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by Bagong Suyanto

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Hang-out and health risk behavior in adolescents: A qualitative study

Suharmanto^{1,2} Bagong Suyanto³ Windhu Purnomo⁴ Rahma Sugihartati³
Oedojo Soedirham⁴ Sutinah³

¹ Doctoral Student, Department of Health Promotion and Behavior Science, Faculty of Public Health, Airlangga University, Surabaya, Indonesia.

² Lecturer at High School of Health Science Yarsi Mataram, West Nusa Tenggara, Indonesia.

³ Lecturer at The Faculty of Public Health, Airlangga University, Surabaya, Indonesia.

⁴ Lecturer at The Faculty of Politic and Social Science, Airlangga University, Surabaya, Indonesia.

Corresponding author: Suharmanto, Doctoral Student, Department of Health Promotion and Behavior Science, Faculty of Public Health, Airlangga University. Address: Mulyorejo, Surabaya, Indonesia. Email: suharmanto741@gmail.com

ABSTRACT

Introduction: Hang-out can trigger health risk behavior in adolescents. This qualitative study aimed to explore hang-out related to health risk behavior in adolescents.

Methods: Five focus groups were carried out with 44 adolescents aged 12–25 in Surabaya, Indonesia. Participants were purposively selected and had all experienced hang-out activities. A thematic analysis approach was used for analysis and data collection was completed at the point of data saturation.

Results: Hang-out activities can encourage health risk behaviors such as smoking, alcohol consumption, drugs use, sweet beverages and fast food consumption. They interpret hang-out as interaction, socialization, entertainment and leisure time.

Conclusions: Adolescents who have free time will use it with hang-out as a form of self-expression. This has led to the culture of hang-out activity that can trigger health risk behavior. They spend time in places that they feel comfortable, the availability of the facilities they need and can show social classes among them. The government can formulate strategies to prevent health risk behavior in adolescents such as providing health promotion on prevention of health risk behavior.

Keywords: hang-out, health risk behavior, adolescents, qualitative research, focus groups

Introduction

Human behavior plays an important role in maintaining health and preventing disease.¹ World Health Organization states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.² Activities carried out by adolescents when they have free time are hang-outs that can encourage health risk behavior, which is an activity that increases the risk of disease or injury.³ Health risk behavior relates to risk-taking behavior which has three forms, biological, psychological and social.⁴ Health risk behavior during hang-out includes smoking, alcohol consumption, drugs use, sweet beverages and fast food consumption.^{5,6,7,8} Health risk behavior in adolescents is caused by

multifactors^{9,10}, one of them is caused by peer influence.^{11,12} Adolescence is a transitional period of development between childhood and adulthood. The development of adolescent social life is characterized by the influence of peers in adolescent life.¹³

Health risk behavior in adolescents in Indonesia and Surabaya is still high, such as smoking, alcohol consumption, drugs use, sweet beverages and fast food consumption.¹⁴ Health risk behavior in adolescents can be a long-term risk factor for chronic health conditions in adulthood.^{15,16,17,18} The purpose of this study is to explore hang-out related to health risk behavior in adolescents.

Materials and methods

Study design

This study used qualitative description¹⁹ as a design and focus group²⁰ for information gathering to explore hang-out activities related to health risk behavior in adolescents. This study chose focus groups because this method possible to acquire valuable data.²¹ Ethical approval was granted by The Faculty of Public Health Airlangga University Health Research Ethics Committee (No: 69-KEPK).

Recruitment process

Participants were male and female students who attend organizations in schools with peer groups. We used a purposive sampling technique, aiming to be inclusive of experiences of boys and girls from diverse backgrounds. Recruitment ended once theoretical saturation was achieved.²² In total, 44 adolescents ranging in age from 12 and 25 years, 20 participants were girls and 24 were boys.

Conduct of focus groups

Data collection was carried out by the main researcher from August 2016-December 2017. Focus group were conducted with pupils in same year group to get naturalistic discussions. We designed a questioning route informed by existing mental and social well-being literature and guidance on focus groups.^{20,23} Focus groups lasted 45-60 minutes and were digitally audio recorded. The researcher assistant took field notes including verbal and non-verbal communication. Audio recordings were transcribed verbatim.

Data analysis

All data emerging from interviews and field notes helped inform the data-analysis process, were reviewed and coded by the researcher. This study using a thematic analysis approach.²⁴ Pupils were given the opportunity to feedback on results to encourage participation validation.

Results

Five focus groups were conducted in this study with 44 participants. Four interconnected themes emerged from the data; (a) smoking behavior, (b) alcohol consumption, (c) drugs use and (d) sweet beverages and fast-food consumption.

Smoking behavior

Participants reported about smoking behavior along join a hang-out activity in peer groups. Smoking behavior is part of health risk behavior.

