ADOLESCENT’S SOCIALIZATION INTO RISK BEHAVIOUR
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Recent research regarding adolescents and smoking behavior reveal the increase of smoking prevalence in students on both sexes, especially among girls (Macedo M, Precioso J. 2006). Furthermore investigations emphasize the need to intervene early to prevent at-risk alcohol use, and that at-risk alcohol use is neither unique, nor necessarily the highest among individuals who complete college (Bingham CR, Shope JT, Tang X, 2006). As to participating in leisure time physical activity young adults experience unfavourable shifts in activity patterns, such as longitudinal decreases in moderate to vigorous physical activity, coupled with longitudinal and secular increases in leisure-time computer use (Nelson MC, Neumark-Stzainer D, Hannan PJ, Sirard JR, Story M 2006). These shifts of health behaviour may be due to a shift of influence from an early parental socialization to current peer group socialization. The aim of the study was to investigate the association between health related behaviour (lifestyles) of 15 year old adolescents and significant others (parents, siblings and peers) concerning physical activity, smoking and alcohol consumption. The study was based on how adolescents are socialized into risk behavior and the theory of reasoned action (Ajzen & Fishbein 1980; de Vries et al. 1988). Attendants were 15 year old high school students from six municipalities in Norway (N=238, 3.4% not responding). Data was collected by questionnaires. Statistical analyses were executed by use of ANOVA. The results revealed significant association between adolescents smoking behaviour and eldest sibling’s, best friend’s smoking behaviour and the interaction between father’s and eldest sibling’s smoking behaviour. Drinking behaviour of the young ones was significantly associated with father’s and best friend’s drinking behaviour. The interaction between father’s and eldest sibling’s drinking behaviour was significantly associated with the behaviour of the young students. Finally significant association was found between physical activity of the adolescents and mothers, eldest siblings and best friend’s leisure time physical activity. There were no linkages between the three variables of health related behaviour. These findings demonstrate the importance of early socialization by parents and eldest siblings as well as current socialization by peer group. The results provide support for including peer group and best friends and significant family members in a socialization model of promoting healthy behaviour. References: Macedo M, Precioso J. 2006. Smoking trends in Portuguese school-aged children and approaches for a control–an analysis based on the Health Behaviour in School-Aged Children (HBSC) data. Rev Port Pneumol. 12(5):525-38. Bingham CR, Shope JT, Tang X, 2005. Drinking behaviour from high school to young adulthood: differences by college education. Alcohol Clin Exp Res. 29(12):2170-80. Henning Brodersen N, Steptoe A, Boniface DR, Wardle J. 2006. Trends in physical activity and sedentary behaviour in adolescence: ethnic and socio-economic differences. Br J Sports Med. 41(3):1404. Epub 2006 Dec 18. Ajtzen, I & Fishbein, M, 1980. Understanding attitudes and predicting social behaviour. Prentice Hall, Englewood Cliffs NJ.de Vries et al., 1988. Self-efficacy: the third factor besides attitudes and subjective norm as a predictor of behavioural intentions. Health Education Research vol. 3:3:273-282.

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