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A Secondary Analysis of Self Assessed Assets of Ninth and Twelfth Grade Students

By

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A THESIS

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ABSTRACT

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The purpose of this study is to identify the assets possessed by ninth and twelfth graders. This is a secondary analysis of data collected from a survey taken in rural northeastern lower Michigan. This study compared and discussed the similarities and differences in the community, family, and personal characteristics that can be interpreted as assets possessed by these students. Thirty - nine such assets were identified as being possessed by at least one of the student populations. These data can be used to help develop programs which can prevent adolescents from engaging in high - risk behaviors such as early intercourse, alcohol and drug abuse.

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CHAPTER ONE

INTRODUCTION / PURPOSE

Adolescence has long been characterized as a period of emotional and psychological turmoil. Behaviors are sometimes perceived by others as outrageous but harmless and at other times as very dangerous to the adolescent and others. Due to their engaging in an assortment of high risk behaviors, many adolescents are at risk of destroying their health or even ending their lives. Choices that teens make such as engaging in sexual intercourse, smoking, using drugs, drinking alcohol, and becoming engaged in violence have far reaching consequences. One example of a consequence according to the U. S. Department of Health and Human Services (1993), is teen use of alcohol as a contributing factor in approximately half of all homicides, suicides, and motor vehicle accidents which involve teens. A consequence of early sexual activity is the possibility of a number of serious problems including unwanted pregnancy and sexually transmitted diseases such as AIDS and a predisposition to some forms of cancer (Public Sector Consultants, 1996, p. 82). "Understanding and addressing these issues is imperative because the attitude and behavior patterns developed during the teen years often carry over to adulthood and can affect a person's long term prospects for health and success" (p. 78).

In 1995, a focus group was conducted in a rural area with nine adolescent students from four different rural high schools to determine what they perceived as

health issues for adolescents in general. One of the findings of this focus group was that some adolescents are going to engage in risky behaviors such as having unprotected sex, smoking, drinking, or chewing tobacco regardless of any program or effort to stop them. In addition, the students do not want programs that preach to them. Several of the students felt that efforts to prevent these behaviors in younger children would be effective. Other findings of the focus group indicated that many parents provide negative role models for their children by smoking and drinking, and that adolescents often turn to drinking because they do not feel that there is anything else to do (Public Sector Consultants, 1996, p. 4). Findings from this focus group reinforce the need to further study the adolescents to see what their assets are and to develop programs based on these assets.

There are two kinds of assets possessed by adolescents, internal and external, which help to prevent high risk behaviors. External assets are strengths for the individual that come from parents and the community, whereas internal assets are competencies within one's self. An example of an external asset that was found by Clark and Shields (1997) was free communication between parents and teens, which tended to decrease the chances of the teens taking part in delinquent acts such as stealing cars. An external asset which was found by Resnick et al. (1997) was that having parents in the home decreased the incidence of smoking. An example of an internal asset found by this same study was that students with firm religious beliefs were less likely to be involved in a wide range of risky behaviors. An internal asset studied by Delgado (1997) while working with Latino adolescents, was that self esteem was increased when cultural pride

was developed. “Youths are less likely to engage in problematic or risk taking behavior as a means of coping if they have high self esteem and a positive social network and are provided with opportunities to help themselves and the community” (Delgado, 1997, p. 103). Identification of additional assets that can be developed by adolescents should help decrease the number of adolescents participating in risky behaviors as well as reinforcing positive behaviors in the adolescents.

The study was conducted in a rural area of Michigan and was conducted to expand on the rural adolescent focus group’s findings and explore a larger group of adolescents’ perception of their internal and external assets. This information should help to identify the assets which can be strengthened in order to prevent the adolescents from participating in risky behaviors.

The purpose of this study was to identify what ninth and twelfth grade students in a rural area perceive as their internal and external assets and to make comparisons between the two grade levels. The assets were placed in rank order in order to make comparisons of the similarities and differences. These data can be used to develop programs that will help adolescents decrease engagement in risky behaviors by focusing the adolescents on their assets. This study can produce healthier individuals and a healthier community.

CHAPTER 2

CONCEPTUAL FRAMEWORK

The conceptual framework on which this study is based is the Strengths Perspective by Dennis Saleebey (1992). This theory comes from the field of social work and places an emphasis on capabilities and potential while “disregarding the notion of causality that may define the client as a hopeless victim of conditions beyond his control” (Saleebey, 1992, p. 35). This theory focuses on the client’s values, hopes, and desired goals. It also states that strengths cannot be catalogued, compared, or measured on any particular scale. This theory addresses person, health, and environment, which are identified in nursing theory as well.

Dennis Saleebey in 1992 stated that each person has an inherent power that is characterized as life force, transformational capacity, life energy, spirituality, and regenerative potential. Man is able to take charge of himself. At times a man might need help from others in order to make changes in his life, but he is not incapable of changing. Every man is seen as having strengths. Strengths refer to internal and external resources such as the ability to care for self, having a stable income, and having a loving, supportive family. Nursing views man, as stated by Dr. Kim (1983), as having physical characteristics, psychological elements, cognitive elements, social elements, attitudes, values, and communicative elements. This does not differ from the Strengths

Perspective Theory because it also does not look at man in one area alone but rather as a whole person. Kim (1983) also states that man should be considered as a whole.

The health of a client is not to be categorized into a disease process and then expected to fall in line with this disease process. "In a sense, the Strengths Perspective itself begins with appreciating the body and its tremendous restorative powers as well as its powers to resist disease" (Saleebey 1995, p. 300). This theory states that there is an important linkage between the brain and emotion which has a profound effect on wellness and health. This framework sees man as having power to heal himself. Nursing views health in either a structural or functional model. Kim (1983) defines structural models of health as oriented to looking at human structures and properties as the major indication of the phenomena of health. Kim also believes that functional models of health view health as intrinsically tied to human functioning. While different, these definitions of health are compatible with each other.

The Strengths Perspective considers environment as a resource that can be used to bring out assets in people. Environment consists of the neighborhood, family, friends, business associates, churches, and interested individuals who come in contact with an individual. Nursing theory according to Kim (1983), sees environment in this way, "Environment is defined as the entity that exists external to a person or to humanity, conceived either as a whole or as that containing many distinct elements" (p. 80). Kim's nursing theory, as does the Strengths Perspective Theory, sees environment as impacting man and as encompassing a large variety of areas.

When putting this theory into action it is very important that the helping

professional does not evaluate over his/her skills and label clients before thoroughly addressing the clients needs, values, hopes, and desired goals. Many helping professions have constructed much of their theory and practice around the idea that clients become clients because they have deficits, problems, pathologies, and diseases. People are, in some critical way, flawed or weak (Saleebey, 1992). Nursing also views the importance of working with people and using a nonjudgmental attitude for achieving goals. Dr. Kim (1987) states “Contacts between the client and nurse are occasions in which transfer and/or interchange of information, energy, and affection/humanity occur” (p. 103).

In summary, the Strengths Perspective theory is drawn from a commitment to building on people’s strengths rather than focusing on their deficiencies, problems, or disabilities. As an orientation to practice, emphasis is placed on uncovering and reaffirming people’s abilities, talents, survivor skills, and aspirations. This approach assumes that a focus on strengths found in individuals, families, neighborhoods, groups, and communities will increase the likelihood that people will reach the goals they set for themselves.

Nursing theories can be easily linked to the Strengths Perspective Theory. Neither theory labels man by his illness and both theories view environment from a broad perspective. The strongest linkage between these two theories is the human interaction. Dr. Kim addresses this by saying, “interaction is the most important medium through which the client’s health can be influenced therapeutically and supportively” (1987, p. 107). The Strengths Perspective Theory would not disagree with this statement because it places value on working with a client while not judging the client. Both nursing theory

and the Strengths Perspective Theory look at health from a broad perspective, but the Strengths Perspective Theory takes a broader view of health than certain nursing theorists while not being in conflict with nursing theory.

Literature Review

Adolescence is considered from thirteen to nineteen years of age. It is a time of life when young men and women are physically, emotionally, and mentally rapidly changing. This age is often met with problems because there is no real role for this group in our country. It is often an age of uncertainty and experimentation. Engaging in sexual intercourse, smoking, using drugs, drinking alcohol, and becoming involved with violence are some of the risky behaviors engaged in by this age group. Data will be presented in this paper to demonstrate the magnitude of these problems, the potential consequences of taking part in these activities, and what can be done to prevent adolescents from engaging in these behaviors.

Sexual Behavior

Adolescents are engaging in sexual intercourse at an alarmingly high rate. Some studies report that sixty - eight percent of twelfth graders have had sexual intercourse (Public Sector Consultants, 1996). Kann et al. (1996), in the Youth Risks Behaviors Surveillance for the United States, reported that 53.1 percent of the high school seniors studied had engaged in sexual intercourse, while Resnick et al. (1997) reported that 49.3 percent of the adolescents studied have done so. This behavior can lead to serious problems, such as unwanted pregnancy and sexually transmitted diseases such as AIDS, gonorrhea, and chlamydia. Coker et al. (1994) found in the Risk Behavior Survey that

“Adolescents initiating sexual intercourse before age thirteen had greater number of partners but were fifty percent less likely to use condoms regularly and were two to seven times more likely to have been pregnant or to have caused a pregnancy. These adolescents were more likely to have had a sexually transmitted disease” (p. 374). Tiezzi et al. (1997) estimated that in 1990, one million pregnancies occurred among U.S. teenagers, and 28,000 of these were among adolescents younger than fifteen. Further, National Health and Risk Behavior studies reported that from 6.9% to 19.8% of students studied reported that they had been pregnant or had impregnated someone (Kann, et al, 1995). It is estimated that with HIV, the most serious of the sexually transmitted diseases, 25 percent of the seropositive women were infected as teenagers (Hatcher, Trussell, Stewart, & Knoval, 1994). The 1993 Sexually Transmitted Disease Guidelines from the Centers for Disease Control (CDC) states that the rates of many sexually transmitted diseases are highest among adolescents fifteen to nineteen years of age (CDC, 1993).

