Security and violence

Young people's risk behaviours profile

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Summary

Introduction. The risk behaviours, safety and violence of young people have been a major concern for societies. Health promotion focused on the importance of a safe environment and the implications that come from incorrect behaviours at this stage of life in which building autonomy is critical.

Objectives. To identify individual health measures adopted by adolescents/youngsters in this case and violence situations to which they are commonly exposed; to determine the level of the risk behaviour; to explore the connections between risk behaviours, school year, and gender.

Method. A quantitative, correlational and transversal study was conducted. A self-administered questionnaire it was deliver to participants. The sample comprised 1614 young people, of the municipality of Vila Nova de Famalicão, and attending the academic year of 2013/2014.

Results. The average age of respondents was 17 years old and the majority were female, attended the secondary school and perceived their family as highly functional. The use of a protection helmet was more frequent when riding a motorcycle than riding a bicycle. The majority of participants reported the regular use of the seatbelt and did not drive nor accompanied a person driving under the influence of alcohol. Most of the respondents have not been involved in situations of violence. The majority showed low levels of risk behaviours.

Conclusion. These study participants reported a positive image of the risk behaviours. Notwithstanding, young people would still highly benefit from the development of multidisciplinary and innovative interventions leading to the acquisition of a healthy and responsible lifestyle.

KEYWORDS: ADOLESCENT; HEALTH BEHAVIOUR; SECURITY BEHAVIOUR; RISK BEHAVIOUR; VIOLENCE.

Introduction

Adolescence is an important transitional stage in human development characterized by profound transformations at physical, psychological and social levels. During this time, individuals will experience moments of tension, contradictions, ruptures or crisis in the different dimensions, individual, social –family, school, among others–. The World Health Organization (WHO) suggests that this period occurs between the ages of 10 to 19 years, however, for the United Nations for Youth this period is between 15 and 24 years old. Research shows that at this stage risk behaviours affecting young people –with short and long-term implications– are frequently associated to multifactorial stressors – individual, family, social, economic[1,2,3].

Youth safety is understood as the absence of damage, and for that it is crucial the creation of safe environments in order to reduce the number of accidents but also the severity of its consequences[4,5]. This planning includes personal health measures –road, sun protection, and environmental– recycling of residues, residue treatment and others[6].

According to The Global Status Report on Road Safety, despite all the major progress in road safety, the statistics on road accidents are still high and have important implications on mortality and morbidity rates[7]. However, the death risk by road accident is still a reality, with a major incidence in residential areas and closely related to driving conducts. Portugal has already a specific legislation: on the use of safety belts applied to all passengers, urban speed control with a maximum limit of 50 km/per hour; the use of standard helmets for drivers and passengers of motorcycles and front seat retention systems for children of a specific age, height and weight. To which is added consumption of alcohol and limitations on the percentage of al-

cohol found in the blood, less or equal to 0.05 g/dl and less than or equal to 0.02 g/dl for young drivers and with a recent drivers licence. Despite all these measures, road accidents are still the most prevalent cause of death in Portugal in people aged between 15 and 24 years[8].

Concerning personal safety measures and solar protection, in 1992, the WHO launched the Intersun Programme, which is still running. Intersun includes a series of awareness programs and screening of the environmental effects of ultraviolet (UV) radiation exposure and practical measures for reducing health risks induced by UV exposure. Studies have already demonstrated a connection between the UV radiation and the occurrence of skin cancer by exposure, in addition to other factors such as skin type, phenotype and family history[9].

According to the WHO violence is perceived as the use of physical strength or power, as a threat or act against oneself, others or a group or community –which results or might result in suffering, death, psychological damage, impairment or deprivation of growth[10]–. Violence against oneself involves, for example, self-harm behaviours (with no suicide attempt), and suicidal ideation and acts, the latter referring to suicide attempts. The expression of violence is very diverse and usually is a merge of individual, social, cultural, religious and socioeconomic factors. Self-harm can be interpreted as a call for help, to express, resolve or escape from problems, or relieve suffering, as violence against others involves either an effective aggression or is the result of rules and cultural habits[11,12,13]. In 2010 statistics regarding the Portuguese population aged between 15 and 19 years points to a suicide rate of 2.5 per 100,000 inhabitants. However, it is important to highlight the lack of nationwide research in this area and a possible bias regarding its validity and viability evidenced by a high number of undeterred etiologic deaths and inaccuracies in death certificates[12].

Personal safety and violence connected to risk behaviours in young people. This is an important social concern that requires special attention and development of studies fostering a better health promotion within this age group.

