CHAPTER 1
INTRODUCTION

1.1. A general overview of the research project

1.1.1. Health and psychosocial risk behaviours of adolescents

Over the last few years, the appearance of risk behaviours for the first time during adolescence, such as the use of drugs and precocious and unprotected sexual activity, has become the source of an increasing social concern in the Western society, including a lot of European countries (Schulenberg, Maggs & Hurrelmann, 1997). Such risk behaviours may have serious negative effects on the personal health and psychosocial well-being, leading to addiction, sexually transmitted diseases or teenage pregnancy. Besides, recent researches on substance use (Kandel, 1998) and sex (Graber, Brooks-Gunn & Galen, 1998) have shown a general increase in the number of adolescents involved and the tendency of being involved at an increasingly early age.

Various health prevention programmes were established, aimed to avoiding the involvement of youngsters in substances and sex or at least to reduce the amount of risk. However, rarely these programmes lead to satisfactory results. The failure has several reasons.

First, the knowledge of these behaviours is limited and often not up-to-date: only recently normal populations have been investigated instead of high-risk groups, and most of the researches were limited to the U.S. (Jessor, 1998). It is unlikely that the processes of the involvement of the adolescents at high-risks are the same of those of a normative population (Moffitt, 1993). In addition the various social and cultural contexts within western society have their peculiarities that probably differ from the American ones (Nurmi, 1998).

Second, despite the fact that the World Health Organisation (1946) has defined health as a general condition of physical, mental and social well-being, most of these programmes only consider the physical aspects of risk and focus on a small set of behaviours. Therefore, they lack an account of the individual as a whole person with his/her personal characteristics interacting with a particular environment (Statton, 1995; Jackson, Born & Jacob, 1997). Besides, the prevention programs generally try to promote healthier life-styles changing attitudes and knowledge, i.e. increasing the awareness of the potentially negative consequences. Unfortunately, this model is inspired by a simplistic view of human behaviour: a number of aspects different from knowledge and attitudes, such as feelings, emotions and social advantages, may fulfil an important role in the decision to

---

1 The research was partially funded by a Marie Curie Fellowship within the European Community programme TMR (Training and Mobility of Researchers, 6th call for proposals: 18/03/1997), contract No: ERBFMBIC972738, title of the project: “Adolescent risk-taking in drug-use and sexual activity: understanding and risk perception in two European countries with different social policies” (Ciairano, Bonino & Jackson, 2001).
behave in a healthy or risky way (Beyth-Marom & Fischhoff, 1997; Parsons, Siegel & Cousins, 1997; Coleman & Roker, 1998).

Third, in spite of a naïve acknowledgement of the particular psychosocial characteristics of contemporary adolescence, the available scientific knowledge has hardly been used by health prevention programmes (Hurrelmann, 1994; Noack & Krache, 1997; Crockett & Silbereisen, 2000a). Furthermore, risk behaviours have mostly been regarded from an adult point of view. Little attention has been given to the possibly positive functions of such behaviours within a context (Labouvie, 1986; Silbereisen, Eyferth & Rudinger, 1986) and to what the adolescents could tell us about their perspective on risk (Silbereisen, 1998).

Nevertheless, the task of enhancing health, promoting a better adjustment and diminishing risk during adolescence, as well during other periods of life, is likely to be difficult. First of all, we cannot realistically expect to realize a complete condition of well-being (Antonovsky, 1979). Aspiring to this type of well-being, provided that such well-being is at all possible, implies the denial of the positive value of the disequilibria and crises which characterize human development and may lead to greater stability and flexibility (Verhofstadt-Denève, Kienhorst & Braet, 1996). According to the most recent theories, human development consists of incremental changes, which are able to realize a greater complexity, coherence and stability within the person and his/her relationships with the environment (Ford & Lerner, 1992). Therefore, the effort to promote individual capabilities and environmental resources aimed at the optimisation of development would probably be more appropriate than referring to an abstract well-being. Furthermore, a greater collaboration among scholars and various social and educational agencies, such as the community, the schools and the families, would be useful to improve the links between theoretical suggestions and current practices.