Much research has been done on how to decrease the incidence of early or unprotected intercourse. Resnick et al. (1997), in a survey of 12,118 boys and girls grades seven through twelve, found that parental disapproval was related to the age of sexual debut (relative risk ratio = 0.79, 95% CI = 0.75 - 0.83, $p < 0.001$) and that adolescents who felt connected to their school were less likely to engage in sexual behavior than those who felt less connected to their school ($n = 5177$, relative risk ratio = 0.77, 95% CI = 0.74 - 0.81). Likewise, Dovan (1995), surveyed 384 adolescents with a mean age of 15.3, found that the respondent's age and the degree of the mother's

opposition to adolescent sex were the variables most strongly related to the teenagers sexual experience. The correlates were demographic and family background, in a multiple regression analysis. Resnik et al. (1997) also found that religious identity has been associated with abstinence from sexual intercourse until an older age (relative risk ratio = 0.93%; 95% CI = 0.89 - 0.97; $p < 0.01$).

Education is a strong component for the prevention of sexually transmitted diseases, pregnancy, and early intercourse. Weinstein and Rosen (1994) suggested that it is important to relate the impact of pregnancy to the adolescent's health status, present life, and future plans. The adolescent also should have reinforced to them the importance of self control over their own bodies. Crosby (1996) developed a schema for the process of overcoming the perceived invulnerability to HIV for adolescents. As a doctoral student in Applied Health Science, Crosby stated, "The art of health education lies in skillfully moving clients beyond the perception of invulnerability. Once beyond the barrier the client is free to become an active member of the change process, thereby increasing the probability of a successful outcome" (Crosby, 1996, p. 186). Teen programs such as "In Your Face" that use group and individual education and counseling have resulted in decreased teenage pregnancy rate. Tiezzi et al.(1997) set up one such program. The students in this program were recruited from a survey administered to 859 students in a high school in New York. The students who were sexually experienced and those who had characteristics correlated with sexual activity were recruited for this program by the health educator. In a year's time the pregnancy rate decreased by 3.3%.

Sexual activity is an important issue with adolescents and was addressed in the

original focus group. It was, however, not included in the final survey and therefore there are no results related to this topic for this paper.

Smoking

Smoking is very popular among adolescents. “Cigarette smoking almost always begins in the adolescent years” (CDC, 1997, p. 1). Kowalski (1996) echoes the same thought by saying, “82% of all adults who ever smoked started before age eighteen” (pg. 14). The CDC (1997) also reports that in the year 1994, 31.2% of all high school seniors had smoked within the previous month. This was a slight increase in the smoking trend over previous years. Resnick et. al. (1997) in the National Longitudinal Study on Adolescent Health, found that over 25.7% of adolescents were current smokers. Further, the CDC (1997) states that each day 3000 young people begin to smoke. It is evident, therefore, that smoking is a very serious problem among adolescents not only because of the implications of starting at a young age, but also because it has such dire consequences.

Smoking can have deleterious effects. Kowalski (1996) makes this statement, “Of the 3000 teens a day who become new smokers, 1000 will die from a tobacco related disease” (p. 13). Kowalski also states that smoking is directly related to 90% of all lung cancer cases and cigarette smoking is also related to heart disease, chronic bronchitis, and emphysema. The CDC (1997) reports, “On the average someone who smokes a pack or more of cigarettes each day lives 6.6 years less than someone who never smokes regularly” (p. 1). According to the American Lung Association Fact Sheet (1998) smoking reduces the rate of lung growth in adolescents. This report also indicates that

cigarettes have at least forty-three different cancer - causing chemicals.

Smoking is a serious problem with adolescents, but there are some ways to help reduce the number of adolescents who begin smoking. Prevention is critical because, according to the CDC 1997 report, of all the people who stop smoking only 3% stay nonsmokers. In the National Longitudinal Study on Adolescent Health by Resnick et. al. (1997), smoking was less frequent in adolescents who did not have easy household access to cigarettes, whose parents were frequently present in the home, and who engaged in a greater number of shared activities between parents and adolescents.

Eckhardt et al. (1994) surveyed 2480 middle and junior high school students and found that in seventh grade, the internal asset of intention to refrain from smoking was the strongest predictor for not smoking, accounting for 20% of the variance alone. In the ninth grade intention to smoke was the strongest predictor, uniquely accounting for 25% of the variance. Intention to smoke means how often the student intended to smoke in the near future. These authors suggest programs that target intention to smoke and social influences to smoke.

A further way to decrease smoking in adolescents is to provide non-smoking role-models. Moss et al. (1993) states that about one - half of adolescent smokers have parents who smoke. Adolescents are three times more likely to smoke if their parents and at least one older sibling smokes.

Yet another effective method for decreasing smoking in adolescents is a program of multiple intervention components. Perry et al. (1992), in a study of 2401 boys and girls in the seventh through ninth grades, found that at the end of high school 14.6% of

their cohort sample from the intervention community were smoking, compared with 24.1% from the reference community. The cohort community had multiple intervention components such as behavioral education, booster programs to sustain training, and complementary community wide strategies.

The following are examples of external assets which are helping teens to avoid starting smoking. Communities are taking action against the tobacco industry to decrease smoking. Kowalski (1996) reported that 85% of teen smokers surveyed in 1993 purchased Marlboro, Camel, or Newport; the three brands that led the industry in advertising spending that year. As early as 1995, President Clinton directed the FDA to adopt rules which would stop sales and marketing of cigarettes to adolescents (Kowalski, 1996). The CDC (1997) also has recommended the policy of only allowing people eighteen years of age and older to purchase cigarettes be strictly enforced. Parents, government, communities, and private organizations are all coming together to help prevent adolescents from becoming smokers.

Illegal Drugs

Use of illegal drugs by adolescents is also a major concern for those dealing with adolescent health issues. The CDC reported in 1993 that 0.6% of seniors had used cocaine during the previous month while 4% had used marijuana. Kann et al.(1995) reported that nationwide 42.4% of the students surveyed had used marijuana during their lifetime and 7.0 percent had used cocaine. They also reported that 16% of the adolescents surveyed had used LSD, PCP, Ecstasy, mushrooms, speed, Ice, or heroin at least once. Commerci, Fuller, and Morrison (1997) reported, "More than 48% of surveyed

members of the class of 1995 had used drugs. While that percentage remains lower than documented in the 1970's or 1980's, its implication is disturbing" (p. 56). These data may underestimate use in all adolescents because it only evaluates the students who are attending school.

Using drugs has far-reaching consequences such as drug addiction and death. The National Institutes of Health (1993) states that drug abuse is "a voluntary activity, but addiction is a compulsion. People who are addicted for all intents and purposes lost their free will to decide whether or not to use drugs" (p. 7). Another effect of drug use is truancy. According to the United States Department of Education (1989) "About one - fifth of the heavy users skipped three or more school days a month, more than six times the truancy rate of nonusers" (p. 11).

According to the U.S. Department of Education (1989) drugs can cause many serious effects on one's body. Cocaine can cause death by cardiac arrest or respiratory failure. Using injectable drugs may cause exposure to HIV for which no cure has been found. The use of inhalants can permanently damage the nervous system. The use of marijuana can produce psychosis. The National Institutes of Health ([NIH] 1993) reports that an overdose of cocaine or amphetamines can cause tremors and lethal brain seizures. NIH also reports that a designer drug called ecstasy can cause permanent loss of serotonin in the cortex of the brain.

There are ways to keep adolescents from using drugs with the help of parents, community, and education. According to Resnick et al. (1997), parental presence in the home and difficulty in accessing substances which may be abused tend to decrease the

use of these substances. Further, Comer, Fuller, and Morrison, (1997) state "Although any adolescent can develop a substance abuse problem, some are at higher risk than others. The strongest predisposing factor is a family history of alcohol or drug dependence" (p. 60). It is safe to say that it is important that parents avoid substance abuse so that the adolescent will not develop this habit also.

The community can also help prevent drug use. The Department of Health and Human Services (1991) suggests the community should do two things to help decrease drug use, "Limit the availability of crack cocaine or other drugs in the community and to increase opportunity for pro social accomplishments, including opportunity for those whose earlier behaviors place them at significant risk for crack cocaine"(p. 20). The U.S. Department of Education also believes that people from the community such as law enforcement officers, business leaders and parent groups should all work together to fight the drug problem.

