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ABSTRACT

Noting that health-risk behaviors among youth may result in immediate health problems or extend into adulthood and increase risk for chronic diseases, this report examines the prevalence of health-risk behaviors among a nationally representative sample of persons aged 12 to 21 years and presents age group comparisons of the most important health-risk behaviors. Risk behaviors include failure to use car safety belts, possession of weapons, use of tobacco or alcohol, use of drugs, and engagement in sexual activity. The study used national data from the Youth Risk Behavior Survey (YRBS), which periodically measures the prevalence of priority health-risk behaviors among adolescents. The findings showed that at least one fourth of all 12- to 13-years-olds engage in one health-risk behavior, underscoring the importance of initiating prevention measures early and, because the prevalence of health-risk behaviors generally increases with age, of reinforcing such measures in later school years, including middle and senior high school. (AP)

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# Health-Risk Behaviors Among Persons Aged 12–21 Years — United States, 1992

Health-risk behaviors among youth may result in immediate health problems (e.g., injuries and sexually transmitted diseases) or extend into adulthood and increase risk for chronic diseases (e.g., heart disease and cancer) (*1*). This report uses national data from the Youth Risk Behavior Survey (YRBS), conducted as part of the 1992 National Health Interview Survey (NHIS), to examine the prevalence of selected self-reported health-risk behaviors among persons aged 12–21 years.

The YRBS is a component of CDC's Youth Risk Behavior Surveillance System, which periodically measures the prevalence of priority health-risk behaviors among adolescents (*1*). The 1992 NHIS was conducted among a representative sample of the civilian noninstitutionalized U.S. population using a multistage cluster-area probability design of approximately 120,000 persons representing 49,000 households. The YRBS was conducted as a follow-back survey to the NHIS among a representative sample of persons aged 12–21 years in the sampled households. Adolescents who did not attend school were oversampled. During April 1992–March 1993, respondents listened to a tape recording of the questionnaire and recorded their responses on a standardized answer sheet. Questionnaires were completed by 10,645 (77.2%) eligible respondents. Respondents were categorized into three age groups that generally corresponded to three schooling levels: middle/junior high school (12–13 years; n=2195), senior high school (14–17 years; n=4126), and postsecondary school (18–21 years; n=4324). SUDAAN was used to compute all standard errors for the estimates and for differences between the estimates (*2*). All estimates were based on weighted data.

Persons aged 12–13 years were significantly less likely than those aged 18–21 years to have reported "always" using safety belts when riding as a passenger in a car or truck (31.6% versus 36.1%) (Table 1). The percentage of persons who reported that, during the 30 days preceding the survey, they had ridden with a driver who had been drinking alcohol increased significantly with age group (12–13-year-olds, 11.3%; 14–17-year-olds, 21.7%; and 18–21-year-olds, 34.5%); in comparison, the percentage who reported physical fighting during the 12 months preceding the survey decreased significantly with age group (12–13-year-olds, 49.0%; 14–17-year-olds, 43.8%; and 18–21-year-olds, 29.4%). Adolescents aged 14–17 years were significantly more likely than those aged 12–13 years and aged 18–21 years to have reported carrying a weapon (e.g., gun, knife, or club) during the 30 days preceding the survey (17.1% versus 12.6% and 13.6%, respectively). Reported use of motorcycle helmets did not vary by age group.

Lifetime and current* cigarette use increased significantly with age group, and current* use of smokeless tobacco was significantly higher among the older age groups (Table 1). Compared with persons aged 12–13 years, those aged 18–21 years were three times more likely to have reported using alcohol during their lifetimes (28.0% versus 86.7%), nine times more likely to report current episodic heavy drinking† (4.3%

*On 1 or more of the 30 days preceding the survey.
†Drinking five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey.