However, recognising that this task is intrinsically difficult does not imply that alternative ways should not be investigated. In particular, recognising that human development is in general difficult to understand (Lerner, 1998), does not imply that it is considered unpredictable. On the contrary, the awareness of the difficulties is a stimulating challenge for psychologists and has to lead to a deeper investigation of the factors and the processes related to more adjusted or risky life paths (Magnusson & Stattin, 1998; Weichold & Silbereisen, 2002), especially in times of rapid social changes (Pinquart & Silbereisen, 2003). A great commitment is necessary to realize better conditions for development and well-being, despite the biological, psychological or environmental limitations, which each human being may have.

It is time to ask the following question: “what can be really done to improve the efficacy of health promotion programmes addressed to the real adolescents?” Nowadays, sufficient knowledge is
available for making a good start. The centrality of the person with his/her always imperfect identity and the role of human cognitive capabilities to interpret and attribute meanings to reality have been recognised within different dimensions: cognitive, relational and physical (Piaget, 1972; Antonovsky, 1987; Bruner, 1990; Mroziak & Frączek, 1999). The studies on resilience have shown that the individual has the capacity to resist also stressful events (Rutter, 1993, 1996). Social cognitive theory has underlined the role of “human agency” in orchestrating the course of actions necessary to effectively face the challenges of each phase of life (Bandura, 1977). There is a personal responsibility in the process of selecting among the options, within the set of individual opportunities and environmental resources, leading to different developmental paths (Rutter & Rutter, 1992). Therefore, we no longer need to consider the risk behaviours of adolescents as the compulsory result of internal moods or external pressures, as was done in the “storm and stress model” (Hall, 1904). We can now begin to investigate which factors and processes are more likely to promote a less risky developmental transition towards adulthood (Schulenberg, Maggs & Hurrelmann, 1997).

1.1.2. Understanding adolescents’ risk behaviours: a challenge for researchers

To face this complex task, it is necessary to employ a multi-causal and probabilistic theoretical framework: a model that recognises the active role of the adolescent, as a whole person (Jackson, Born & Jacob, 1997), in shaping his/her development, selecting goals and making choices (Silbereisen, Eyferth & Rudinger, 1986) and within the opportunities and the constraints of his/her environment (Jackson & Rodriguez-Tomé, 1993; Silbereisen & Todt, 1994).

On the basis of this framework a scientific and updated knowledge on how normal adolescents really behave in specific contexts has to be acquired. Gaining information on normal development may help us to achieve a better understanding of adolescence and of the processes that contribute to determine the individual’s involvement in risk behaviours. Moreover, within the current view of health, primary prevention is more crucial than secondary prevention and therefore the knowledge drawn from a normal population is far more interesting than the information obtained from a high-risk group. In order to gain a better understanding of the involvement of adolescents in behaviours entailing health and psychosocial risk, the variety of possible interactions over time between protective and risk factors in the individual and his/her environment has to be investigated (Silbereisen & Noack, 1990; Hurrelmann & Nestman, 1994; Silbereisen, 1998).

Undertaking cross-national researches has recently proven to be a key challenge for a scientific study of the risk behaviours of adolescents: in fact, the comparison of different social and cultural contexts may capture what is general or local (Lindman & Lang, 1994; Jessor, Turbin, Costa, Dong, Zhang & Wang, 2003). The interest is not limited to the differences in involvement or risk-
perception. Rather, the focus is on the similarities and differences in the relations within and between the behaviours and their determinants (Seiffe-Krenke, 1990; Crockett, 1997; Moore & Parsons, 2000).

Finally, it is important to identify the positive functions that risk behaviours may fulfil in the transition towards adulthood within a particular context (Hurrelmann & Lösel, 1990; Hurrelmann, Maggs & Schulenberg, 1997). For instance, a behaviour that bears a physical risk, such as cigarette smoking or heavy drinking, may offer a psychological advantage, because it allows the individual to show a precociously adult appearance in a context that appreciates it. On the contrary, another behaviour, that does not represent a risk per se, may become risky for the present and/or the future psychological and psychosocial well-being, for instance when a person is forced, at least psychologically, to have sex.