Education programs that stress "Just say No!" have some helpful effects against drug use. Arbetter (1994) reminds adolescents that drugs are sometimes used as an escape. In her classes she suggests these as some ways to avoid falling into drug usage: keep adolescents expectations reasonable, let their body rest, eat healthy, and have friends who make them feel good. Education must be done because according to the Department of Health and Human Services (1991) "Drugs usually begin at the age of twelve to twenty; the most severe drug use often begins at the younger end of this range" (p. 17).

Botvin et al. (1990) in a study of 4466 students attending fifty - six schools in

New York, when interviewing with seventh through ninth grade students, found that significant prevention effects were found for marijuana when they used a prevention program with a formal provider which taught personal and social skills with particular emphasis on the development of skills for coping with social influences and use of drugs. The first intervention group took part in a program where they participated with a teacher and the teacher provided feedback. The second group participated in an intervention that included a video which contained the same material that was presented by the teacher to the first group, but with no feedback. A control group was also used which received no intervention. At the end of the intervention the marijuana use of the students in the treatment groups was significantly less than in the control group which had no intervention ($F= 4.04$, $d.f.=23678$, $p=0.0176$). Between the two intervention groups the marijuana usage was the same (1.51 vs. 1.66, $p< 0.01$). Likewise, Johnson et al. (1990), in a longitudinal experimental study of 1607 sixth and seventh grade students from eight representative Kansas City communities, found that marijuana use went up in general but less in the control group. In 1984, Marijuana use in program schools was 2.3% and 0.7% in the control school. In 1987, the control school's use was 19.7%, while program schools had a lower frequency of 12.3%. This lower rate of increase was achieved through a four component program. Step one involved resistance skills training for the students. Step two involved organizing parents to review school prevention policy and training parents in positive parent - child communication skills. Step three trained community leaders in the organization of a drug abuse prevention task force. Step four involved mass media coverage of the program. In summary, programs that work with the

students to prevent use of drugs, and community support reduced drug usage in adolescents.

Alcohol Consumption

Alcohol consumption is another problem associated with adolescence. Resnick et al. (1997) found that 17.9 % of adolescents reported drinking alcohol more than monthly with 9.9% drinking at least once a day. The CDC (1993) reports that 48.6% of high school seniors reported using alcohol in the last month and 27.5% reported drinking in the previous two weeks. The September 1993 report, Alcohol and Health, from the U.S. Department of Health states, "By far alcohol was the drug used most often by high school seniors in 1990. Within this group, 90% reported having tried alcohol and 32% reported drinking five or more drinks consecutively during the two weeks prior to being interviewed" (U. S. Department of Health and Human Services, 1993, pg. 21). Adolescents clearly are drinking at an unacceptably high rate.

Drinking alcohol can be very dangerous to the adolescent's health due to increased risk of automobile accidents and alcoholism. Kann et al. (1996) in the Youth Risk Behavior survey in 1995 reported that during the 30 days preceding the survey 15.4% of the students nationwide had driven a vehicle after drinking. This leads to serious accidents. The U.S. Department of Health and Human Services (1993) reports that 49% of all traffic fatalities are related to alcohol. Drinking at an early age can lead to alcoholism. Alcoholism "can be distinguished by the physical dependance on alcohol and their impaired ability to control alcohol intake" (U.S. Department of Health and Human Services, 1993, p. 21). Alcohol consumption posses an immediate danger to the

adolescent through automobile accidents and a long term hazard due to alcoholism and its many adverse health effects.

Drinking can have profound long term health effects on those who start drinking as an adolescent. “The primary chronic health hazard associated with alcohol use is cirrhosis of the liver which contributes significantly to death as well as illness” (U.S. Department of Health and Human Services, 1993, p. 11). The longer one drinks, the greater the risk of developing cirrhosis, as well as other causes of early death. According to the book Alcohol and Health from the U.S. Department of Health and Human Services (1993) alcohol was responsible for 75% of the deaths from malignant neoplasm of the esophagus, 50% of the deaths from malignant neoplasm of the larynx, 50% of the deaths from malignant neoplasm of the lip, nasal cavity, and pharynx, and 60% of the deaths from chronic pancreatitis. All of these percentages are for people who died of these illnesses at an age older than 35 years.

There are some conditions that are associated with decreased adolescent drinking. Resnick et al. (1997), in the National Longitudinal Study on Adolescent Health, found that easy household access to alcohol was associated with more frequent alcohol use ($n = 3687$, $r = 0.38$, $p < 0.001$). They also found a lower level of drinking when the parents were in the home more frequently ($n = 3687$, $r = -.06$, $p < 0.001$) and when the students had a religious identity ($n = 1760$, $r = -0.08$, $p < 0.001$). Although significantly associated, it appears that these conditions had a very small effect on alcohol consumption decreases. The study also found that the grade point average was correlated with alcohol use ($n = 1785$, $r = -.15$, $p < 0.001$). Additionally, Barr et al.

(1995) found that adolescents with strong family bonds were less likely to have friends who use alcohol and therefore less likely to drink themselves.

Education is another external asset which can decrease alcohol consumption. A meta-analysis of 143 adolescent drug programs reported by Komo et al. (1996), found that the average adolescent responded better to programs for drug and alcohol prevention that were developed by other teens. Project Northland was one such program whose intervention components included school based skills training, parental participation, and community wide changes concerning the use of alcohol and peer participation. The authors found in a survey of Project Northland's 2419 students age 12 to 14 years, that students who were involved with planning alcohol-free activities had a lowered rate of alcohol use. Peer programs and drug free activities seem particularly promising as prevention methods.

Shope et al. (1996) in a study of 1041 boys and girls in the twelfth grade found that a curriculum which emphasized social pressure resistance training, immediate effects of alcohol, risk of alcohol misuse, and social pressures to misuse alcohol had positive effects. Some of the positive effects were: an increase in alcohol misuse prevention knowledge in the curriculum group which scored significantly higher than the control group at both the grade ten and twelve levels, (post hoc t - test grade 10: $p < 0.001$ and grade post test: $p < 0.027$), and better refusal skills, with a curriculum mean score of 15.46 (SD = 2.81) while the control group had a curriculum mean of 15.00 (SD = 3.18; $p < 0.05$). Teaching with an emphasis on the above may be another positive way to reduce adolescent drinkers.

Delgado (1997) developed a program with Latino students. In this program they developed Latino pride in their culture and within themselves. The researcher's intervention was to teach the adolescents community skills and self esteem and the behaviors that are in their best self-interest. In a qualitative videotaped interview, the students described greater pride in their heritage, group solidarity, a need to inform peers and family about the evils of tobacco, and the importance of keeping relatives and friends from risk taking behaviors with drugs. These teens went into the community and became positive role models for other teens. This is a form of education that will use positive peer pressure to prevent problems such as alcohol consumption in the community. Shope et al. (1996) sum up alcohol abuse prevention quite well.

It would seem, then, that the best approach is to present a developmentally appropriate alcohol misuse prevention program at several consecutive grade levels, recognizing that young people will respond at different ages to different approaches, information, and social skills training. The ability to resist ongoing societal pressure to use and misuse alcohol must be taught, like mathematics and reading, continuously. True change in the norms and long term outcomes of alcohol use can not otherwise be expected. (p. 797)

Violence

Violence is pervasive throughout all areas of the United States. No region is immune from youth violence. "Violent behavior occurs on a continuum ranging from bullying and verbal abuse, through fighting to rape and homicide." (Dunsenbury et al., 1997, p. 409). It was reported in the Youth Risk Behavior Surveillance - United States, 1995, a survey of 152 high schools throughout the United States, that 20% of students nationwide had carried a weapon such as a gun, knife, or club during the thirty days preceding the survey. Additionally, 38.7% had been in a physical fight during the

preceding twelve months, and 4.5% of students surveyed had missed at least one day of school during the preceding thirty days because they felt it was unsafe to attend (Kann, et al., 1996).

The National Longitudinal Study found similar results. This study reported that 24.1 % of students surveyed indicated that they had been a victim of violence (Resnick et al., 1995). A Harris survey of 2508 students from 96 schools reported that 40% of students knew someone who had been killed or injured by a gun (Jourdan, 1994).

Violence is an appropriate problem to examine in a health - related study such as this. According to the U.S. Public Health Service (1997), homicide is the third leading cause of death for those 15 to 24 years old and the leading cause of death for African American males. Violence has been linked to mental health problems, with posttraumatic stress disorder being the type of symptomology most distinctively linked to violence exposure. Shope et al.(1996) found that consistent exposure to violence can harm children's cognitive abilities and psychological functioning. Death, posttraumatic disorders, and a decrease in cognitive abilities all have serious health ramifications for the youth of America.

There are many ways to help prevent violence such as not having guns in the home, education on how to control anger, and communities working together to make an area safer. Parents should work to decrease the amount of access young people have to guns. According to Resnick et al. (1995), easy access to guns was associated with higher levels of violence. ($n= 3758$, $r = 0.27$, $p < 0.001$). The American Academy of Pediatrics (U. S. Public Health Service, 1997) make strong recommendations that guns not be kept

in the home. This body advises all pediatricians to make this known to families as a part of their family education.

