



The role of school engagement in preventing adolescent delinquency and substance use: A survival analysis[☆]

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The present study was designed to examine the effects of school engagement on risky behavior in adolescence. Using data from the 4-H Study of Positive Youth Development (PYD), a longitudinal study of U.S. adolescents, discrete-time survival analyses were conducted to assess the effect of behavioral and emotional school engagement on the initiation of drug use and delinquency. The current analyses used seven years of longitudinal data collected from youth and their parents. Results of discrete-time survival analysis indicated that, controlling for demographic variables, higher degrees of behavioral and emotional school engagement predicted a significantly lower risk of substance use and involvement in delinquency. Substance use prevention programs and other health-risk reduction programs should include components (i.e., adolescents' participation in and emotional attachment to school) to capitalize on the protective role of the school context against youth risk behavior.

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Adolescence is a time of experimentation, risk, and opportunity (Schwartz et al., 2010). Many risky behaviors, such as delinquency, drug and alcohol use, and unprotected sex, are initiated during this developmental period. Although many youth navigate adolescence successfully without encountering significant problems, others go through the second decade of life facing an increased risk of delinquency and health-compromising behavior. Engagement in delinquency and health-compromising behavior could potentially prevent youth from undertaking a positive and prosperous journey across adolescence, and instead place them on a developmental path marked by negative trajectories, pathways that could lead to less-than-optimal functioning. Thus, identifying factors that prevent problematic behaviors may have important implications for enhancing positive youth development.

Delinquency, measured either using official records of arrests or using self-reports of offending, is prevalent in American youth. According to the U.S. National Youth Survey, the annual prevalence of violence reaches a peak of 28% of males at age 17 and 12% of females at ages 15–17 (Elliott, 1994). For example, the annual prevalence for carrying a weapon among boys increased from 12% at age 10 to 23% at age 13. In addition, large-scale longitudinal studies conducted in high risk and disadvantaged

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neighborhoods in U.S. cities including Denver, Rochester, and Pittsburgh found a similar trend in street crimes – fewer than 15% at age 11 to almost 50% at age 17 (Huizinga, Loeber, & Thornberry, 1993). In other words, various forms of delinquency occur between the beginning of the second decade and before youth graduate (or fail to graduate) from high school. Research has found that an early onset of delinquency in the teenage years predicts a long and serious antisocial path (Loeber & Le Blanc, 1990). The continuity of offending behavior in adolescence and more serious problems at a later age signifies the importance of protecting against delinquent behavior initiation, and against early initiation in particular, during the adolescent years.

A number of health-compromising behaviors such as smoking, drinking, and substance use may become prominent among many adolescents (Cooper, Wood, Orcutt, & Albino, 2003). The *Monitoring the Future Study* (Johnston, O'Malley, Bachman, & Schulenberg, 2011) reveals that 36% of students have consumed alcohol by 8th grade, and 71% of them have consumed alcohol by 12th grade. In addition, while 20% of 8th grade students have tried cigarettes, twice as many (42%) have tried smoking by 12th grade. About 7% of students were current smokers in Grade 8, and this figure almost tripled in 12th grade (19%). In terms of marijuana use, 1.2% and 6.1% of students are daily users in 8th and 12th grades respectively (Johnston et al., 2011). These figures all seem to suggest that many common health-compromising behaviors begin to occur during or before children reach their mid-teens. The literature suggests that alcohol use and illicit drug use before the mid-teenage years is associated with elevated risk for the development of long term alcohol and drug disorders (Grant & Dawson, 1997; Windle, Mun, & Windle, 2005).