The present research is an, obviously limited, endeavour to shed more light on various risk behaviours of adolescents, such as psycho-active substance use and precocious and/or unprotected sexual activity, which can compromise personal health and psychological and social well-being during adolescence and beyond. The idea of this project began with an interest in adolescence as one of the key periods for the development of various life styles, involving different degrees of risk (Bosma & Jackson, 1990; De Wit & Van der Veer, 1991; Crockett & Silbereisen, 2000b).

1.1.3. Justifications for a cross-national approach

Based on the “Theory of Problem Behaviour” elaborated in the U.S.A. by Jessor (Jessor & Jessor, 1977; Jessor, Donovan & Costa, 1991) and on the model of “development as action in context” (Silbereisen, Eyferth & Rudinger, 1986), a complex cross-national research project has been implemented using different tools, such as questionnaires and interviews.

Data were collected in normal samples of adolescents attending secondary school in Italy and in the Netherlands. These two European countries offer good opportunities for the comparison of substance use and sex during adolescence, for at least two sets of reasons: they differ in social policies and cultural scripts on such risk behaviours and they are also characterised by different models of transition towards adulthood.

Concerning social policies and scripts about risk behaviours, Italy and the Netherlands differ in the following features: marijuana use is illegal in Italy and controlled in The Netherlands; as Italy is the major world producer of wine, alcohol use is probably more diffuse in this country, but the same is probably not true for alcohol abuse; in both countries tobacco smoking is not allowed in public places, but in the Netherlands this type of rule is generally respected, while in Italy transgression is quite common. Sex-education and prevention of sexually transmitted diseases as well as contraception are more likely to be common in the Netherlands. In fact, a long time ago Dutch laws
clearly separated private affairs such as sex from moral and religion. Italy, on the other hand, is a more traditional, catholic country. Divorce has been legal only from the eighties on, as well as abortion, prostitution is still not legal in Italy, some contraceptive methods like the pill are quite uncommon and the tradition of sexual-education in school is certainly shorter than in the Netherlands.

In addition, Italy and the Netherlands differ on the transition to adulthood. Italy belongs to the Mediterranean model, characterised by extended and extensive cohabitation of young adults with the original family, which is generally left only after marriage; marriage tends to occur later in the younger cohorts. The Netherlands belong to the Northern-central European model, characterised by a more precocious disengagement from the family, which young adults leave so as to live independently, cohabiting with friends or a partner well before marriage and in general even before having finished University (Hurrelmann, 1994; Du Bois-Reymond, Diekstra, Hurrelmann & Peters, 1995; Scabini, 1998). These different patterns of transition are relevant because they may have an influence on the particular type of developmental tasks that adolescents have to face. For instance, the developmental task of independence and constructing new social relations with peers and a partner may be more urgent for Dutch adolescents, who are close to gaining autonomy. At the same time, negotiating new relations with the family and managing themselves within the school might be more relevant for Italian adolescents, who are sociologically quite far from gaining autonomy.

Finally, the results will be used to identify the positive functions of such risk behaviours and to draw, through a theoretical reflection, some methodological suggestions in order to improve the efficacy of health prevention programmes that are currently used.

This chapter will continue with a reflection on the main characteristics of the developmental processes of contemporary adolescents, of the theoretical model on which the research is based, and a brief review of the most recent psychological literature on the involvement of adolescents in risk behaviours, especially drug-use and sexual activities.

1.2. Adolescents and risk

1.2.1. Risk and the developmental tasks of contemporary adolescents

What is the meaning of risk during adolescence? The current definition of health is linked to a new concept of risk, which is particularly relevant where adolescents are concerned. The new concept of risk does not refer only to bio-medical aspects, but also to the negative consequences for individual psychosocial adjustment (Jessor, 1998). The adolescent who smokes marijuana, for instance, does not risk only his/her physical health, increasing the likelihood of lung cancer or cardio-vascular diseases. He/she is risking his/her psychosocial adjustment that is changing rapidly
during adolescence. The use of marijuana may promote conflicts with parents, a decrease of interest towards school, self-reproach and feelings of blame. However, also other behaviours, such as alcohol use or tobacco smoking or sexual activities, may lead to problems in psychosocial adjustment: in fact they are socially acceptable during adulthood but not during adolescence.

Considering that the psychosocial risk has to be contextualised within a specific period of life with its peculiar developmental tasks, I would like to start with some brief theoretical reflections on the main characteristics of current adolescence.