Education on how to handle anger and aggression is showing some promise. Dusenbury and her colleagues at Cornell University have come up with the following suggestions for violence prevention programs based on their research:

1. There should be a comprehensive, multifaceted, approach which includes peers, media, and the community.
2. Programs for violence prevention should begin in the primary grade levels and be reinforced at all grade levels.
3. Interventions should be developmentally tailored.
4. Program content should promote personal and social competencies.
5. Interactive techniques such as group work and projects should be employed.
6. Ethnic identity should be considered when developing a program.
7. Staff should be well trained.
8. There should be activities designed to promote a positive school climate.
9. The activities should be designed to foster norms against violence, aggression, and bullying (Dusenbury et al., 1997).

A study in Dade County, Florida tested the efficacy of teaching conflict resolution as an intervention to decrease conflicts among elementary and middle school students. An entire class was taught conflict resolution which included how to manage anger, how to control aggressive responses, understanding conflict, and avoiding diffuse potentiality for physically violent confrontations. In a school of approximately 1,700, students, 88

students from fourth, fifth, or sixth grade were selected for a control group while 83 students from the same grades were selected for the experimental group. A pretest - post test design was used to determine the experimental effect through a teacher administered survey of attitudes and knowledge. Responses were recorded in four broad categories, scored from 1 to 4 with 1 being the most pro - social response and 4 the most anti- social or aggressive response. Scores could range from 10 to 40. Pre and post test survey scores improved for the treatment groups, with mean scores changing from 25.73 to 22.10 ($t = -6.15$, $p < 0.001$). The mean scores of the control group changed little, from 21.39 to 21.55 ($t = 0.41$, $p > 0.10$) (Powell et al., 1995).

Communities need to work together to make their streets free from violence. It is very important for youths not to witness violent acts or be a victim of one. Renick et al. (1995) reported that among older and younger adolescents, involvement in violence was associated with having been a victim of or witness to violence ($n = 3758$, $r = 0.44$, $p < 0.001$). One way in which communities can decrease violence is to “create safe, smaller schools. Research suggests that small schools - schools where every child is known, schools with a strong parent presence - have less violence or disruption” (Dohrn, 1997, p. 47). In Boston, a combined effort of police, probation officers, churches, and educators resulted in a comprehensive strategy to remove guns from children. All those involved traced guns used by and against children, shut down local gun dealers, and targeted older gang leaders. Boston has since gone two full years without a youth homicide (Dorhn, 1997).

To help prevent violence, communities must develop programs which prevent

adolescents from being exposed to violence. Educating families is a proven method for reducing violence in the community. Families and communities working together is the best way to reduce adolescent violence in the community.

Summary

In conclusion, studies have shown that having intercourse, smoking, using drugs, drinking alcohol, and being exposed to violence are all problems for adolescents. Research has been presented on the magnitude of each of these problems, consequences of these actions, and positive actions which can be taken to help adolescents avoid these problems, which will in turn, help produce healthy young adults. The focus of this research was to examine the assets possessed by adolescents in a rural area. This contributes to the body of knowledge in that it provides information as to what teens perceive as positive assets, both internal and external, that can be developed to produce healthy young adults. This study should help others in similar situations to develop programs that are based on strengths of adolescents instead of focusing on the negative problems.

Research Question

What are the internal and external health assets of twelfth and ninth graders in a rural area in the Midwest, and how are the assets of these two grades similar or different?

Definitions

Internal Youth Asset

An adolescent's emotional, cognitive, interpersonal, social, spiritual strengths and competencies within the self that makes for healthful living.

External Youth Asset

Strengths for the individual adolescent that come from parents and a community that encourages healthful competencies for the adolescents.

Positive Choice

Ability to explore every possibility to discover the numerous areas of choice adolescents have and many health - enhancing opportunities which the adolescent can take part in.

Desire to Take Health Action

Willingness to avoid self destructive behaviors.

Healthy Community

A community environment that encourages healthy behaviors among adolescents and discourages self destructive behavior.

Core Asset Approach

An asset which is considered to be imperative for an adolescent to grow and mature normally and be resilient.

Cumulative Asset Approach

All assets possessed by an adolescent, the greater number of assets possessed by the adolescent the more resilient the adolescent is considered to be.

Operational Definitions

Asset

An item was considered to be an asset if 65% of the student population agreed or strongly agreed with a positive statement or disagreed or strongly disagreed with a negatively worded statement.

CHAPTER 3

METHODS

Design

This study has employed secondary analysis of data obtained in a descriptive study aimed at describing the phenomena of health issues and the perceived needs of students in a rural area. The advantage of the descriptive method is that it gives an accurate portrayal of the characteristics of a group and the frequency at which certain phenomena occur. Another advantage of this methodology is the ability to focus on what the students feel and think so programs can be developed based on what the teens perceive as their assets and not on how teens are perceived by adults. In other words, it will help the community to take appropriate action when developing youth focused programs. This method helps summarize commonalities found in the specific group. This kind of research is also less costly than other forms of research.

There were some disadvantages to using this design. One is that a single survey will not account for any changes that occur in the students over time. Another disadvantage is that this design does not address why the students feel a certain way or behave in a particular manner, it just identifies what internal and external assets are present.

There were some problems with using the Community Asset Development for Youth (CADY) questionnaire. One problem was that there is no way to assure that the

students took the questions seriously or answered truthfully. Because of completing this survey in a group setting, students may show off for their friends or give the answer that their friends expect. As an example, while filling out the survey one student was observed using the opportunity to brag about how many times he had gone out drinking. Two ways in which the researcher helped to correct this problem was to insist on absolute quiet and to have the students sit in every other seat. These two procedures were carried out.

A second situational variable was that the students may not have trusted the researchers, even though told that the individual responses will not be given to the school or parents. They may have been afraid that teachers, fellow students, and even parents would find out how they answered the questions. This problem was hard to eliminate. The most effective way to avoid this problem was to stress that confidentiality would be maintained throughout the processing of the results and that only group results would be reported. No code numbers were on the survey identifying the individual student, so no linkage between the student and their survey could occur. The school districts where the surveys were given were not divulged in this paper; this has further decreased the chance of individual responses being identified.

A third limitation is the possibility of there not being an answer available which fully agrees with the answer the student wanted to give. This problem cannot be eliminated, because of the way the survey has been constructed, with a limited number of answers to each question. This problem could have been handled by having "other" as an answer to each question and providing the students with space to write their own answer, however, this would have made interpretation of the data more difficult.

Finally, the students may have not understood the certain questions. The research team members were in the room and answered any questions the students had, but some of them may have been afraid to admit in front of their schoolmates that they did not understand the question. The data collectors used a friendly manner and encouraged questions throughout the surveying process.

Subjects and Setting

Subjects were public school students in the ninth, and twelfth grades and were located in a rural area. The number of students surveyed was 1632. Of this number 358 were twelfth graders and 603 were ninth graders. The remainder of the participants were fifth graders whose surveys were not considered for this paper. Before data collection began, permission was granted by the area school boards and the parents. A convenience sample was used.

This report compares the results from the ninth and twelfth graders. The only reasons students were excluded were if parents stated that they did not want their children to participate in this study or the students refused to take part. A copy of the permission slip used is in the appendix (see Appendix A). Students who were absent on the sampling day did not take the survey on another day. Students with disabilities were integrated within the school system. If they were in the fifth, ninth, or twelfth grades, they answered the questionnaire just like the rest of the students. Of the twelfth grade students, 79% described themselves as “White, European Origin”, 4% described themselves as being “Not of European Origin”, and 12% described themselves as “other”. Ninth graders described themselves as being “White, European Origin” 76% of the time, “Not of European Origin” 6% of the time and “other” 10 % of the time. All of

the students were from a rural area. Half of the students stated they came from a two parent home.

The primary risk to the students was the possibility of psychological discomfort from revealing answers which may represent the student in a unpleasant manner. If the discomfort was too great for the individual student, they could decline from finishing the survey without repercussions.

Instrument

The instrument used for this study was the Community Asset Development for Youth (CADY) tool (see Appendix C). William A. Donohue, a professor in the department of communications for Michigan State University, developed this instrument. This instrument assessed the adolescents' core assets. Core assets were considered to be those assets which are imperative to the development of well adjusted adolescents. This is opposed to cumulative assets which would cover every asset possessed by the adolescents. There were seventy-five attitude questions for which responses were rated from "strongly agree" to "strongly disagree", and thirty nine behavior frequency questions, some of which asked the respondent to report the frequency of their performance of that behavior from "often" to "never". Other questions asked the respondent to indicate the number of times they have done the behavior from "0" to "more than 5 times", while still others asked for yes or no responses or ranges of days. There also were five open ended questions, for which students write out an answer.

Reliability and validity of this instrument have not yet been established. The data collected for this study were obtained to assist in determining the reliability of the CADY tool. For this purpose at least one hundred students from each grade were to be surveyed.

A total of at least three hundred questionnaires for an entire school system were necessary to keep error rates around the five percent level. This criterion was met. For this study no scores have been calculated; only descriptive data are being reported. Therefore, establishment of internal consistency of items for the purpose of measuring perceptions or traits through construction of a scale is not a requirement of this research.

Procedures

Preapproval was obtained from the different area school boards before the survey was used in the schools. Personnel from the local health department approached the school boards and explained the purpose of this research. Permission was granted by the school board members. Consent forms were sent home with the students to their parents, to be returned only if the parents objected to their child being in the survey. Michigan State University and Dr. Donahue were acting only as consultants for the area school districts, and therefore the permission obtained from the school districts by the health department was considered sufficient to begin the study.

