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Original Research

The association of peer pressure and peer affiliation with the health risk behaviors of secondary school students in Hong Kong

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ABSTRACT

Objective: The aim of this study was to explore the relationship between peer pressure and the health risk behaviors of secondary school students.

Study design: Cross-sectional study using a self-completed questionnaire.

Methods: Secondary school students in Year 3 were the target population of this study. Information was solicited from students on their perceptions of peer pressure using a questionnaire employing the Peer Pressure Inventory and their involvement in risk behaviors using a modified global school-based student health survey.

Results: A total of 840 secondary students from Hong Kong completed the questionnaires. The prevalence of secondary students who had ever smoked was 6.4%, consumed alcohol 39.2%, ever used drugs 0.5%, were sexually active 3.9%, and involved in bullying 20.5%. A higher proportion of secondary students involved in risk behaviors were affiliated with peers who were involved in the same activities: smoking (48.9%), drinking alcohol (86.5%), using drugs (18.2%), engaged in sexual activity (34.5%), and bullying (82.6%). The perception of peer conformity and peer involvement was found to be significantly correlated with the students' health risk behaviors, particularly with regard to smoking, drinking alcohol, and bullying. A logistic regression analysis showed that having friends who are involved in the same risk behaviors is the single most important factor associated with the participation of secondary students in those specific risk behaviors.

Conclusions: The results of this study provided a better understanding of the association between peer pressure and the adoption of health behaviors. The development of effective peer-led prevention programs to reduce the uptake of health risk behaviors should therefore be promoted to prevent adolescents from developing serious health problems.

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Introduction

Adolescence is a crucial stage of development when one's attitudes and beliefs on lifestyle patterns and health practices are established. It is also a stage when young people are susceptible to peer pressure. Peer pressure has been identified as a decisive factor in the involvement of adolescents in various risky behaviors. The pressure of peers and the nature of peer conformity predict the probability that adolescents will participate in behaviors that pose a risk to their health, as adolescents tend to take greater risks when accompanied by their friends.^{1,2} Peer pressure refers to the influence that a person's peers have in encouraging that person to join a peer group, while peer conformity refers to a person's willingness to conform with his or her peers.³ Adolescents may engage in the same health risk behaviors as their peers due to their perception that they are under pressure to conform to the norms of their peer group.

Experimenting with tobacco, alcohol, illegal drugs, risky sexual behaviors, and bullying are health risk behaviors that are commonly initiated during the teenage years.⁴ These behaviors could have a negative impact on health, through such incidents as alcohol or drug-induced accidents, aggressive or violent behaviors, unwanted pregnancies or sexually transmitted diseases, as well as acute or chronic illnesses accompanied by an increase in morbidity and mortality.⁵ Some of the serious health impacts of these risky behaviors might not appear until later in the life of these adolescents.

Involvement of adolescents in health risk behaviors

The involvement of adolescents in behaviors that pose a risk to their health, namely smoking, drinking, taking drugs, engaging in risky sexual behaviors, and bullying has reached an alarming level in Hong Kong.

In Hong Kong, a respective 15.7% and 3.2% of secondary school students indicated that they had ever smoked or were currently smoking.⁶ It was also reported that adolescents first started smoking at the mean age of 12–13 years, and that 61% began smoking due to the influence of their peers. Adolescents who smoke are more likely to become smokers as adults and to be more prone to developing serious health problems later in life, such as respiratory diseases and cancers.⁵

Alcohol is a disinhibiting agent leading to high-risk behaviors in adolescents. A survey on child health conducted by Hong Kong's Department of Health reported that 5% of young children aged 11–14 years had consumed alcohol and 0.3% were binge drinkers.⁷ Among them, 37.5% had first drunk alcohol at the age of 10 years or younger, and 44.3% had done so between the ages of 11–14 years. By the time young children reached secondary school age, 64.9% of them had consumed alcohol.⁸

It is alarming that adolescents are using psychotropic drugs not for medical reasons but for recreational ones. The proportion of lifetime drug use was 2.2%, and those who had ever tried drugs was 3.7%, with the median age of first-time drug use reported to be 13.5 years old.⁸ Among adolescents who take drugs, 45.3% were daily drug users, 17.4% used drugs two to three times per week, and 10.8% once weekly.

Adolescents who use substances are likely to use more than one type of substance. It has been reported that 52.9% of drug-taking adolescents were also smokers, and that 49.6% smoke and drink.⁹ Substance use by adolescents is a community concern in that drinking alcohol and using drugs impair brain development,¹⁰ cause violence and injury, increase risky sexual behaviors and unplanned pregnancies, and lead to psychological problems.¹¹

A community survey revealed that the percentage of secondary students who had had their first sexual experience increased from 6.7% to 7.4% among females and 8.7% to 9.8% among males from 2001 to 2011.¹² There was a trend of earlier sexual experience among teens, with the mean age of the first sexual experience being 15.3 years for females and 14.6 years for males. Around 5% of females and 7% of males indicated that their first sexual activities were triggered by drinking alcohol and/or using drugs. It is also alarming to note that more than half of students with sexual experience – 54% females and 59% males – had had more than one sexual partner. However, more than half (50.2%) of them do not use condoms during sexual intercourse.¹³ Risky sexual behaviors, such as having multiple sex partners and unprotected sex, may lead to sexually transmitted diseases (STD) and unwanted pregnancies.

A study on bullying in schools in Hong Kong revealed that more than half of students had ever been involved in bullying, whether as bullies, victims, or bystanders.¹⁴ Nearly one fifth (18.3%) of secondary students reported that they had been physically bullied by others, while 17.2% reported having been bullied within the recent six months. There is also a relationship between substance use and bullying. It was reported that upper primary school students who had ever tried drugs were more likely to be bullied by schoolmates (41.3%) than those who had not (16.1%).⁹ Children who have experienced repeated verbal or physical abuse from their peers are at risk of maladaptive behavioral problems,¹⁵ while adolescents who engage in bullying might become violent and aggressive as adults.¹⁶

The prevalence of ever smoking among adolescents in Hong Kong (15.7%) was reported to be lower than that reported among adolescents in European countries (54%)¹⁷ and in the United States (45%).¹⁸ The prevalence of lifetime illicit drug use among adolescents in Hong Kong (2.2%) was lower than that in European countries (18%)¹⁷ and in the United States (42.5%).¹⁹ The percentages of adolescents in Hong Kong who had had their first sexual experience (7.4% among females and 9.8% among males) were lower than the figures for adolescents in European countries (51–90% females and 73–88% males),²⁰ and the United States (90%).²⁰

However, the prevalence of experience with alcohol use among adolescents in Hong Kong (64.9%) was similar to that in European countries (70%)¹⁷ and the United States (78.2%).¹⁹ The percentage of adolescents in Hong Kong who did not use a condom during sexual intercourse (50.2%) was higher than in European countries, where only 31% students used a condom during sexual intercourse.²¹ In comparison, in the US, the majority of female students (96%) reported that they had used a condom during sexual intercourse.²² The prevalence of physical bullying among students in Hong Kong (18.3%) was also similar to that in European countries (20.6%)²³ and the United States (20.8%).²⁴

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