Nowadays, within the western society, adolescence is characterised by a particular condition of social suspension: the adolescent has already gained physical maturity, but has not yet gained the independence and responsibilities of an adult (Hurrelmann & Engel, 1989; Hurrelmann, 1994; Schulenberg, Maggs & Hurrelmann, 1997). Due to a combination of economic, health and sociological changes (more availability of resources in terms of food and care and higher levels of education required by more specialized work), adolescence is considerably longer than in the past, especially in the Mediterranean countries (Scabini, 1998). Besides, the temporal boundaries of this life period are more vague and the transition towards the adult world is less clearly defined (Petersen, 2000). On the one side, this situation of social suspension offers greater opportunities for development, since the individual has more time available to prepare himself/herself to become an adult. On the other side it may also promote a greater discomfort because developmental tasks become more indeterminate.

Generally speaking, boys and girls have to face peculiar developmental tasks (Havighurst, 1952; Coleman, 1989) during adolescence such as: the acquisition of greater autonomy, the re-negotiation of relations with parents (Maccoby & Martin, 1983; White, Speisman & Costos, 1983; Scabini, 1995), the construction of new social relationships with peers (Youniss & Smollar, 1990; Bradford Brown, Dolcini & Leventhal, 1997) and a romantic partner (Dowdy & Kliewer, 1998), the redefinition of the body image and own personal identity (Bosma & Kunnen, 2001), also in relation to the future self-realisation (Silbereisen & Noack, 1990). These developmental tasks may run parallel to the acquisition of the capacity of thinking at an abstract level and, thus, to the enlargement of the temporal perspective (Nurmi, 1997).

Within our culture, adolescence is intended as the period of life during which boys and girls have the opportunity of developing their own identity, partially far from adults’ responsibilities. The psychological processes, which are particularly relevant for the redefinition of identity, are experimentation, identification and differentiation (Erikson, 1950; Marcia, 1980; Kroger, 2000).

In order to find a personal and socially acceptable style of relating to their own selves and to the others, adolescents question their role within society and in the future, and on the bases of
individual and social resources they explore different opportunities in selecting those which appear more convenient (Bosma & Jackson, 1990). Therefore, adolescence is the period during which the individual needs to test his/her own new capacities and to experiment himself/herself, while waiting to become adult.

Exploration and experimentation belong to a normal developmental path, but they may also lead to dangerous, sometimes also very serious, consequences when the adolescent does not have enough personal and environmental resources to face the various developmental tasks (Caprara & Fonzi, 2000). This exploration and experimentation may, in fact, be realised through different behaviours: for instance organising a holiday with friends, having a boyfriend or a girlfriend or using marijuana or other drugs. However, avoiding exploration to make strong commitments precociously may also be dangerous (Marcia, 1996). For instance, the possibilities of future realisation of a boy who decides to leave school in order to follow the profession of his father may be limited, as well as those of a girl who gets married very young like her mother did, just because she is pregnant. The process of exploration involves also testing one’s own capabilities, selecting an educational path, setting the bases of a future career in order to realise oneself as an adult within a complex and specialised world. Therefore, the school is very important and it is easy to understand why failures or lack of satisfaction may have negative consequences for the adolescent’s development. Within the present western society, school is often the only context in which the adolescent is allowed to show his/her capabilities and competencies.

Through identification, the adolescent assumes behaviours, rules and conceptions of other persons, such as those of parents, other adults or peers. On the bases of his/her interests, attitudes and personal values that the adolescent is developing, he/she builds new identifications and maintains some of the old ones from infancy. Identification usually goes together with the complementary need to differentiate from others, developing a personal way of thinking and behaving. It is through these processes that he/she reaches an identity (Grootevant & Cooper, 1986). The need of being, at the same time, similar to someone and different from someone else helps to understand the key importance of the environmental models that are available to the adolescent.