The study sites were the district high schools. The data were collected by health department employees, registered nurses, and instructors from Healthy Community 2000. For some subjects the questionnaire was administered in the classroom setting, while for others it was administered in a large group setting such as a cafeteria. The students sat in every other seat and the questionnaire was distributed. The questionnaire was explained along with the reasons for the survey. Instructions were given for filling out the questionnaire. The students were told that the individual responses would not be expressed to the schools, only the cumulative results. No identifying information was asked of students.

The data were collected in October and December of 1997. To protect student confidentiality, no names were attached to the surveys. Completed surveys were then placed in a sealed envelope, and sent to Dr. Donohue of Michigan State University for analysis.

This project was a secondary analysis of the data obtained. Data summaries were obtained from Healthy Community 2000 and Michigan State University's Public Health Sector. No raw data was used in order to ensure the individual student's identity.

CHAPTER 4

RESULTS

This paper presents a secondary analysis of data collected in October and November of 1997. The data compilation and primary analysis were performed by Dr. William Donohue at Michigan State University. In the primary analysis an asset was considered to be present if 65% of the students responded positively. This level was maintained for the secondary analysis. The primary analysis identified which assets are present.

This secondary analysis compares the assets found in the ninth and twelfth graders. The assets are rank ordered for both groups. They are organized into the domains of internal and external assets. By identifying assets that are present, this paper gives insight into which assets need to be focused on by future programs so that any assets which are lost can be regained, while maintaining and strengthening the assets which are already present at both levels.

From the primary analysis, item analysis of the individual questions was performed and the assets of the ninth ($n = 603$) and twelfth graders ($n = 358$) were determined. Thirty - nine assets were identified as being possessed by at least one of the grade levels out of 113 assets. These assets were then compared for their relative frequency using an SPSS program. Each asset was analyzed by the chi squared test to determine if there was a statistical difference in the asset between the two groups. Of the

39 assets identified only five were determined to have no significant difference. The assets will be presented grouped as follows: drinking, drugs, and smoking; violence, school participation, relating to others, and external community assets. Along with the comparison, the top ten assets for each grade will be listed.

The following assets were determined to be possessed by both groups of students:

Table 1

Frequency of Report of Common Assets by Ninth and Twelfth Graders

Asset	9 th Graders <i>n</i> (%)	12 th Graders <i>n</i> (%)
Disagreed with “drinking alcohol would make them more confident.”	--	239 (67%)
Agreed with “have never seen marijuana smoked in our home.”	393 (65%)	252 (70%)
Know that their parents do not want them to smoke cigarettes.	517 (86%)	311 (89%)
Have you ever been expelled from school one day or less?	--	245 (69%)
Smoked marijuana less than one day a month.	424 (72%)	242 (68%)

Note: Blank (--) indicates less than 65% of students report this asset.

Drugs, Smoking, Alcohol

One area of difference between the two grades was their attitudes towards and usage of drugs and alcohol. Table 2 presents the frequency of assets found and Table 3

displays the chi square results of questions relating to substance abuse avoidance.

Overall it appeared that the ninth graders found more barriers to obtaining alcohol and also felt that adults were more disapproving of alcohol consumption than the twelfth graders.

Table 2

Frequency of Report of Substance Abuse Assets by Ninth and Twelfth Graders

Asset	9 th Graders <i>n</i> (%)	12 th Graders <i>n</i> (%)
Report it to be difficult to buy alcohol in the community.	406 (69%)	--
Felt parents would be mad if caught drinking.	419 (70)	--
Used inhalent to get high no more than one day last month.	520 (86)	339 (95)
Never used an inhalent to get high.	470 (70)	308 (86)
Report not needing alcohol or drugs to feel good.	--	250 (77)

Note: Blank (--) indicates less than 65% of students report this asset.

Table 3

Chi Square Analyses of Assets Related to Substance Use Avoidance Among 9th
and 12th Graders.

Asset	X ²	d. f.	p.
Report it to be difficult to buy alcohol in the community.	21.06	3	0.000
Felt parents would be mad if caught drinking.	43.03	4	0.000
Used an inhalant to get high no more than one day last month.	19.51	5	0.001
Never used an inhalant to get high.	9.54	3	0.002
Report not needing alcohol or drugs to feel good.	15.86	4	0.003

Violence

A second area in which there was a difference in assets was concerning violence. Both grades did not see a need for weapon possession at their school. Ninth and twelfth graders also did not report violence occurring in their home or neighborhood. A higher percentage of twelfth graders, however, reported having these assets. Table 4 shows the frequency of assets for violence avoidance and table 5 presents the chi square results.

Table 4

Frequency of Report of Violence Avoidance Assets by Ninth and Twelfth Graders

Asset	9 th Graders <i>n</i> (%)	12 th Graders <i>n</i> (%)
Reported getting into fewer fights at school.	511 (85%)	339 (74%)
Disagree with "People get into fights all the time in my neighborhood."	--	252 (71%)
Were less likely to see their parents hit each other.	449 (75%)	297 (83%)
Denied needing a gun for self defense.	460 (77%)	314 (88%)
Less likely to have been in a fight recently.	448 (74%)	309 (88%)
Physical fights do not happen all the time around my house.	442 (71%)	313 (87%)
Have not brought a weapon to school.	501 (83%)	316 (88%)
Reported getting into trouble less often at home.	--	112 (67%)
Parents told them to stay away from violence.	--	239 (68%)
Report getting into less trouble at school.	470 (70%)	296 (83%)

Note: Blank (--) indicates less than 65% of students report this asset.

Table 5

Chi Square Analyses of Assets Related to Violence Avoidance Among 9th and 12thGraders.

Asset	X ²	d. f.	p.
Reported getting into fewer fights at school.	43.74	3	0.000
Reported getting into less trouble at school.	50.93	3	0.000
Disagree with "people get into fights all the time in my neighborhood."	16.02	4	0.002
Were less likely to see their parents hit each other.	14.35	4	0.006
Denied needing a gun for self defense.	29.75	4	0.000
Less likely to have been in a fight recently.	24.95	5	0.000
Physical fights do not happen all the time around my house.	28.62	4	0.000
Have not brought a weapon to school.	15.85	5	0.007
Reported getting into trouble less often at home.	57.08	4	0.000
Parents told them to stay away from violence.	11.28	4	0.023

School

Research presented earlier in this paper shows that an interest in school has a positive effect on adolescents. Several assets in this area were identified in the primary analysis from this survey. Both grades had a high percentage of students that reported graduating as being important. The twelfth graders seemed to place more importance on completing their work and had more pride from their accomplishments. Table 6 lists the frequency of these assets while Table 7 reports the chi square results.

Table 6

Frequency of Report of School Related Assets by Ninth and Twelfth Graders

Asset	9 th Grade <i>n</i> (%)	12 th Grade <i>n</i> (%)
Significance placed on graduating from High School.	545 (90%)	345 (97%)
Importance placed on school work.	423 (71%)	290 (81%)
Pride of accomplishment.	493 (82%)	322 (91%)
Less likely to skip class.	481 (80%)	232 (65%)

Table 7

Chi Square Analyses of Assets Related to School Among 9th and 12th Graders.

Asset	X ²	d. f.	p.
Significance placed on graduating from High School.	18.47	4	0.001
Importance placed on school work.	17.73	4	0.001
Pride of accomplishment.	18.43	4	0.001
Less likely to skip class.	26.73	5	0.000

Communication

Communication is an asset which can help an adolescent in a wide variety of ways. The twelfth graders scored better on communication assets than the ninth graders for every asset for which the two grades had a difference. See Table 8 for a listing of the frequency of these assets and Table 9 for the chi square results.

Table 8

Frequency of Report of Communication Related Assets by Ninth and TwelfthGraders

Asset	9 th Grade <i>n</i> (%)	12 th Grade <i>n</i> (%)
Good at saying the right thing at the right time.	--	233 (65%)
Using words to solve problems.	--	231 (65%)
Expressing ideas clearly.	--	260 (72%)
Feeling that parents listen to them.	--	253 (71%)
Asks for advice when needed.	--	235 (66%)

Note: Blank (--) indicates less than 65% of students report this asset.

Table 9

Chi Square Analyses of Assets related to Communication among 9th and 12th

graders.

Asset	X^2	<i>d. f.</i>	<i>p.</i>
Good at saying the right thing at the right time.	28.82	4	0.000
Uses words to solve problems.	26.20	4	0.000
Expressing ideas clearly.	29.94	4	0.000
Feeling that parents listen to them.	26.89	4	0.000
Asks for advice when needed.	14.14	4	0.006

Community

Community plays an important role in the development of a healthy adolescent. Having a positive view of his community can be very helpful to the adolescent. Once again the twelfth graders consistently scored higher on these assets than the ninth graders. Table 10 lists the frequency of these assets and Table 11 displays the chi square results.

Table 10

Frequency of Report of Community Related Assets by Ninth and Twelfth Graders

Asset	9 th Grade <i>n</i> (%)	12 th Grade <i>n</i> (%)
Important how community looks.	--	237 (67%)
Like their neighborhood.	--	228 (67%)
Few people moving in and out of neighborhood.	--	251 (70%)
Have not moved twice in the last five years.	395 (66%)	283 (79%)
Friends do not change houses frequently.	420 (70%)	287 (80%)

Note: Blank (--) indicates less than 65% of students report this asset.