**TABLE 1. Percentage of persons aged 12–21 years who engaged in selected health-risk behaviors, by age group — United States, Youth Risk Behavior Survey, National Health Interview Survey, 1992**

| Behavior | Age group (yrs) 12–13 | 14–17 | 18–21 | Total | SE* of the difference between age groups 12–13 and 14–17 | SE of the difference between age groups 14–17 and 18–21 | SE of the difference between age groups 12–13 and 18–21 |
|---|---|---|---|---|---|---|---|
| Used safety belts† | 31.6 | 33.5 | 36.1 | 34.2 | 1.4 | 1.3 | 1.6§ |
| Used motorcycle helmets¶ | 48.4 | 41.6 | 44.7 | 44.1 | 3.3 | 2.4 | 3.3 |
| Rode with a drinking driver** | 11.3 | 21.7 | 34.5 | 25.0 | 1.0§ | 1.2§ | 1.2§ |
| Participated in a physical fight†† | 49.0 | 43.8 | 29.4 | 38.8 | 1.5§ | 1.2§ | 1.4§ |
| Carried a weapon§§ | 12.6 | 17.1 | 13.6 | 14.8 | 1.0§ | 0.9§ | 1.0 |
| Lifetime cigarette use¶¶ | 29.9 | 58.0 | 76.9 | 60.4 | 1.4§ | 1.2§ | 1.4§ |
| Current cigarette use*** | 7.7 | 25.4 | 37.6 | 27.0 | 1.0§ | 1.3§ | 1.1§ |
| Current smokeless tobacco use††† | 2.7 | 8.8 | 8.5 | 7.5 | 0.7§ | 0.8 | 0.6§ |
| Lifetime alcohol use§§§ | 28.0 | 65.6 | 86.7 | 67.3 | 1.4§ | 1.0§ | 1.3§ |
| Current episodic heavy drinking¶¶¶ | 4.3 | 21.0 | 39.7 | 25.6 | 0.8§ | 1.2§ | 1.1§ |
| Lifetime marijuana use**** | 3.4 | 20.4 | 45.8 | 27.5 | 0.8§ | 1.1§ | 1.0§ |
| Lifetime cocaine use†††† | 0.4 | 2.5 | 11.4 | 5.8 | 0.3§ | 0.7§ | 0.7§ |
| Ever injected drugs§§§§ | 0.1 | 0.9 | 1.2 | 0.9 | 0.2§ | 0.3 | 0.2§ |
| Ever had sexual intercourse | ¶¶¶¶ | 43.4 | 81.7 | 63.0 | ¶¶¶¶ | 1.2§ | ¶¶¶¶ |
| Sexual intercourse with ≥4 sex partners | ¶¶¶¶ | 13.3 | 41.3 | 27.6 | ¶¶¶¶ | 1.2§ | ¶¶¶¶ |
| Used condom during most recent sexual intercourse | ¶¶¶¶ | 58.5***** | 36.9***** | 43.5***** | ¶¶¶¶ | 2.0§ | ¶¶¶¶ |
| Used birth control pills during most recent sexual intercourse | ¶¶¶¶ | 18.2***** | 34.8***** | 29.7***** | ¶¶¶¶ | 1.7§ | ¶¶¶¶ |
| Ate fruits and vegetables††††† | 17.0 | 13.4 | 10.9 | 13.1 | 1.3§ | 0.8§ | 1.2§ |
| Ate foods typically high in fat§§§§§ | 32.9 | 34.2 | 27.7 | 31.3 | 1.3 | 1.2§ | 1.4§ |
| Engaged in moderate physical activity¶¶¶¶¶ | 34.8 | 27.4 | 21.2 | 26.3 | 1.5§ | 1.1§ | 1.5§ |