The construction of a new identity matches the re-definition of social relations, both within and outside the original family. This redefinition involves negotiating more equal relations with parents and gaining more space of personal autonomy. The family promotes a better adjustment when it is able to accept the adolescent’s changes and to allow him/her this increasing independence (Aunola, Stattin & Nurmi, 2000; Jacobson & Crockett, 2000). However, the family is still very central for adolescents and friends will never overcome the parents in importance. The rather good relations with parents are often connected with good relations with peers (Meeus, Helsen & Vollebergh,
The adolescent still needs to be supported and to have rules from the family: a good balance between support and control promotes the adolescents’ perception that parents are taking care of them, that they are also providing clear boundaries. Nevertheless, the protective role of parents changes with age and the socio-cultural context. During early adolescence the most protective parenting style is the authoritative style. For older adolescents and within societies where independence is acquired precociously, supportive parents are likely to be more efficient (Ciairano, Bonino, Jackson & Miceli, 2001).

The relationships with friends are also of an increasing importance, because within the peer group it is possible to have fun, to build new values, to share feelings and thoughts and to experiment with new activities and behaviours (Palmonari, Pombeni & Kirchler, 1989). Relationships with peers constitute one of the most important settings for social comparison. Spending time with friends offers the opportunity to discuss one’s own doubts with people that are facing similar problems and to monitor the efficacy of different problem solving strategies. The relations with peers allow the adolescent to explore new spaces and to learn to reason autonomously on behaviours and choices, far from adult control. Thus the peer group fulfils an important instrumental and emotional role of support. However, the positive or negative role of friends may change with the type of peer group and the activities they share. Some recent studies have shown that within the peer group there is an interaction between the selection processes and reciprocal influence. On the one side, the adolescent tends to select friends which share characteristics or behaviours with him/her. On the other side, sharing experience with peers leads to a greater similarity (Engels, Knibbe, Droop & De Hann, 1997; Engels, 1998).

1.2.2. Characteristics of risk during “adolescences”

At the present there are different ways to be an adolescent. This fact allows us to talk of “adolescences”, instead of one, type of, adolescence. Moreover, it appears more adequate to refer to risk in relation to this specific period of life, rather than to risk in general.

Actually, during adolescence risk assumes peculiar characteristics and it is a complex and multidimensional phenomenon. In the first place, the risk behaviours of adolescents rarely appear isolated from each other: more often they are shaped as a constellation prefiguring healthier or unhealthy life-styles (Jessor, Donovan & Costa, 1991). The study of the adolescents’ risk behaviours thus requires a dual level of analysis: on the one side, the investigation of different risk behaviours that may fulfil similar psychological functions and meet similar needs; on the other side, the analysis of what differentiates among them and constitutes their specificity.

Secondly, it is necessary to consider the complex interaction between protective and risk factors, which may mitigate or amplify the impact of risk on the adolescents’ behaviours and development.
(Jessor, 1998). This interaction contributes to explain why many “high-risk” adolescents (i.e., children of negligent families, affiliating with deviant peers or living in ugly neighbourhoods) do not behave in a risky fashion, or whether involved, they do not risk too much or abandon risk behaviours quickly. In contrast to this, it may happen that some adolescents apparently at low-risk (i.e., because they have supporting parents and attend good quality school) may seriously jeopardise their well-being and adjustment. Some of the potential risk and protective factors were already investigated, but others have still to be discovered. For instance, low self-efficacy (Bandura, 1997), low expectations of success and self realisation at school, being close to persons who approve of risk behaviour or who behave as risk models were shown to be risk factors (Jessor, Donovan & Costa, 1991). On the contrary, parental support (Juang & Silbereisen, 1999) and life skills for facing normal daily difficulties fulfil the role of protective ones (Caprara & Fonzi, 2000). However, the functioning of these factors is still not completely clear. In order to gain a better understanding of the process that is leading some adolescents so much to risk, despite the awareness of the negative consequences on health, it is necessary to draw the complex web of reasons that cause adolescents to be involved in risk behaviours, identifying the structures in which they are embedded and the “logic” of their occurrence (Jessor, 1998).

Thirdly, some authors (Bosma & Kunnen, 1999) already underlined that the adolescents’ risk-taking may be viewed from two, quite different, points of view: as trouble or as adventure and opportunity.

The view of the adolescents’ risk-taking as trouble appears to be the favourite perspective of parents, teachers, researchers and adults in general. It has its roots in antiquity, since Greeks and Romans already complained about the reckless behaviour of young people. This view focuses on the danger of sex and psychoactive-substances use and it is aimed at identifying the epidemiological, sociological and developmental correlates of the adolescents’ risk behaviours (Plant & Plant, 1992).