Table 11

Chi Square Analyses of Assets related to Community among 9th and 12th Graders.

Asset	X ²	d. f.	p.
Important how community looks.	25.51	4	0.000
Like his / her neighborhood.	21.86	4	0.000
Few people moving in and out of neighborhood.	19.47	4	0.000
Have not moved twice in the last five years.	27.46	4	0.000
Friends do not change houses frequently.	14.46	4	0.005

Miscellaneous

Four questions did not fit into any of the categories. Both grades felt that they were close to one parent, while the twelfth graders more frequently reported both parents being involved in their lives. The twelfth graders also reported liking to help people and feeling that helping others is important more often than the ninth graders. The frequency of these assets are reported in Table 12 and the chi square results given in Table 13.

Table 12

Frequency of Report of Miscellaneous Assets by Ninth and Twelfth Graders

Asset	9 th Grade <i>n</i> (%)	12 th Grade <i>n</i> (%)
Report being close to one parent.	452 (75%)	262 (74%)
Both parents involved in their life.	--	234 (65%)
Like to help people.	--	308 (86%)
Feel it is important to help people.	498 (83%)	332 (93%)

Note: Blank (--) indicates less than 65% of students report this asset.

Table 13

Chi Square Analyses of Miscellaneous Assets Among 9th and 12th graders.

Asset	X ²	<i>d. f.</i>	<i>p.</i>
Report being close to one parent.	17.97	4	0.001
Both parents involved in their life.	12.36	4	0.014
Like to help people.	58.68	4	0.000
Feel it is important to help people.	18.83	4	0.000

Top 10 Assets

The stated goals of this research included identifying the assets of the ninth and twelfth graders, identifying which assets are internal and which are external, and ranking the top assets for each grade. Comparing the ranking of the assets possessed by each grade is another way of comparing what is important to each grade. The students themselves were not asked to rank order the assets, therefore the ranking does not represent the thinking of the individual student. The assets are ranked based on the percentage of students reporting agreement with that asset.

Table 14 shows the top ten assets for ninth graders, the percentage of students in that grade which either agreed or strongly agreed with the asset, and whether the asset is considered to be internal or external. Table 15 presents the same data for the twelfth graders.

Table 14

Top 10 Assets of Ninth Graders:

Rank	%	Asset	Internal/External
1	90	Important to graduate from High School	Internal
2	86	Parental disapproval of smoking	External
2	86	Not using an inhalent to get high in the past month	Internal
3	85	Never or seldom getting into a fight	Internal
4	83	Never carried a weapon to school	Internal
4	83	Felt it important to help people	Internal
5	82	Proud of their accomplishments	Internal
6	80	Not skipping class	Internal
7	77	Do not need a gun for self defense	External
8	75	Close to at least one parent	Internal
8	75	Have not seen parents hit each other	External
9	74	Not in a fight in the last month	Internal
10	71	School work is important	Internal
10	71	Physical fights do not happen around my home	External

Note: Assets reported by the same percentage of students were given the same ranking.

Table 15

Top 10 Assets of Twelfth Graders:

Rank	%	Asset	Internal/External
1	97	Important to graduate from High School	Internal
2	95	Not using an inhalent to get high in past month	Internal
3	93	It is important to help others	Internal
4	91	Proud of their accomplishments	Internal
5	89	Parental disapproval of smoking	External
6	88	Do not need a gun for self defense	External
7	86	Not in a fight in the last month	Internal
7	86	Never used an inhalent to get high	Internal
7	86	Like to help people	Internal
8	83	Never get into trouble at school	Internal
9	81	School work is important	Internal
10	80	My friends do not change houses frequently	External

Note: Assets reported by the same percentage of students were given the same ranking.

There were thirty - nine assets identified as being possessed by at least one of the two grade groups. Out of these only five were found to not be significantly different in their level of reporting between the two grades. By examining these rank orderings, it is observed that both grades feel that it is very important to graduate, and to not use inhalents. Additionally, they feel that they do not need guns for self defense. The ninth graders seem to perceive their parents as being a stronger influence in their lives while the twelfth graders ranked much higher taking pride in their accomplishments.

CHAPTER 5

DISCUSSION

The research question examined in this study was: What are the internal and external health assets of twelfth and ninth graders in a rural area in the Midwest, and how are the assets of these two grades similar or different?

Much of the research on adolescents focuses on the problems and negative attributes associated with adolescents. This study and a few others have identified numerous assets which are possessed by this group. For example, this study identified feeling it is important to help others as an asset for both groups of students. The twelfth graders went as far as to say they liked helping others. This is very important, because it shows a willingness to help improve the community. Offer et al. (1990), who studied normal adolescents in various cohorts over three decades (normal meaning not being treated for mental problems) stated that, "80% of adolescents in the community function well, relate to others, and are not in the midst of 'adolescent turmoil'; the other 20% are disturbed" (p. 382).

A second important finding of this study is that 9th grade students felt that their parents would be angry if they were caught drinking. Newman and Newman (1997) reported a study by Johnston et al. (1993) which had similar findings. "With respect to alcohol use over 90% perceive their parents to be disapproving of having one or two drinks" (p 706). Escobedo et al. (1995) suggested that parental attitudes towards under age drinking may be an important step in reducing adolescent alcohol use. Additionally,

twelfth graders in this study felt that they did not need alcohol to feel good. According to the Eighth Special Report to the U.S. Congress on Alcohol and Health, (U.S. Department of Health and Human Services, 1993), drinking by high school students is still too high but has decreased somewhat in recent years. It is possible that the attitudes of the students in the current study are similar to those of the students in the national surveys who are using alcohol at a lower rate than earlier students.

Youth violence is often reported as a major problem. Males (1997) reported that from 1980 to 1994 the number of FBI arrests of juveniles rose 65%, while the number of arrests for the age group most of their parents would fall into (30 to 49) showed an almost identical increase of 66%. This may mean that adolescent violence is not increasing at a greater rate than violence in other segments of the population, but is only being reported to the public more. In this study twelfth graders reported having had their parents tell them to stay away from violence. This is definitely a positive asset.

Newman and Newman (1997) stated that Cernkovich and Giordano found instrumental communication between a child and parents as being related to a significantly lower level of delinquency. The twelfth graders reported that they did not feel a need to carry a weapon and saw few acts of violence between their parents or in their neighborhood.

This is an important asset because of the link between exposure to violence and committing violent acts. Resnick et al. (1997) reported, "Among both younger and older adolescents involvement in violence was associated with having been a victim or a witness to violence"(p .828). These students have not been witnesses to or victims of violence to any significant amount which indicates they will be less likely to commit acts of violence themselves.

According to Sickmund et al. (1997) 10% high school students had carried a weapon to school in the past month. This means 90% of the students had not brought a weapon to school in the past month. This tendency was borne out in the current study, in which 77% of the 9th graders and 88% of the 12th graders did not feel it is necessary for them to carry a weapon to school.

The highest ranking asset reported by the ninth and twelfth graders in this study was the importance of graduating and a willingness to do the work necessary to graduate. Offer et al. (1990) found “Normal adolescents had the willingness to do the work necessary to achieve” (p. 383).

The issue of communication between adolescents and their parents was also addressed. Offer et al. (1990) reported, “The normal adolescent we studied did not perceive any major problems between themselves and their parents. No evidence was presented for inter-generational conflict” (p. 383). This is very similar to the findings of the current study, in which the twelfth graders reported that their parents listened to them and that they asked their parents for advice. This shows that some form of communication is occurring between parent and child.

The twelfth graders strongly disagreed or disagreed with a statement that said their neighbors or friends moved frequently. Jenson et al. (1995) stated that teens are at a higher risk of substance abuse when they reside in a neighborhood that is characterized by residential mobility and community disorganization. The results of this study indicate that in the communities in which the study was carried out, the students reported very little movement of their friends and neighbors. This would be to their benefit because, based on Jenson’s study, this would be one factor that would tend to decrease these

students drug usage. Barton et al. (1997) similarly reported that low neighborhood attachment, community disorganization, and high levels of transition and mobility were all risk factors for substance abuse.

There were some significant differences between the assets of the ninth and twelfth graders. By examining the top ten assets for each grade it is observed that the ninth graders placed a greater emphasis on their parents role in their lives and perceived that there were more barriers to buying alcohol. The twelfth graders, however, perceived themselves as better communicators and rated themselves higher in assets related to their community. Two of these differences are probably related to development. For example, more ninth graders than twelfth graders thought their parents would become angry if they were caught drinking. Newman and Newman reported a study by Levitt et al. (1993) which found that for this age group friends are important, but family members continue to be mentioned as giving the most support in their lives. Another difference which may be related to differences in development is that twelfth graders rated themselves much better in assets pertaining to inter personal communication. According to Newman and Newman (1997) early adolescents envision their own thoughts as being the focus of other peoples' attention. This is called egocentrism. This subjectivity generates an uncomfortable self consciousness that makes interaction awkward. Older adolescents, on the other hand, typically reduce their egocentrism, making communication with others much less difficult.