*Standard error.
†Safety belts used "always" when riding in a car or truck as a passenger.
§p<0.05.
¶Helmets used "always" among respondents who rode motorcycles.
**Rode at least once during the 30 days preceding the survey in a car or other vehicle driven by someone who had been drinking alcohol.
††Fought at least once during the 12 months preceding the survey.
§§Carried a gun, knife, or club at least 1 day during the 30 days preceding the survey.
¶¶Ever tried cigarette smoking, even one or two puffs.
***Smoked cigarettes on 1 or more of the 30 days preceding the survey.
†††Used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey.
§§§Ever drank alcohol.
¶¶¶Drank five or more drinks of alcohol on at least one occasion during the 30 days preceding the survey.
****Ever used marijuana.
††††Ever used cocaine.
§§§§Respondents were classified as injecting-drug users only if they 1) reported injecting-drug use not prescribed by a physician and 2) answered one or more to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug such as LSD, PCP, ecstacy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"
¶¶¶¶Respondents aged 12–13 years were not asked this question.
*****Among respondents who had had sexual intercourse during the 3 months preceding the survey.
†††††Ate five or more servings of fruits and vegetables (e.g., fruit, fruit juice, green salad, and cooked vegetables) the day preceding the survey.
§§§§§Ate no more than two servings of foods typically high in fat (e.g., hamburger, hot dogs, or sausage; french fries or potato chips; and cookies, doughnuts, pie, or cake) the day preceding the survey.
¶¶¶¶¶Walked or rode a bicycle at least 30 minutes at a time on 5 or more of the 7 days preceeding the survey.

versus 39.7%), 13 times more likely to have used marijuana during their lifetimes (3.4% versus 45.8%), and 28 times more likely to have used cocaine during their lifetimes (0.4% versus 11.4%). Reported injecting-drug use was significantly higher among persons aged 14–17 years (0.9%) and aged 18–21 years (1.2%) than among those aged 12–13 years (0.1%).

Persons aged 18–21 years were significantly more likely to report having had sexual intercourse (81.7%) and to have had four or more sex partners during their lifetimes (41.3%) than 14–17-year-olds (43.4% and 13.3%, respectively) (Table 1).[§] Among adolescents who reported having had sexual intercourse during the 3 months preceding the survey, 14–17-year-olds were significantly more likely than 18–21-year-olds to have used a condom (58.5% versus 36.9%) and significantly less likely to have used birth control pills (18.2% versus 34.8%) during last sexual intercourse.

Reported consumption of five or more servings of fruits and vegetables during the day preceding the survey decreased significantly by age group (12–13-year-olds, 17.0%; 14–17-year-olds, 13.4%; and 18–21-year-olds, 10.9%) (Table 1). Consumption of two or more servings of foods typically high in fat during the day preceding the survey was significantly less common among 18–21-year-olds (27.7%) than among 12–13-year-olds (32.9%) or 14–17-year-olds (34.2%). Participation in moderate physical activity[¶] decreased significantly by age group (12–13-year-olds, 34.8%; 14–17-year-olds, 27.4%; and 18–21-year-olds, 21.2%).

*Reported by: Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion; Div of Health Interview Statistics, National Center for Health Statistics, CDC.*

**Editorial Note:** The findings in this report document age group comparisons of the most important health-risk behaviors among a nationally representative sample of 12–21-year-olds. These findings extend previous analyses, which documented how health-risk behaviors differ between young persons who were and were not enrolled in school (*3*).

Public health and education officials can use these findings to target interventions to the most appropriate age groups. For example, although reported sexual activity was higher among 18–21-year-olds than among 14–17-year-olds, condom use was lower and birth control pill use was higher among members of the older group. These findings suggest that although persons in the older group were better protected against unintended pregnancy, they were less protected against human immunodeficiency virus infection and other sexually transmitted diseases. The finding that levels of reported physical activity were inversely proportionate to age suggests the need for increased efforts to motivate adolescents to sustain at least moderate levels of physical activity throughout their lives.

Based on the survey, at least one fourth of all 12–13-year-olds engage in at least one health-risk behavior (e.g., failure to always wear safety belts, physical fighting, tobacco use, or alcohol use), underscoring the importance of initiating prevention measures early—ideally during elementary school (*4*). However, because the prevalence of health-risk behaviors generally increases with age, such measures must be reinforced in middle/junior high school and senior high school. For example, comprehensive school health education should be provided from kindergarten through 12th grade and should focus on assisting students to develop skills to avoid or reduce the most important health-risk behaviors (*4*). Additional interventions that focus on skills

[§]Respondents aged 12–13 years were not asked the sexual behavior questions.
[¶]Walked or rode a bicycle at least 30 minutes at a time on 5 or more of the 7 days preceding the survey.

to promote healthy behavior should be made available to young persons in the workplace and in postsecondary institutions.

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