Considering risk-taking as opportunity is usually more common among adolescents themselves than among researchers (Lightfood, 1997; Kelly, 2000). It has also its roots in antiquity when risks were shaped as tests of strength or initiation rituals that children had to face in order to abandon infancy and to become adults. According to this perspective, risk-taking concerns adventurous and exciting activities within normative developmental processes, such as exploration and experimentation and achieving identity. Recently some researchers started to investigate risk from this perspective (Ponton, 1997), while others tried to explore what risk-taking really means for young people (Silbereisen & Noack, 1988).
In the present study, adolescents’ risk behaviours have been considered neither as only trouble nor as just opportunities. They are not only trouble because most of them appear as short and limited incursions in risk and soon disappear (Koops, 1996). However, the risk behaviours of the adolescents are also not only adventure and opportunity, because the adolescents may find other less risky and more adaptive ways to successfully master developmental tasks.

1.3. The theoretical framework of the research: an interactionistic-constructivistic model

1.3.1. Development as action in a context

Developmental psychology has been under the influence of deterministic and one-way causal models for a long time, such as behaviourism or psycho-analysis (Ford & Lerner, 1992). According to these models the individual is fundamentally passive, influenced by biological or environmental cues and the explanation of human behaviour is attributed to one or few causes. Adolescents’ risk behaviour, for instance, may be explained through hormonal changes linked to puberty, the influence of a deviant peer group, or unsatisfactory family experience during childhood: the individual is viewed more as the victim of internal or external drives, than the actor of his/her present and future.

This conception has been completely overcome nowadays. First, several studies and researches showed that the individual is not the passive receiver of what happens around or within him/her. Rather, he/she is the main actor of his/her development, contributing to the construction of a particular developmental path, re-elaborating and attributing meaning to individual experiences and environmental influences through the cognitive capacities which are characteristic of human beings (Silbereisen, Eyferth & Rudinger, 1986). Second, also the simplest human behaviour has more than one cause. Rather, it is the result of the interaction, continuously changing through time, among several individual and environmental factors. The particular shape of this interaction may lead to a set of different developmental paths (Rutter & Rutter, 1992). This last point allows also overcoming the models that are strictly based on the concept of developmental phases or stages, because maturity in itself was shown to be insufficient to promote the acquisition of a new competence, such as the formal way of thinking during adolescence. Each new acquisition is always born from the interaction between individual and environmental resources, especially cultural resources if cognitive capacities are concerned.

On this basis, more complex theoretical models have been introduced in psychology, in particular the constructivistic and interactionistic model.

Within a constructivistic and interactionistic model, development is conceptualised as action in a context (Silbereisen, Eyferth & Rudinger, 1986). With action the model underlines the role of the
individual action, which is intentional and addressed to realise an optimal adjustment with the environment. With context the model underlines that the individual action is always realised in a psycho-social setting that, with its characteristics and peculiarities, offers the individual potentialities with higher or lower likelihood to be expressed. Thus the acknowledgement of individual choices goes together with the acknowledgement of the presence of limits, biological or environmental, to human action and, accordingly, to the life paths that may be undertaken.

On the one hand, it is a framework that allows great opportunities for change, because the present and the future are not prisoners of the past (Ford & Lerner, 1992). On the other hand, there is the awareness that change and discontinuity are more likely in some life periods than in others, such as during some sensible periods or some developmental transition (Schulenberg, Maggs & Hurrelmann, 1997).

According to the theoretical model of development as action in a context (Silbereisen, Eyferth & Rudinger, 1986), the risk behaviours of adolescents represent the active research of the individual to adapt to a particular context, and they may fulfil some positive functions, similar to other, healthier behaviours. The authors talk of a functional equivalence of different behaviours: the adolescent may, for instance, show others his/her independence through risk behaviour, such as tobacco smoking, or through healthy behaviour, such as being able to construct personal opinions and to defend them against others. Moreover, behaviours that are similar at a phenomenological level may be based on different structures of motivations and may lead to different consequences for the individual’s development. The situation of an adolescent, who drinks alcohol at a party, or during other social occasions, is quite different from the condition of an adolescent who drinks alcohol alone to try to solve his/her problems. In the second case it is more likely that alcohol use becomes abuse and that a malicious circle is established between the perception of difficulties and problems, alcohol abuse and even greater discomfort.