Pupil 1: "I smoked when I join hang-out with peers, I started smoking since I join with my friends in his group in order to equality in groups."

Pupil 19: "I smoked 2-4 cigarettes along join hang-out with close friends, I follow their activity as group solidarity."

Pupil 25: "3-5 cigarettes in hang-out with peers in order to look masculine."

Participants reported that they smoked along join hang-out from 2-5 cigarettes. It can be concluded that hang-out can trigger health risk behavior such as smoking behavior. They smoked caused by peers influence in order to look masculine and equality in groups. Smoking can cause addiction, illness, and death. Diseases that often arise due to smoking are respiratory disorders and lung cancer.

Alcohol consumption

Participants also reported about alcohol consumption in hang-out activities. One of health risk behavior also alcohol consumption.

Pupil 7: "I consume alcohol in the hang-out activity together with my friends, because my friends invite me to do it."

Pupil 29: "sometimes I consume alcohol with my friends when I join the hang-out activity in order to same with others."

Pupil 11: "consume alcohol when I meet my friends in the hang-out activity."

Participants reported that they consume an alcohol when joining the hang-out activity. They consume an alcohol because of peer influence in order to no gap in their group. It can be concluded that adolescents have a risk to consume an alcohol when joining the hang-out activity. The impact of alcohol use can cause various illnesses and deaths.

Drugs use

Interviews related to drugs use when the hang-out activity, participants reported that they also use drugs when joining the hang-out activities in peer groups.

Pupil 23: "I use marijuana when I am joining hang-out because my friends have brought it and I use together with my friends. I use it in order to get relax and solve my problems."

Pupil 15: "I use amphetamine when I am joining hang-out together with my friends to solve my problems."

Participants said that they use a drug such as marijuana and amphetamine caused by peers influence. They also said that they use it in order to get a relax and solve their problems. This study can be concluded that adolescents have a risk to use a drug along join hang-out activities. The use of drugs can cause addiction, illness, and death.

Sweet beverages and fast-food consumption

Participants reported that they consume sweet beverages and fast-food along join hang-out activities.

Pupil 17: "I eat fried chicken and tea for drinking."

Pupil 39: "I eat fried potato and soft drinks for drinking."

Pupil 21: "I eat burger and coffee for drinking."

It can be concluded that adolescents eat fast food such as fried chicken, fried potato and burger when joining hang-out activities. They also consumed tea, coffee, and soft drinks. It can be concluded that adolescents consume fast-food and sweet beverages. Fast food consumption can have an impact on disease, whereas sweet drinks can cause diabetes.

Discussion

This qualitative study used focus groups to explore health risk behavior in hang-out activities in adolescents. This study has shown that hang-out can trigger health risk behavior. Health risk behavior for adolescents most often was smoking behavior, alcohol consumption, drug abuse, sweet beverages, and fast-food consumption.^{25,33,35,37,39}

Participants reported that they smoked along join hang-out from 2-5 cigarettes. It can be concluded that hang-out can trigger health risk behavior such as smoking behavior.^{32,36} They smoked caused by peers influence in order to look masculine and equality in groups. **The results showed that there was a relationship between peer influence and risk behavior.**^{11,26,27} Smoking can cause addiction, respiratory disorders, lung cancer, and death.^{15,16,17} The other factors that influence a person to smoke were biological, psychological, social, environmental, demographic, socio-cultural and socio-political factors.^{32,43}

Participants reported that they consume an alcohol when joining the hang-out activity.⁷ They consume an alcohol because of peer influence in order to no gap in their group. It can be concluded that adolescents have a risk to consume an alcohol when joining the hang-out activity. The impact of alcohol use can cause various illnesses and deaths.^{28,46} Drunk from alcohol consumption was related to anxiety, depression and suicide.²⁹ Alcohol consumption affects poor educational attainment and results in early morbidity and mortality.^{8,38} The

informants who consumed alcohol majority with low education or dropping out of school and wrong parenting provided the risk behavior. They involved in the alcohol consumption influenced by environmental factors especially peers.^{38,45,46,47}

Participants said that they use a drug such as marijuana and amphetamine caused by peers influence. They also said that they use it in order to get a relax and solve their problems. This study can be concluded that adolescents have a risk to use a drug along join hang-out activities. Risk factors for drug abuse were men, have family members who support young people to drugs abuse, never engage in religious activities and worship, have low education and have more money to have the opportunity to health risk behavior.¹⁰ The use of drugs can cause addiction, illness, and death.¹⁸ Psychological, social and behavioral factors related to health risk behavior in adolescents such as smoking, drinking alcohol and drugs abuse.³⁰

It can be concluded that adolescents eat fast food such as fried chicken, fried potato and burger when joining hang-out activities. They also consumed tea, coffee, and soft drinks. It can be concluded that adolescents consume fast food and sweet beverages. Fast food consumption can have an impact on disease, whereas sweet drinks can cause diabetes.^{41,44} Environmental factors could influence health risk behavior such as sweetened beverages and fast food consumption include peer, family and school.^{12,41,42}

Conclusions

This study has shown that hang-out activities caused health risk behavior such as smoking, alcohol consumption, drugs use, sweet beverages, and fast food consumption. It can be caused by psychological, social and behavioral factors.

