluated, and a decision is made based on this information and following that, the actualization of the decision starts.
4) Commitment: Toperform the decision, a plan is made and the individual promises to perform the plan.
5) Obedience despite negative reaction: The person might face threats or a new situation, but despite the negative feedback, he has to insist on hiscommitment in the decision.

The important factor in this theory is its emphasis on the awareness confronting pattern. If each of the other opposing patterns are formed, the "decision-maker" individual will face failure in evaluating the results and searching for adequate information about the costs and the related benefits.In thesecircumstances, the probable output is not predictable by the Health Belief Model or other logical decision-making models, and the difference of this model with other decision-making models is paying attention to clearopposing pattern in the decision-maker individual.

Reasonable Action Theory

The main content of this theory is that the intention is the best predictor of the behavior. But what are intention predictors? Based on the reasonable action theory, the intention of performing an action is described by beliefs and attitudes.

Reasonable action theory has been the basis of many researches about the description and prediction of different human behaviours since 1967. This theory, with the assumption that human is a logical being and his behaviours are controlled by his will and option, is the renderer of a structure that combines beliefs, attitudes, intention, and behavior of people towards each other (Fishbein, 1994). Based on the description of Fishbein and others (1994), the variables of theory are as follow:

- Behavior: A specific behavior is a combination of four components: action, purpose, field, and time.
- Intention: The intention of doing an action is its best predictor that a special behavior will take place or not. In order to evaluate the intention carefully and accurately, it should be described by the components that are used for describing a behavior. Attitudes and norms, both consisting action, intention, field, and time are effective on the intention of performing a specific behavior.
- Attitudes: This shows the positive and negative feelings of an individual to perform a specific behavior. Behavioural beliefs are a combination of the beliefs of the individual about the results of onespecific behavior and how he evaluates the potential results of that behavior. These beliefs are different from one group of people to others.
- Norms: The understanding of the individual from the beliefs of others about a specific behaviour shows the norms. Norm-based beliefs are a combination of the beliefsof the individual about the views of others about a behaviour and the desire of the individual tojustifyothers'viewpoints. Norm-based beliefs, like behavioural norms, are different from people to people.

Reasonable Action Theory relates the mentioned variables in a frameset to each other (Figure 2).

Behavioural and norm-based beliefs, which form the cognitive structure, effect the attitudes and the mental

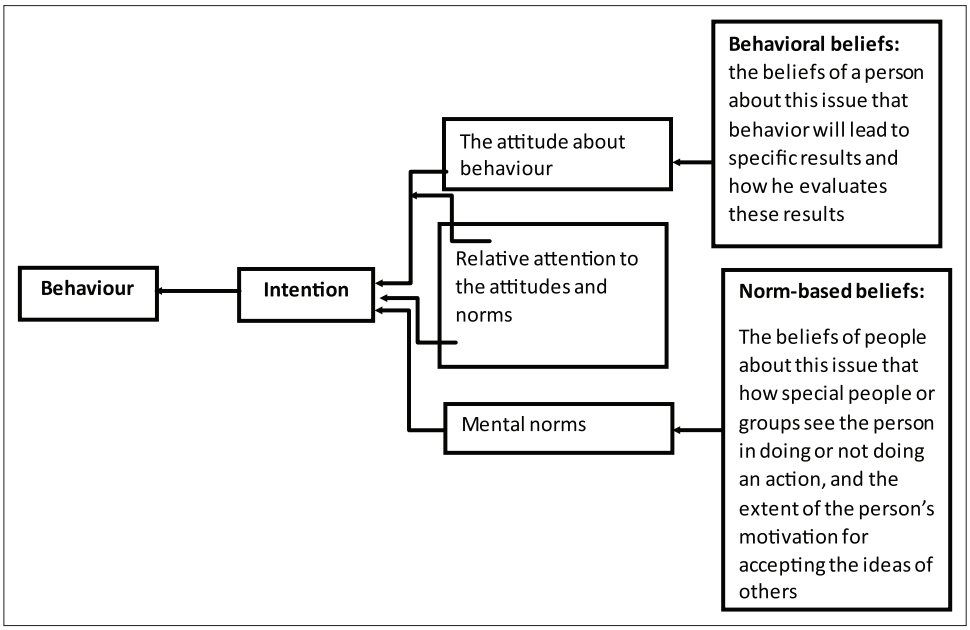

Figure 2: The reasonable action theory in behavior prediction

norms of people, respectively. In so doing, attitudes and the norms form the intention of an individual for doing an action. Therefore, finally, it becomes clear that this model predicts better than other variables that the behavior is in fact shaped or not. Generally, the ReasonableAction Model shows a linear relation that the change in the behavioural and norm-based beliefs of an individual effects on his real behaviorat the end.