The understanding and tracing of individual health behaviours, violence and risk in the Portuguese young population will very likely contribute to developing interventions targeted at this specific group in what concerns health promotion. Which determined a research question: What is the profile of personal health behaviours, violence and risk in young students of Vila Nova de Famalicão? In addition, outlined the following objectives: to identify individual health measures adopted by adolescents/young people under study and exposure to violence situations; to determine the degree of the risk behaviour; to explore the connection between risk behaviours, school year, and gender.

Methods

A quantitative, correlational and transversal study was carry out. Vila Nova de Famalicão is a city located in the north region of Portugal. According to the 2011 census, the young population aged between 14 and 21 years totals 12 935 individuals and represents 9.7% of the county population[14].

The inclusion criteria has defined: age between 14 and 20 years old; attending secondary or higher education schools or institute in the county; and parents and/or the young willing to participate in the study. The participants who did not indicate gender or age were exclude from this study.

From the 30% of the population under study, 3880 participants, the sample reduced to 12.48% (1614) after application of the inclusion criteria. The sample guarantees a sampling error of 3% and a confidence interval of 99%.

The variables under study were sociodemographic, personal security, and violence (table 1) and risk behaviour. The last variable was determine by the number of times for the last 12 months, the person felt extremely sad or hopeless almost all day long for two or more weeks in a row, to the point of stopping one or several usual activities. And also the number of times the person thought of hurting oneself intentionally or tried suicide or was involved in physical fights and the frequency of the use of a helmet riding a bicycle or using sunscreen[15,16].

A self-administered questionnaire used included sociodemographic characterization, Family APGAR scale[17] and the Health behaviour, risk behaviour and involvement of young people with school and family[16]. We were grouped the questions by areas of thematic proximity. Were used answers types dichotomy, multiple-choice and Likert scale – from zero to two points for family functionality and the sum resulting in a highly functional family (seven to ten), moderate functional (four to six) and dysfunctional family (zero to three).

To determine the risk behaviour degree, were used the proposal of Carter et al. and Santos, initiating with the recodification of questions for this variable and transforming them in dichotomy answers. The sum allowed determining the level: low if equal to zero; medium if equal to one; and high if equal to two[15,16].

All ethical guidelines were in accordance with the Ethics Committee of Abel Salazar Institute of Biomedical Sciences of the University of Porto, registration no. 057/2013 and the National Protection Commission with the favourable resolution no. 260/2015.

The research team previously contacted the institutions involved, to present the project and invited them to participate. The young participants signed an informed consent and, in case they were underage, a previous consent was necessary from

VARIABLES DESCRIPTION 1	
	Variables
Sociodemographic characterization	• Age • Gender • School year
	• Parents marital status • To whom they talk about problems and concerns • Who notices them when they are worried or angry • Family APGAR
Personal safety	• Use of helmet when riding a motorcycle • Use of helmet when riding a bicycle • Use of seatbelt when driving a car • Use of seatbelt when being a passenger in a car • Frequency of being driven by someone under the influence of alcohol (car or any vehicle) • Frequency of driving a car or any other vehicle under the influence of alcohol • Use of sunscreen when outdoors • Use of hat to avoid sunburns • Use of protective clothing to avoid sunburns • Use of shade to avoid sunburns
Violence	• Number of times they used weapons such as guns, knives or switchblade • Number of days they were in possession of a weapon • Number of days they missed school because of fear of school or on the way there • Number of times they were involved in a physical fight • Number of times they were involved in a physical fight and got hurt to the point of needing medical or nursing care assistance • Number of times where they were involved in a physical fight inside the school property • Having been assaulted or physically hurt by a boyfriend or girlfriend on purpose • Forced physically to intimacy or sexual acts against their will • Number of times they felt sad or hopeless almost all day long for two or more weeks in a row, to the point of stopping one or several usual activities • Number of times they thought of hurting themselves intentionally or attempted suicide

their legal guardians. The questionnaires were distributed and were collected by teachers in classroom, and later they sent to the research team in closed envelopes in order to guarantee voluntary and anonymous participation.

We was used the SPSS version 24.0 for a descriptive and inferential analysis as non-parametric correlations, Spearman ρ coefficient used to verify the association between variables and the degree of association and the correlation coefficient proposed by Spearman[18].

Results

Sociodemographic characterization

Participants had an average of 17 years (SD = 1.34), with a mode of 17, the majority (56.8%) were female and were enrolled in secondary education (86.5%).