Health risk behavior along hang-out activities important to get prevention efforts for decrease effects on health based on five levels of prevention. Health promotion is one prevention that can be done. It is the first and foremost stage in preventing a disease, where the process of providing health information to the community occurs so that all communities are willing and able to maintain and improve their health.^{31,34,40}

Conflict of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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References

1. Steptoe A, Wardle J. Health-related behavior: prevalence and links with disease. *Health Psychology*. BPS: Blackwell. 2004. 89 p.
2. Health Ministry of Republic Indonesia. The Role Of Family Public Health Support Families. 2016. <http://www.depkes.go.id/article/print/16100700005/>
3. DiClemente RJ, Santelli JS, Crosby RA. Adolescent health. Understanding and preventing risk behaviors. Jossey-Bass. United State. 2009. 84 p.
4. Irwin CE, Millstein SG. Biopsychosocial correlates of risk-taking behaviors during adolescence: Can the physician intervene? *Journal of Adolescent Health Care*, 1986;7:82-96.
5. Furlong A. Handbook of youth and young adulthood. Roudledge. London. 2009. 109 p.
6. Eaton et al. Centers for Disease Control and Prevention (CDC) (2011). Youth risk behavior surveillance United States, 2011. *MMWR Surveill Summ*. 2012;61(4):1-162.
7. Wills TA, Knight R. Adolescent Health and Health Behaviors. Elsevier Ltd 2005;volume 1, pp. 105–112.
8. Kipping RR, Campbell RM, MacArthur GJ, Gunnell DJ, Hickman M. Multiple risk behavior in adolescence. *Journal of Public Health*. 2012;34: i1–i2.
9. Riesch SK, Kedrowski K, Brown RL, Temkin BM, Wang K, Henriques J, Jacobson G, Giustino KN. Health-risk behaviors among a sample of US pre-adolescents: Types, frequency, and predictive factors. *International Journal of Nursing Studies* 2013;50:1067-1079.
10. Maharaj RG, Nunes P, Renwick S. Health risk behaviors among adolescents in the English-speaking Caribbean: a review. *Child and Adolescent Psychiatry and Mental Health* 2009;3:10.
11. Loke AY, Mak YW, Wu CST. The association of peer pressure and peer affiliation with the health risk behaviors of secondary school students in Hong Kong. *Public health xxx* (2016);1-11.
12. Seedhom AE. Health Risk Behaviors among School Adolescents; Types, Frequency and Predictors, Minia, Egypt. *SM Journal of Public Health and Epidemiology* 2017;3(1): 1036-1039.
13. Steinberg L. Cognitive and affective development in adolescence. *TRENDS in Cognitive Sciences*. 2005;9: 2-8.
14. Basic Health Research. Health Ministry of Indonesia. Jakarta. 2013.
15. Kwan MY, Cairney J, Faulkner GE, Pullenayegum EE. Physical Activity and Other Health-Risk Behaviors During the Transition Into Early Adulthood A Longitudinal Cohort Study. *Am J Prev Med* 2012;42(1):14-20.
16. El-Achhab Y, El-Ammari A, ElKazdough H, Najdi A, Berraho M, Tachfouti N, Lamri D, El-Fakir S, Nejjari C. Health risk behaviors amongst school adolescents: protocol for a mixed methods study. *BMC Public Health* 2016;16:1209-1218.
17. Erci B, Öztürk S, Yıldız E. Health Risk Behaviors in Turkish Adolescents: Validation of the Health Risk Scale. *JSM Health Educ Prim Health Care* 2016;1(2): 1013-1023.
18. Sirirassamee T, Sirirassamee B. Health Risk Behavior Among Thai Youth: National Survey 2013. *Asia-Pacific Journal of Public Health* 2015; 27(1):76-84.