Attitudes and norm variables and their basiscognitive structures are different from each other based on the extent of effecting on the intention of the individual. As an instance, the studies have shown that in the teenager and youth population, the effect of norms on the intention of behaving is more than the attitudes and behavioral beliefs of individuals. Therefore, in order to design the behavioral interventions on a specific society, it is of great importance to determine which variable and cognitive structures proper for that is more effective on the societyunder study (Fishbein, 1994).

Ajzen (1985) added another concept to the ReasonableAction Theory and named it the theory of "planned action". He said that the perceived control is an important factor in behavioural intention. Therefore, one of the best predictors of a special behavior is the extent of perceived control from individual on that behavior. This concept consists of beliefs about abilities, chances, and the blocks related tothat behavior.

Up to now, theReasonableAction Theory has been used for predicting different kinds of behavior in special societies, namely: cigar, diet, using safety seat-belts, drinking alcohol, regular sports, regular test of breast cancer, using anti-pregnancy methods, and so on.

This model, like other predictor models of health behaviours, has not been protected from other blockings. Some believe that this theory with the individualistic approach that it has got, neglects the role of the environmental and structural issues. Also, there have been some criticisms about the linearity of components and variables of the model (Kippax & Crowford, 1993). People may change their behaviours at first and following that, their beliefs and attitudes about that behavior may change. As an example, a study in the United Sates shows that with theseat-belts fastening becoming somethingcompulsory on the roads and the increase of this behavior in people, their attitudes and beliefs about this action have changed gradually, as well. (Martin and Pear, 1999).

Self-effectiveness Pattern

Self-effectiveness means the extent of one's belief in that he can overcome the challenges of life in a good way. This concept is a part of cognitive-social theoryof Bandura (1968) that says: "the behavior is taught between learning patterns, observing, self-care and teaching skills". Based on this theory, the behavior is determine based on expectations and motivations. Expectations are in these three factors:

- Expectations about environmental cues; belief about how happenings are connected to each other.
- Expectations about the result; beliefs about this tissue that to what the behavior will probably lead.
- Expectations about effectiveness; beliefs about the issue that how much the person himself is able to do that specific behavior.

The motivator is called the value of a specific goal or result (e.g. health, conformation of others, economical goals, and etc). Based on this theory, as an instance if a person was overweight, he will not try to change his diet unless he believes that his current diet system threatens his personal valuable results, e.g. health or physical appearance (environmental cues), and special changes in diets will reduce these threats (result expectations) and he himself has the ability to build new diets (adequacy expectations). Bandura (1989) says:"Adequacy expectations is a person who determines whether confronting behavior in facingharshness will continue with its strength or not". About the overweight problem that was mentioned, just one self-effectiveness feeling is strong that will lead to follow a special diet even in situations that there is a small change in the weight of that person. People who have a weak self-efficient feeling, in such conditions most probably would be hopeless and would not continue their diet. Linn (1988) relates the ability in enduring pain in people to the extent of their self-effectiveness. The ones who have higher self-effectiveness, can endure pain in a better way. Bandura mentions: "Self-effectiveness enables the person to resist against stress, because it activates the production of opioidssynapses and blocks the travel of pain. Therefore, it lets the person to have a sufficient functioning (Martin and pear, 1999).

The models based on thebehavioural intention mentioned above can predict and justify healthy behaviours that have social utility, especially among adults. But these models have not been very successful in predicting risk behaviors like smoking or addiction to drugs, which usually do not have social utility, especially among teenagers and youth that are more affected by society and as a reaction, follow these behaviours. Gibbons and others (1998), along with adding two important components which aresocial prototypes and behavioural willingness that have a noteworthy role in decision-making of teenagers for doing risk behaviors, have presented another model named prototype/willingness model to predict therisk behaviors in teenagers.