As to socio-familiar characterization, the majority of the young people lived with both parents (65.7%) and a minority with only one parent (9.2%) or with parents, siblings and grandparents (10.3%). Similarly, for the majority of the young (86.0%) the parents lived together or married, whilst for the rest of the participants, their parents were divorced. In the assessment of family functionality, it was possible to observe in the item analysis, that the majority of the respondents felt usually satisfied with the:

- Family help received to solve their concerns (80.2%).
- Discussion of matters of family interest and their sharing (62.4%).
- Expression of feelings by the family (55.5%).
- Time spent with the family (67.6%).

Although these values were sometimes high, the young people reported being occasionally or almost never satisfied with their family related to the following items: time spent (32.4%), the way of expressing their feelings (44.5%) and how discussed and shared the family matters (37.5%).

The analysis of the total scores of the family APGAR showed that the majority of participants perceived their family as highly functional (76.8%), followed by moderately functional (16.9%) and dysfunctional (4.1%).

Personal safety

For the last 12 months previous to fill the questionnaire, about road safety, the majority of younger:

- Did not ride a motorcycle and only a small percentage always wore a helmet.
- Ride a bicycle, with a significant percentage never wearing a helmet.
- Did not drive a car, and as a driver, a quarter of the sample always wore seat belts and the majority, as a passenger, always used it (table 2).

DISTRIBUTION OF PERSONAL SAFETY MEASURES AND FREQUENCY 2

Personal Safety								
Frequency	Use of helmet %(n)		Use of seatbelt %(n)		Solar protection %(n)			
	Bicycle (n = 1055)	Motorcycle (n = 554)	As driver (n = 545)	As passenger (n = 1614)	Sunscreen (n = 1614)	Hat (n = 1614)	Clothes (n = 1614)	Shade (n = 1614)
Never	70.0% (738)	15.0% (83)	2.4% (13)	0.9% (15)	13.5% (217)	53.2% (859)	29.6% (478)	14.8% (239)
Sometimes	16.9% (178)	13.9% (77)	8.1% (44)	9.7% (157)	38.3% (618)	34.5% (556)	44.9% (725)	40.9% (660)
Most times	4.8% (51)	16.8% (93)	15.6% (85)	25.9% (418)	32.2% (520)	9.0% (146)	19.5% (315)	34.2% (554)
Always	8.3% (88)	54.3% (301)	74% (403)	63.4% (1024)	16.0% (259)	3.3% (53)	6.0% (98)	10.1% (163)

DISTRIBUTION OF THE VIOLENCE TYPE AND FREQUENCY 3

Violence				
Number/time	Against oneself %(n)	Interpersonal %(n)		
	Suicide attempts	School absence N = 40	Carrying firearms or cold steel weapons N = 81	Physical fights N = 211
1	2.2% (35)	35% (14)	23.5% (19)	43.6% (92)
2-3	1.6% (26)	22.5% (9)	17.3% (14)	27.5% (58)
4-5	0.2% (3)	15.0% (6)	16.0% (13)	9.5% (20)
≥ 6 times	0.1 (1)	27.5% (11)	43.2% (35)	19.4% (41)

Relating to the summer prior to this study, outdoor solar protection measures by participants, used to prevent the effects of ultraviolet radiation, were always adopted by a minority of the participants, highlighting the use of sunscreen and shade as measures of protection (table 2).

In what relates to road safety in the last 30 days, findings show:

• Being driven by a person under the influence of alcohol occurred at least once for almost a quarter (21.8%) of the young people. It should also be noted that for a significant percentage (6.1%) this situation occurred six or more times.

• The majority of participants never drove under the influence of alcohol, although there was a significant percentage (4.8%) who did it at least once.

Violence

In violence against oneself, 23% of the participants experienced sadness during the last year almost all day for at least two weeks to the point of compromising some of their activities, and 4.1% attempted suicide (table 3).

As for the interpersonal violence, we observed that most of the participants never felt threatened or provoked by peers, in the last 30 days, the reason why they did not miss school activities caused by insecurity feelings at school and on the way to school. Notwithstanding, a significant percentage of the young people, occasionally carried firearms or cold steel, like revolvers, knives or pocketknives. A minority of participants experienced involvement in physical fights in the last 12 months (table 3).

Concerning violence in a relationship, 3.2% of the participants reported having been physically forced to intimacy or sexual acts, against their will and to 2.5% it happened in the 12 months prior to data collection.

Risk behaviors

According this study the majority of the participants showed low-risk behaviours (52.3%), followed by moderate (42.3%) and high (5.4%).