1.3.2. The Problem Behaviour Theory

The interactionistic and constructivistic theoretical framework used in this research, is based on both the model of development as action in a context and the “Problem Behaviour Theory” of Jessor (Jessor & Jessor, 1977; Jessor, Donovan & Costa, 1991). The Problem Behaviour Theory considers the adolescents’ risk behaviours, such as all other behaviours, as the expression of the dynamic interaction between the individual and his/her environment. It is a dynamic interaction because the relation between the individual and his/her environment cannot be defined exactly. Rather, the relation between individual and environmental factors introduces continuous changes both in the individual and in the environment.
More specifically, the likelihood of engaging in risk behaviour and the level of involvement depends on the balance between risk and protective factors with respect to particularly health and psychosocial risk behaviours. Particularly the interactions between three different systems have to be taken into account: the system of the subjects’ variables, the system of the perceived environment variables and the system of the behaviour variables (Figure 1). To distinguish between personal and environmental variables is fundamental from a theoretical point of view, but their effects always come from the interaction between them. In fact, the same characteristic of the individual interacting with different environmental features may lead to different behaviours, as well as different behaviours may be promoted by the interaction between the same environmental characteristics and different individual aspects (Bonino, Cattelino & Ciairano, 2003).

First of all, risk has to be studied through the analysis of behaviour because the behaviours may represent an obstacle for the adjustment of the adolescents when they are risky or deviant. However, within the sub-system of risky behaviours, different aspects of each problem behaviour have to be considered, not only implication per se, but also the age of beginning and the level of involvement. However risk behaviours cannot be considered alone. Rather, they have to be considered together with other behaviours, more or less healthy, such as exercising or belonging to different types of groups, and with normal daily activities in the family, school or peer contexts (such as studying, meeting friends and mates), because the involvement in other behaviours may increase or decrease the effects of risk behaviours. The behaviours are organised in a systemic structure in which they influence each other. Indeed, especially during adolescence, risk behaviours rarely appear isolated, more often they constitute constellations, such as different life styles. On the one hand this particular organisation suggests that different behaviours may develop similar functions; on the other hand it shows the necessity to consider the differences between behaviours.

Within the subjects’ variables, a great importance is attributed to the cognitive aspects because they fulfil a central role, also in the emotional, affective and social aspects. They allow interpreting reality, attributing a meaning to one’s own experience, evaluating the possibilities offered by the environment and the possible consequences of one’s own actions anticipating the results. The subject or personality system involves different aspects, such as self-perception, psychological discomfort, expectations of success in the future, values and attitudes, within three sub-systems: the motivational-instigation structure, the personal belief structure, and the personal control structure. Values, beliefs about self and expectations of success are assumed to motivate the adolescents to behave in a certain way, increasing or decreasing the individual’s likelihood to be involved in risk behaviours. Differences in these variables may not only lead to differences in involvement in risk
behaviours (Jessor, Donovan & Costa, 1991), but also to differences in meanings and functions of such behaviours (Jessor, 1998).

Considering the importance attributed to the individual and his/her cognitive capacities, the environmental variables are considered through the mediation of individual representations and are evaluated through the subject’s perception. The meaning attributed by the subject to his/her environmental experiences seems more influential for individual behaviour than other aspects, since controlled, supported or devalued feelings are very much a subjective experience (Aunola, Nurmi & Stattin, 2000).

The perceived environment variables consider three main contexts: the family, the peer group and the school (Jackson & Rodriguez-Tomé, 1993). Those are the main contexts in which the adolescents face the developmental tasks which are characteristic of their age and the three main environments in which the adolescents’ daily experience occurs. The perceived environment may be divided in proximal and distal aspects. The proximal aspects are directly linked to risk behaviours, such as the models of parents and peers and their approval or disapproval of risk behaviours. The distal aspects of the perceived environment are not directly related to risk, for instance the adolescents’ perception to be supported by parents and peers and the compatibility between the expectations of parents and friends.