Prototype/Willingness Model

This model is based on three hypotheses related to each other that is reflective of the relative emphasis on the comparison with most of the other health models on social reactionary instead of logical planning. The first hypothesis is that althoughin adults risk behaviors are mostly by choice andoptional, these behaviours are not logical nor intentional and program-based in teenagers and youth. They are the reactions sentby teenagers to dangerous situations that they face them regularly. The second hypothesis suggests that risk behaviors for teenagers are the social happenings. And they are involved in these behaviours just as a part of a society. The third hypothesis is that these behaviours, because of their social nature, have a light social phasethat are related to them and are completely determined and known. When teenagers are exposed to risk behaviours, the social phase of that behavior has an important effect on their decisions.

These hypotheses are stemmed from many researches and have been protected (Gerard, 1997; Gibbons, 1993; Mc coy, 1995). As an instance, some studies have shown that risk sexual behaviours in teenagers are often spontaneous rather than planned. Some other researches in this field show that sexual behaviours in these teenagers are more reactionary and are not purposeful and pre-determined,and this issue may be a reason for the fact that more than 80 percent of the pregnancies of the teenagers are unwanted (Brown&Eisenberg, 1995). Most of risk behaviors in teenagers are not the result of not having information or neglecting the dangers, but they do these behaviours despite the threatening dangers. As an instance, most of the teenagers who have a risk sexual behavior know very well that which protection methods are unsafe and which are safe, and as a consequence are more logical. These disparities between attitudes and behaviors consider 2 factors:

a) Attitudes especially the ones that are leading to risk behavior, change;
b) Anextra deliberatecomponent is involved in decision making toinvolve in risk behavior. This component that the prototype/willingness is concentrated on that is called Behavioral Willingness (BW).

Although most of teenagers do not want to involve in risk behaviours, they find themselves in situations that the chances for doing these behaviours are given to them, e.g. being in a party where cigars, different kinds of drugs and alcoholic drinks are available and their use was prevalent. In these situations, the issue is mostly shaped like this: "What do you like to do?" and not "What do you plan to do?" The first question is related to behavioural willingness and the second one to Behavioural Intention (BI) that are different from each other in some ways. As an instance, in behavioural willingness despite behavioural intention,pre-determinedplanning or programming, and concentration on oneself does not exist. Furthermore, the nature of behavioural willingness instead ofbeing consciously and willful, is more of a reaction. Based on the prototype/willingness model, this reactionary component is a function of four factors. Three of these four are related to the behavioural intention and in reasonable action theory, they were mentioned:

1) Mental norms in the prototype/willingness model have been completely considered similar to reasonable action theory; especially in this concept that the involvement of important people in the individual's

life (e.g. the group of peers) with risk behavior and not out castingthe person's part-taking in these behaviours are related to the increase in behavioural willingness and leading to risk behavior on their side, as it is the case in behavioural intention.

2) Having a positive attitude to the behavior is usually related to behavioural willingness and behavioural intention is mostly related tobeing involved in that behavior.
3) Involving in risk behavior in the past most probably would lead to a better attitude in behavior, more positive mental norms, and more behavioural willingness for involving again in that behavior.
4) The fourth factor of having behavioural willingness that is unique to the prototype/willingness model is the social picture or the sample that the teenager relates the behavior to that. In other words, in his idea, how the social phase of one who is involved in a special risk behavior is.

In general, adolescence is the time that the person'smind is busy with social pictures or his or others' identity. This can be effective in the field of risk behaviors, too. In fact, previous researches have shown that teenagers are completely aware of the social pictures of risk behaviors, and these pictures have a meaningful positive relation with attitudes andmental norms in relation to behaviors and the intention to involve in that. As an instance, having a good picture from a smoker in the mind of a teenager most probably would cause him to smoke. Based on the prototype/willingness model, the effect of pictures or social samples on the behavior are applied by behavioural willingness as anintermediary factor. Usually these social pictures even amongthe ones who are involved in a special behavior, are not much favourable and nice. Therefore, social pictures evenif they are effective, they cannot justify the goal of the teenagers for doing risk behaviors by themselves. In fact, the extent of acceptability of these pictures makes the willingness for involving in risk behaviors. In other words, as the extent of acceptability of a special social picture is more for teenagers, the probability of showing a behaviour is more on his side.