A substantial body of literature has suggested that delinquency and health-compromising behaviors are closely linked (Farrington, 2004; Jessor, Costa, Krueger, & Turbin, 2006). In particular, the observation that delinquency and substance use tend to coexist and are correlated has led researchers to speculate that these behaviors may share a common cause (e.g., Farrington, 2004; Hawkins, Catalano, Jones, & Fine, 1987; Jessor 1991) and that interventions effective in reducing one set of behaviors may apply to the others as well. For instance, the Good Behavior Game intervention delivered in first and second grade classrooms was shown to exert powerful protective effects on violent or criminal behaviors as well as drug-related problems 20 years later (Ialongo et al., 1999; Poduska et al., 2008). Several temperamental, relational, and contextual factors have been suggested as being involved in promoting or preventing delinquency and substance use. For instance, temperamental factors such as hyperactivity, lack of self-regulation, and restlessness have been frequently cited as causes of these risk behaviors (e.g., Sher, Trull, Bartholow, & Vieth, 1999). In addition to personality variables, variations in demographic factors such as gender, family socioeconomic background, and race/ethnicity have also been found to be associated with these problem behaviors. However, contextual and other malleable factors have not received as much attention.

Several theoretical frameworks, such as social control theory (Elliott, Huizinga, & Ageton, 1985; Hirschi, 1969; Payne & Salotti, 2007) and the social development model (Catalano & Hawkins, 1996; Hawkins et al., 2007), point to more modifiable or changeable contexts as reasons for the onset and exacerbation of behavior problems. Both models emphasize the role of weakened bonds or attachments to conventional institutions and to the prosocial values that they represent (Chassin, Flora, & King, 2004). As one of the most important social institutions in the lives of children and adolescents, school may have an effect on the occurrence of positive as well as delinquent and health-compromising behaviors. Theoretically speaking, adolescents who are connected or emotionally attached to school may be less likely to engage in problematic behavior because they strive to meet schools' expectations and are willing to endorse the norms established within the school context (Hirschi, 1969; Resnick et al., 1997). In other words, it may be that, when appropriate prosocial socialization is provided in school, young people are motivated to conform to the norms of the school community. Such conformity may be internalized, which then promotes positive development; as a result, their involvement in risky behaviors is attenuated (Henry, Swaim, & Slater, 2005). Weak attachment and connectedness to school may decrease the likelihood that youth will adhere to prosocial school norms that discourage violence and substance use. In addition, when students become less constrained by prosocial bonds, they may be more likely to seek support from delinquent peers inside and outside of school settings. The confluence of low emotional connectedness with school coupled with association with delinquent peers is likely to result in initiation of and continued involvement in delinquency and substance use (Henry, Phornberry, & Huizinga, 2009).

Such emotional attachment and connectedness to the school community is an important component of school engagement, or the extent to which students participate in academic and social activities of school, feel connected at school, and value educational goals (Glanville & Wildhagen, 2007). Emotional engagement involves students' emotional reaction to the school, teachers, and classmates (Stipek, 2002). In addition to the emotional aspect of school engagement, behavioral engagement is another commonly measured component of school engagement (Fredricks, Blumenfeld, & Paris, 2004; Li, Bebiroglu, Phelps, & Lerner, 2008). Behavioral engagement entails involvement in academic activities, participation in school-based social activities, and positive conduct (Fredricks et al., 2004). Both components can potentially affect the extent to which youth enjoy healthy, successful development or, in turn, the likelihood that they will initiate and develop various problematic behaviors. When failing to develop personal connection with peers and teachers or when social competence is lacking, adolescents may develop antisocial attitudes and behavior. Similarly, when students are not actively involved in academic activities, they are likely not to take full advantage of these opportunities to develop academic competence, which in turn may lead to feelings of inadequacy. Feelings of inadequacy may then further detach students from the school community (Harter, 1999). Thus, the effects of the behavioral and emotional dimensions of school engagement may be interrelated.

Investigations into the associations between school engagement and delinquency or substance use have been limited to emotional engagement or to terms that resemble emotional engagement, such as connectedness, bonding, and attachment (e.g., Catalano, Haggerty, Oesterle, Fleming, & Hawkins, 2004; Loukas, Ripperger-Suhler, & Horton, 2009; Resnick et al., 1997; Shochet, Dadds, Ham, & Montague, 2006). Empirically, emotional engagement has been found to reduce adolescents' risk of

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