Limitations

There are several limitations discussed in this section. The first limitation of this study is the large difference in the size of the two student populations studied. A second

limitation is that it was done at a single point of time with no provision for ongoing studies to evaluate what changes will occur over time. A final limitation is that there is no way to ensure that the answers the students gave to the survey were accurate and honest.

The lack of an even proportioning of ninth and twelfth graders was disappointing. There were 603 ninth graders and only 358 twelfth graders who answered the survey. The disproportionate number of adolescents in each grade may have resulted in a skewing of the results. The researcher used a convenience sample and these numbers represent the composition of these grades in the school districts where the survey was taken.

A second limitation is that this is a single survey which will not account for any changes which will occur with time. This study only identified which assets are present at this time with no attempt to determine why these assets are present or how quickly they will change. If a longitudinal study were conducted using these students, it could be determined if these results are a one time occurrence or a true measurement of the students assets. A longitudinal study could also help to establish which assets change over time as well as give a better overall view of what assets are found in adolescents at a specific age.

A final limitation of this study is the inability of the researcher to assure that the students answered truthfully. This is a common limitation in most surveys which are doing more than duplicating a previous study. With no previous results to compare to, it is impossible to identify which of the answers are not honest responses.

Summary and Conclusion

This study took place in a rural area of northeastern Michigan. A convenience sample of 603 ninth graders and 358 twelfth graders took part in the survey. This study was a secondary analysis of the data collected from this survey. The initial study used Saleebey's Strength Perspective theory as a framework. This study identified the assets possessed by ninth and twelfth graders and compared the two. The literature review of this paper focused mostly on adolescent problems and their health aspects with an emphasis placed on how to positively alleviate the problems. Very little previous research was found on the assets possessed by adolescents showing that more studies such as this one are needed. In conclusion, 39 assets were identified which could be used in future programs which would work towards reducing high risk behavior.

Recommendations

Three areas of recommendations will now be presented. The first area is that of nursing practice. The second area is that of education. The third area that will be discussed is recommendations for further research.

Recommendations for Nursing Practice

Saleebey (1992) reminds us that the emphasis should be placed on capabilities and potentials, instead of looking at adolescents as hopeless victims; we should view them as people that have values, hopes, and desired goals. Nursing normally looks at the adolescent and states "He has a problem" and lists all of his deficits. The adolescent's nurse is constantly looking for what is wrong and how to fix the adolescent. This study has shown that there are positives about adolescents. Nursing should refocus their energies on the 80% of teens that are doing what they should and also focus on ways to

help teens strengthen the assets possessed by adolescents, in short, to help them to focus on what they have, not on what they are lacking.

Recommendations for Client Education

Education is a potential solution for every high risk problem the adolescent faces. From the literature review, the programs that seem to work the best are those which train teens in a specific area such as ways to decrease substance abuse, and these students then teach other students. It was found that even with delinquent students in special schools teaching them how to work with other students had a positive benefit (O'Hara et al., 1996). This study showed that the both groups of students had a strong interest in helping others and thought it was important to help others. Based on this information alone, it seems programs that use older adolescents to teach younger adolescents about certain high risk problems may be very useful. In the focus group which served as a preliminary study for this investigation, it was stated by the students that younger kids needed to be taught about high risk behaviors (District Health Department #2, 1996, p. 6). The research indicates this to be a valid idea. Having students teach other students seems to be an excellent way of channeling teen assets and teaching the importance of community service to youth.

There are other benefits for adolescents in helping others also. A study in a school - based program by Allen et al. (1990) found "reduced rates of teenage pregnancy and school dropout when schools gave adolescents the opportunity to perform volunteer work in their communities, which potentially allowed them to establish meaningful relationships with non - parental adults" (p. 463). By volunteering to educate others,

these adolescents would help fulfill their desire to help someone.

Another recommendation for education is that students have the lessons reinforced over a period of time. Research shows students will not maintain the positive effects of the education if the concepts are not reinforced. Warren et al. (1997) came to this same conclusion. “We believe that schools should institute intensive intervention programs at least as early as middle or junior high school to help develop the motivation and skills students need to avoid risky behavior. Given that initiation continues on a steady incline at least through age 17 years, schools should provide additional interventions in grades 9 - 12” (p. 230).

Parents also need to be educated. Most parents do not realize the full impact they have on their adolescent children. Parents need to be reminded that simple actions such as not smoking and keeping alcohol out of the home will have a positive effect on their adolescent. For a preventive education program to be as effective as possible, it should include adolescents, parents, and the community at large.

Recommendations for Research

Further research needs to be done to replicate this study to find out if these findings are valid or just a one time occurrence. A repeat of this study with the same students at a later time could be used to check for consistency of results. Further studies should be carried out in rural areas and cities to see what assets youth possess in those areas which can be built on. This is recommended due to the limited sample used in this study.

If this study were to be used again some changes are recommended. One such change would be a careful look at wordings that confused the students. One example is

the use of the terms European and Non - European, many of the students asked what these meant. Another suggested change is that on this survey some questions had answers starting with strongly agree and going to strongly disagree while other started with strongly disagree and went to strongly agree. This caused some confusion with the students.

A very positive aspect of this research is the way in which it focused on the positive assets possessed by the adolescents surveyed. Saleebey recommends looking at peoples' strengths instead of their weaknesses when trying to help them. Looking at what is positive can help develop programs that meet needs based on strengths and may have a more powerful impact on populations of adolescents.

APPENDICES

Appendix A

Instructions For Youth Survey Distribution

Explanation to Students:

Confidential - no one from your school will be reviewing the results of the questionnaires. The questionnaires will be sent to a professor at Michigan State University to analyze.
Do not put your name on the survey!
This survey asks for your attitudes and behaviors about drugs, alcohol, and violence. Your answers will help to create better programs for your school in these areas. This is your chance to make a difference in your community!
Work independently.
Answer honestly.
Raise your hand if you are unsure about what a question means.
If you do not want to complete the survey, you do not have to.
Discuss "strongly agree" and "strongly disagree", what they mean and where they are located in the bubbles.
Remind them of the open ended questions at the bottom of the page.
Remind them to fill in the bubble and not draw a line through or "X" through it.
Remind students that when they are done to please check to make sure they have completed all seven pages.

Survey Distribution:

Please review the survey for clarification.
Please record the survey number range for each school system. We need to keep each school system separate for the analysis. The surveys are numbered consecutively from one to 2000 for your convenience.
Bring a box for the students to place the surveys and pencils in when completed.
Space students about two apart to reduce discussion.
Thank the students ahead of time for taking the survey.

NOTE: Fifth graders had a hard time understanding several of the words and the meaning of several of the questions. Tests were read to them and questions clarified.

Appendix B

Consent Letter for Parents

Schools are welcome to modify this in any way they wish.

Dear Parent:

In the next few weeks, we will be working with the health department to survey all 5th, 9th, and 12th grade students in our schools. We view this survey as a promising way to learn about students' behaviors and attitudes. Our survey is unique because it asks not only about smoking, drinking, and other problems but also about good things students do: for example, it asks questions such as "What's the most fun activity you've done with your parents in the past year?" Such questions provide guidance to parents, school administrators, teachers, volunteers, and health and human services professionals on values and possible strategies to build upon what's already good about our community.

Your child's own answers will not in any way be identifiable. He or she will not put his/her name on the survey sheet. Our aim is to get information from all students, not individual students. To guarantee confidentiality and anonymity, health educators (who do not know the students) will hand out and collect the surveys.

The survey results will give our schools and community invaluable information on how students think and which strategies are most likely to be successful in addressing problems such as underage drinking, smoking, and violence.

Your child is not required to complete the survey; it is voluntary. But we hope that you will see as much value in the survey as we do. If you do not want your child(ren) to complete the survey, please sign below and return it to the school principal.

Thank you!

I do not want my child/children to complete the survey.

Name(s) of child/children: _____

Signature: _____ Date _____

Appendix C

ATTITUDE QUESTIONNAIRE

Directions: Below is a list of questions about your attitudes. This is a confidential questionnaire. Please do not put your name on the questionnaire. You do not have to fill out this questionnaire if you choose not to. The information will be used to help your school better serve the students.

Please read the following questions and fill in the answer that is closest to your opinion.

SA=Strongly Agree

A=Agree

N=No Opinion

D=Disagree

SD=Strongly Disagree

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Cops don't bother kids for smoking cigarettes in our neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I like action movies with guns firing and things blowing up. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I could probably buy alcohol in a store if I wanted to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I have moved at least twice in the past five years. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I am good at saying the right thing at the right time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. My parents put limits on what I can do with my friends. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. My best friends would get angry with me if I got drunk. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I like school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. My parents think it's WRONG for me to have a few drinks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. It's important to me how our neighborhood looks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I often talk to my parents about important topics. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. My best friends seldom get into trouble. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. There is a lot of fighting and yelling in my house. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I express my ideas very clearly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Both my parents have been actively involved in my life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I have a lot of fun with my parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Drinking alcohol would make me more confident. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I talk to my parents about who I hang out with. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. It seems that my friends change houses a lot. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I was spanked for misbehaving when I was younger. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

WHAT DO YOU THINK?

What kind of career or job would be most fun for you?