In the prototype/willingness model instead of entering the behavioural intention in the process of formingrisk behavior in teenagers, Behavioral Expectation (BE) has been used. Behavioural expectation is the extent of perceived probability on the side of the person to really do a special behaviour or not; and for predicting risk behavior in teenagers,this factor is more proper than the behavioural intention. As it was mentioned earlier, these behaviours are reactionary and related to the social context of people. Therefore, asking the question "How much is it probable for you to drink alcoholic drinks?" is about behavioural expectation, and in comparison, the question "Do you want to drink alcohol in the future?" that examines the behavioural intention, will explain the extent of the probableinvolvement of the teenagers in the mentioned risk behaviorfar better.[16-20]

The rendered model by Gibbons and others (1998) is shown in Figure 3 in brief:

RESULTS

The models and theories related to health behaviours that some were mentioned above, are an important step to understand why some people follow health behaviours, but others do not. These theories have been used in describing and explaining the vast domain of behavioural subjects related to health, from brushing theteeth to protected sexual behaviours. However, two important points are noteworthy in this field:

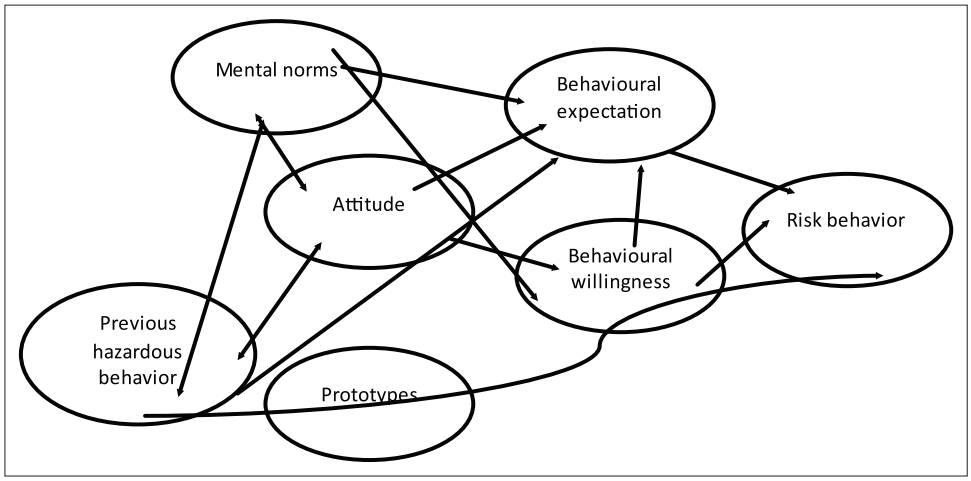

Figure 3: Prototype/willingness model in predicting risk behaviors in teenagers

Wane Stein (1988) says that the assumption of theories is that people think about dangers in a detailed and logical way. However, in fact it is possible that people who have a vague or illogical reason do an action.

With re-formulating the theories and models, the difference between many of them becomes little or disappears. Sogaard (1993) says that both Health Belief Model and the cognitive social theory have been formed on the basis of Levin's (1951) median theory. The Health Beliefs Model recently has been viewed to incorporate self-effectivenessto that, and in a similar way,the perceived control that was added to the ReasonableAction Modelis near to the self-sufficiency of Bandura'sconcept.

CONCLUSION

Therefore, what is more involved in explaining risk behaviors than others, are the cognitive distortion and untrue attitudes of people about themselves on one hand, and the results of one special behaviour on the other hand. Since teenagers more than others are in the phase of forming attitudes, especially the ones about themselves, inprotecting them, we should concentrate more on the cognitive element of the basis of risk behaviours. It is obvious that these kinds of involvements will be more efficient if they are started from childhood and are continued in different periods of one's life.

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