A very low ($R < 0.2$) and negative association in the relationship between risk behaviour and attended school year was found, meaning that the higher the school year, the lower the risk behaviour of the young people (ρ (rô) = -.095; sig = 0.001).

As for the relationship between risk behaviour and gender, and considering Spearman's correlation coefficient, it was found statistically

significant, with young males (r = 855.36) showing higher values in the behavioural risk.

Discussion

Studies conducted on young people security, violence and risk behaviours, should focus on the family, because this is the core environment for birth and growth and the centre of individual experiences, either by imitation or opposition, and either a place of protection or conflicts[19].

In what family is concerned, a nuclear family type characterizes Vila Nova de Famalicão, following a similar incidence of single parent and extended families. The family was perceived by the majority of young people as highly functional, namely as a favourable place for communication processes, providing them with a protection against risk behaviours.

As to personal security, the adoption of road safety measures, like a helmet or seat belt in motorized vehicles were found in the majority of situations, contrarily to the use of a helmet when riding bicycles. In addition, the combination of car driving and influence of alcohol was rarely reported.

In Portugal, the legislation in force to prevent health impairment among young people is still below the European average compared to the security measures directed at teenagers[8,13]. Moreover, the general national index of mortal accidents with cyclists is similar to the European statistics, with results above average registered between 2011 and 2013. These are not encouraging results, since the use of bicycles is not comparable to other countries[20]. Importantly, when promoting young people's health, it is crucial to include activities promoting road safety, since as shown in this study there is a significant percentage of young people adopting behaviours that compromise personal and collective safety.

In what concerns personal safety, the adoption of solar protection measures in outdoor activities, as prevention of the ultraviolet radiation effects, it has were not adopted by most adolescents. It has been relate to the developmental process and/or knowledge of the young. Studies conducted with young people suggest that although the awareness programmes on the use of sunscreen, and better access to information the exposure and sun protection there were continue inappropriate[9,21].

During adolescence, young people may feel unable to cope with success or challenge, which is why they engage in suicidal acts, experiencing a sense of failure of individual, familiar and/or social nature, and developing a negative self-image. In many situations, the family acts as a protective factor providing cohesion, involvement, sharing of interests and emotional support[22]. The majority of the participants did not engage in suicidal acts, such as suicide attempts or depressive behaviour, as a response to daily sadness, for at least two weeks, with impairment of daily activities. In addition, regarding their family, the majority considered the family involved in solving their concerns, discussing and sharing common interests, allowing the expression of feelings.

Interpersonal violence is a complex and multifactorial phenomenon it which includes individual, relational, communitarian and social determinants. The relational determinants favour the increase of risk, such as those found in relationships within the family, peers, and dating, with special highlight to the involvement in physical fights, conditioned by factors such as family conflict, asymmetries of power and control[13,23].

In the relationship with their peers, mostly friends of the same age[24], most of the young participants in the study never felt threatened or provoked by peers, with effects on reduced school absenteeism. Among the most frequent acts of violence involving young, are the acts of fight and threats of physical force[25]. Participants in this study reported occasional involvement on violent acts, according to data retrieved from the questionnaires, as to the involvement in physical fights and in the use of firearms or cold steel –revolver, knife or pocketknife–.

The dating among young occurs within their peers and the group's experiences, expectations and models, the family models and the media influence it experience dating. For example, the model of parental relationship, may determine the young's attitude with regard to courtship and violent acts within a specific context[13,26,27]. Note that the majority of participants in this study did not experience violence in dating and perceived their family as highly functional.

Studies point to a decrease in the health and well-being levels and for the increase risk behaviours, what it is intimately relate to getting maturation[28]. Notwithstanding, for the majority of the young people in this study, the risk behaviour was low, decreasing with the attendance of higher education schools. As to sexual behaviours, the risk increased in boys.

Conclusions

The young of Vila Nova de Famalicão, who participated in this study, reported a favourable image, regarding the adoption of safety measures, non-violent behaviours against themselves and interpersonal and risk behaviours. However, young people would still highly benefit from the development of multidisciplinary and innovative interventions leading to the acquisition of a healthy and responsible lifestyle.

The limitation of this study lies in its cross-sectional design and a single measurement used to analyse the phenomenon. This creates difficulties in establishing cause-effect relationships; the collection of data by questionnaire, with risks associated to establish the correct questions

and the trustworthiness of answers, since the type of closed questions may likely to cause incompleteness, precision or erroneous exclusion of elements of interest to the study.

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