SA=Strongly Agree
A=Agree
N=No Opinion
D=Disagree
SD=Strongly Disagree

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 21. I like my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. People get into fights all the time in my neighborhood. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. If I want something, I just ask for it directly. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. It's OK to cheat if you don't get caught. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I can come in at night pretty much when I please. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. My parents would be really mad if they caught me drinking. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I think my school work is important. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I feel my parents listen to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. My best friends don't ask me to do stupid things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I try to ask for my parent's advice when I need it. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I have seen my parents physically hit one another. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I like to read. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. Most of my school work is a waste of time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. Having a gun to defend yourself is necessary where I live. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. Seeing violent movies doesn't really affect anyone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. When people criticize me, I just ignore them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 37. It's important to be involved in after school activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 38. Getting drunk and partying is OK. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. My parents let me drink if they're around. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I have never seen marijuana smoked in our home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. People move in and out of my neighborhood very frequently. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 42. I am good at thinking before I speak. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 43. I would like to move out of my neighborhood if I could. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

WHAT DO YOU THINK?

If you had a million dollars, what would you buy first, and why?

SA=Strongly Agree
A=Agree
N=No Opinion
D=Disagree
SD=Strongly Disagree

- | | | | | | |
|---|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| 44. I use words to solve most of my problems.. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 45. No one in our house smokes cigarettes. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 46. Teachers don't respect students at my school. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 47. My parents don't want me to smoke cigarettes. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 48. When people insult me, I tell them off. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 49. I am very close to at least one of my parents. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 50. It's important to graduate from high school. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 51. Nearly everybody drinks, smokes, or uses illegal drugs in our neighborhood. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 52. I have seen hand guns in my friends' homes. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 53. I am proud of what I accomplish. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 54. Violent movies are bad for young children to watch. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 55. I feel useless at times. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 56. I look forward to attending religious services. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 57. My best friends never drink and drive. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 58. Teachers seldom listen to students' concerns | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 59. It's easy for students to buy cigarettes in my neighborhood. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 60. I feel it is OK to break laws that aren't fair. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 61. I take things that don't belong to me if I need them. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 62. I'm confused about what to do with my life. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 63. My parents are really strict about me doing my school work. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 64. Physical fights happen all the time around my house. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 65. I don't admit to my mistakes. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 66. I don't need alcohol or drugs to feel good. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |

WHAT DO YOU THINK?

What's the most fun activity you've done with your parents in the past year?

SA=Strongly Agree
 A=Agree
 N=No Opinion
 D=Disagree
 SD=Strongly Disagree

- | | | | | | |
|--|--------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| 67. It's easy to find someone selling drugs in our school. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 68. Parties aren't much fun unless people are drinking. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 69. No one has been drunk in our house in the last year. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 70. People are not very friendly at our school. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 71. It's important to help people when they need it. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 72. My parents have told me to stay away from violence. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 73. My parents would be mad if I got in a physical fight. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 74. I like helping people whenever I can | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |
| 75. It's important to stay in touch with police about safety issues. | <input type="radio"/> SD | <input type="radio"/> D | <input type="radio"/> N | <input type="radio"/> A | <input type="radio"/> SA |

WHAT DO YOU THINK?

What advice would you give your friend if he or she wanted to try smoking marijuana?

If your friend had a lot to drink and wanted to drive you home, what would you say?

THANK YOU FOR COMPLETING THIS ATTITUDE
 QUESTIONNAIRE!

PLEASE CONTINUE WITH THE NEXT QUESTIONNAIRE.

BEHAVIOR QUESTIONNAIRE

Directions: Please read the following questions and circle the answer closest to your opinion.

1. How often do you get into trouble at school? ☐ Often ☐ Sometimes ☐ Seldom ☐ Never
2. How often do you get into fights at school? ☐ Often ☐ Sometimes ☐ Seldom ☐ Never
3. How often do you get into trouble for disrupting the class? ☐ Often ☐ Sometimes ☐ Seldom ☐ Never

Directions: How often have you done the following?

4. How many times **IN THE PAST YEAR** have you stolen something from a store or a person? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
5. How many times **IN THE PAST MONTH** were you in a fist fight? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
6. How many times **IN THE PAST MONTH** were you in an argument with friends or family? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
7. How many times **IN THE PAST YEAR** did you bring a weapon (like a knife, gun, or chemical spray) to school? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
8. How many times **IN THE PAST WEEK** did you lose your temper or get really angry? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
9. **DURING THE PAST MONTH**, how often did you go to school but skip or cut class? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
10. **DURING THE PAST MONTH**, how often did you attend church? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
11. How many times **IN THE PAST MONTH** have you read a book, magazine, or article not assigned to you by a teacher in school? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
12. How many times **IN THE PAST WEEK** did you do something fun with your mother, father, or the adult you live with? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
13. How many times **IN THE PAST MONTH** did you have a good talk with your parents? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
14. How many days **PER WEEK** are you involved in an after school activity like sports or music lessons? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more times
15. Have you ever been **SUSPENDED OR EXPELLED** from school? ☐ Yes ☐ No
16. What grades **DID YOU RECEIVE MOST** on your last report card?
☐ mostly As and Bs
☐ mostly Bs and Cs
☐ mostly Cs
☐ mostly Cs and Ds
☐ mostly Ds and Fs

17. About how many days **IN THE PAST YEAR** were you absent from school?

- ☐ 0 to 5 days
- ☐ 6 to 10 days
- ☐ 11 to 15 days
- ☐ 16 to 20 days
- ☐ more than 20 days

18. How often do you get in trouble **AT HOME**?

- ☐ Often
- ☐ Sometimes
- ☐ Seldom
- ☐ Never

19. How many times **IN THE PAST YEAR** have you been to a party where no parent was at home and alcohol was being served?

- ☐ 0 ☐ 3
- ☐ 1 ☐ 4
- ☐ 2 ☐ 5 or more

20. Have you **EVER SMOKED** a cigarette—even just a few puffs?

- ☐ Yes ☐ No

21. On how many **DAYS** in the **LAST MONTH** did you smoke at least one cigarette?

- ☐ None
- ☐ 1 or 2 days last month
- ☐ 3 to 5 days last month
- ☐ 6 to 9 days last month
- ☐ 10 to 19 days last month
- ☐ 20 to 31 days last month

22. Have you **EVER USED** any illegal drugs?

- ☐ Yes ☐ No

23. Have you **EVER SMOKED** marijuana—even just a few puffs?

- ☐ Yes ☐ No

24. On how many **DAYS** in the **LAST MONTH** did you smoke a marijuana joint?

- ☐ None
- ☐ 1 or 2 days last month
- ☐ 3 to 5 days last month
- ☐ 6 to 9 days last month
- ☐ 10 to 19 days last month
- ☐ 20 to 31 days last month

25. Have you **EVER** had a drink of alcohol? (By a drink, we mean a can of beer, a glass of wine, a wine cooler, or a shot of hard liquor.)

- ☐ Yes ☐ No

26. On how many **DAYS** in the **LAST MONTH** did you have an alcoholic drink?

- ☐ None
- ☐ 1 or 2 days last month
- ☐ 3 to 5 days last month
- ☐ 6 to 9 days last month
- ☐ 10 to 19 days last month
- ☐ 20 to 31 days last month

27. Do you think you will drink alcohol in the **NEXT SIX MONTHS**?

- ☐ **DEFINITELY YES**
- ☐ probably yes
- ☐ probably no
- ☐ **DEFINITELY NO**

28. On how many **DAYS** in the **LAST MONTH** did you have **THREE OR MORE** alcoholic drinks?

- ☐ None
- ☐ 1 or 2 days last month
- ☐ 3 to 5 days last month
- ☐ 6 to 9 days last month
- ☐ 10 to 19 days last month
- ☐ 20 to 31 days last month

29. If you have a license, have you **EVER** received a traffic ticket for a moving violation?

- ☐ Yes ☐ No ☐ No License

30. Have you **EVER** driven a vehicle after drinking alcohol or smoking marijuana?

- ☐ Yes ☐ No

31. Have you **EVER** ridden in a vehicle in which the driver had been drinking?

- ☐ Yes ☐ No

32. Have you **EVER** been in a motor vehicle crash while you were driving?

- ☐ Yes ☐ No

33. Have you **EVER** used inhalents to get high?

- ☐ Yes ☐ No

34. How many **DAYS** in the **LAST MONTH** have you used inhalents to get high?

- ☐ None
- ☐ 1 or 2 days last month
- ☐ 3 to 5 days last month
- ☐ 6 to 9 days last month
- ☐ 10 to 19 days last month
- ☐ 20 to 31 days last month

35. Are you male or female?

- ☐ Male ☐ Female

36. What is your age?

_____ years old

37. What category would you call yourself?

- ☐ White, European Origin
- ☐ Not of European Origin
- ☐ Other (write in) _____

38. What type of home do you live in?

- ☐ I live with both birth parents
- ☐ I live with 1 birth parent
- ☐ and 1 step parent
- ☐ I live with 1 birth parent
- ☐ I live with adults other
- ☐ than parents
- ☐ Other

39. What **GRADE** are you in now?

- ☐ 5th grade ☐ 10th grade
- ☐ 6th grade ☐ 11th grade
- ☐ 7th grade ☐ 12th grade
- ☐ 8th grade ☐ not in school
- ☐ 9th grade

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. THE RESULTS WILL BE VERY HELPFUL FOR YOUR SCHOOL.

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