19. Sandelowski M. Whatever happened to qualitative description? *Res. Nurs. Health* 2000;23: 334-340.
20. Krueger RA, Casey MA. *Focus Groups: A Practical Guide for Applied Research*, 4th ed. Thousand Oaks, Sage Publications. 2009. 87 p.
21. Morgan DL. Focus groups. *Annu. Rev. Sociol.* 1996;22:129-152.
22. Morse J. Determining sample size. *Qual. Health Res.* 2000;10:3-5.
23. Levy RI, Holland DW. Person-centered interviewing and observation. In *Handbook of methods in cultural anthropology*. Edited by H. R. Bernard. Walnut Creek, CA: AltaMira. 1996. 333 p.
24. Braun V, Clarke V. Using thematic analysis in psychology. *Qual. Res. Psychol.* 2006;3: 77-101.
25. Sychareun V, Thomsen S, Fixelid E. Concurrent multiple health risk behaviors among adolescents in Luangnamtha province, Lao PDR. *BMC Public Health.* 2011; 11:36.
26. Hoffman BR, Sussman S, Unger J, Valente TW. Peer influences on adolescent cigarette smoking: a theoretical review. *Substance Use and Misuse.* 2016;41: 103–155.
27. Leight-Hunt N, Bagguley D, Turner V, Turnbull S, Valtorta N, Caan W. An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health.* 2017;152: 157-171.
28. Coleman C, Wileyto EP, Lenhart CM, Patterson F. Multiple Health Risk Behaviors in Adolescents: An Examination of Youth Risk Behavior Survey Data. *American Journal of Health Education.* 2014;45: 271–277.
29. Zhu Q, Chaohua L, Ersheng G, Yan C, Laurie SZ, Emerson MR. Drunkenness and its association with health risk behaviors among adolescents and young adults in three Asian cities: Hanoi, Shanghai, Taipei. *Drug and Alcohol Dependence.* 2015; 147: 251–256.
30. Varga S, Piko B. Being lonely or using substances with friends? A cross-sectional study of Hungarian adolescent's health risk behaviours. *BMC Public Health.* 2015; 15:1107.
31. Bonita, Beaglehole & Kjellstorm (2006). *Basic of Epidemiology*. Geneva, Switzerland. World Health Organization.
32. Bonilha AG, Souza EST, Sicchieri MP, Achcar JA, Crippa JAS, Jos'e BM. A Motivational Profile for Smoking Among Adolescents. *J Addict Med.* 2013;7: 439–446.
33. Brito ALS, Hardman CM, Barros GD, Virgílio M. Prevalence and factors associated with the co-occurrence of health risk behaviors in adolescents. *Rev Paul Pediatr.* 2015; 33(4): 423-430.
34. Dekovic M. Risk and Protective Factors in the Development of Problem Behavior During Adolescence. *Journal of Youth and Adolescence.* 1999; 28: 1-19.
35. Eaton KL, Kinchen S, Shanklin S, Flint KH, Hawkins J, Harris WA, Lowry R, McManus T, Chyen D, Whittle L, Lim C, Wechsler H; Centers for Disease Control and Prevention (CDC) (2011). Youth risk behavior surveillance United States, 2011. *MMWR Surveill Summ.* 2012;8;61(4):1-162.
36. Jain R, Majumder P, Gupta T. Review Article: Pharmacological Intervention of Nicotine Dependence. *BioMed Research International* Volume 2013, Article ID 278392.
37. Kenney KE, Moore S. Canadian adolescent perceptions and knowledge about the social determinants of health: an observational study of Kingston, Ontario youth. *BMC Public Health.* 2013;13:781.
38. Klingemann H. Alcohol and its social consequences—the forgotten dimension. World Health Organization. Regional Office for Europe. 2001.
39. Leather NC. Risk-taking behavior in adolescence: a literature review. *Journal of Child Health Care.* 2009;13(3):295–304.

40. Leavell HR, Clark EG. Preventive Medicine for the doctor in his community: An epidemiologic approach. 3rd edition. McGraw - Hill Book company. New York. 1965. 80-89 p.
41. Majabadi HA, Solhi M, Montazeri A, Shojaeizadeh D, Nejat S, Farahani FK, Djazayeri A. Factors Influencing Fast-Food Consumption Among Adolescents in Tehran: A Qualitative Study. *Iran Red Crescent Med J.* 2016; 18(3).
42. MaR C, Bachman J. Identifying factors associated with fast food consumption among adolescents in Beijing China using a theory-based approach. *Public Health.* 2016;136:87-93.
43. Park SH. Smoking and adolescent health. *Korean J Pediatr.* 2011;54(10):401-404.
44. Steptoe A, Wardle J. Health-related behavior: prevalence and links with disease. In A. Kaptein, & J. Weinmen (Eds.). *Health Psychology.* BPS: Blackwell. 2004; 124-145 p.
45. Suh CS, Brashears ME, Genkin M. Gangs, clubs, and alcohol: The effect of organizational membership on adolescent drinking behavior. *Social Science Research.* 2016;1-13.
46. Zaman M. Drug Abuse Among The Students. *Pakistan Journal of Pharmaceutical Research.* 2015;01:11-19.
47. Zhu Q, Chaohua L, Ersheng G, Yan C, Laurie SZ Emerson MR. Drunkenness and its association with health risk behaviors among adolescents and young adults in three Asian cities: Hanoi, Shanghai, Taipei. *Drug and Alcohol Dependence.* 2015;147: 251–256.

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