The model also takes into account some aspects of the social system, such as the family structure, the parental level of education and work. However it attributes less importance to these aspects than to the psychosocial protective and risk factors, including both measures of the individual and of the multiple social contexts that are salient in the ecology of adolescent daily life, such as family functioning, peer relationships and school experience (Bronfenbrenner, 1979).

**Figure 1 – The Problem Behavior Theory** (Adapted from Jessor et al., 1977, 1991)
Protective factors, such as models of positive behaviour, personal and social controls and support, are supposed to decrease the likelihood of engaging in risk behaviours. On the contrary, risk factors, such as models for problem behaviour, opportunities to be involved in risk and personal vulnerability, are supposed to increase the likelihood of engaging. Generally speaking, previous studies that have been carried out in cultural contexts different from European ones, have shown the capacity of these protective and risk factors to account for substantial amounts in variance in various health and psychosocial risk behaviours of the adolescents, such as delinquency and substance abuse, and across different sub-groups (Jessor, Van Den Bos, Vanderryn, Costa & Turbin, 1995; Jessor, Turbin & Costa, 1998a; Jessor, Turbin & Costa, 1998b).

A recent reformulation and extension of the Problem Behaviour Theory (Jessor, Turbin, Costa, Dong, Zhang & Wang, 2003; Costa, Jessor, Turbin, Dong, Zhang & Wang, 2003) incorporates the direct influence of protective factors on risk behaviours, but also takes into account their moderating or buffering effect on the impact of risk factors (Figure 2). For instance, a supporting family may have a direct protective effect on their children’s problem behaviour. However, it may also have a moderating or attenuating role on the personal vulnerability of the adolescent, or his/her affiliation with deviant peers. On the contrary, when protection is low, the higher the risk the greater the involvement in risk behaviours.

**Figure 2 - Explanatory model of direct effects of protective and risk factors on the risk behaviour of adolescents and moderation of risk by protection** (Adapted from Jessor et al., 2003)

Generally speaking, the protective factors may be defined as those conditions on the part of the individual or the environment that can neutralize, balance, or overcome risk (Statton & Kerr, 2003). When a protective factor is present, the risk that problems will develop is little. Conversely when a
protective factor is absent, the potential risk is greater. Protective and risk factors may also be conceptualised as resources, within or outside the individual, to which the person might resort, in every day life as well as on particular occasions, or conceptualised as vulnerabilities, by which the individual or his/her environment is characterised (Rutter, 1993). Although the effect of protective factors is similar in both high-risk and low-risk individuals, it is especially among the high-risk individuals that the resources might have the strongest impact (Haggerty, Sherrod, Gramezy & Rutter, 1996).

In the present study we are particularly interested in the protective factors that are able to limit the involvement in risk. The protective factors may work at least in two different ways (Jessor et al., 2003). First, they have a direct effect on risk, such as specific personal capabilities that are useful to successfully master the developmental tasks of adolescence and that contribute to decrease the likelihood or the level of involvement. Second, their effect is indirect, by moderating or buffering the effects of individual or environmental risk factors. Therefore, protective and risk factor are not static because they interact reciprocally in a dynamic way contributing to build different life paths.

Some authors, such as Kerr and Stattin (2003), specify further between the moderating and the buffering effects of protective factors. There is a moderating effect when people have risk factors and they should go down. They do not go down, if they also have protective factors that moderate the risk ones. There is a buffering effect when a protective factor works the same for everyone, regardless of their levels of risk factors. In the present research moderating and buffering effects are used synonymously.

Protective factors have for a long time been underestimated by research and studies on adolescence which seemed more interested in what may predict a negative result (Schneider, 1998). Only recently they gained importance and consideration, especially from a preventive perspective (Jackson, Born & Jacob, 1997). The analysis of the protective factors implies not only a more complex view of the developmental conditions of the adolescents, also it offers greater possibilities for an effective intervention in the present time (Bonino, Cattelino & Ciairano, 2003). Some risk factors, in fact, belong to the individual’s past, such as bad experiences within the family. Although it is not possible to modify the past experience, it is for instance possible to modify the representation of this experience. In addition, other risk factors, such as economic conditions or a family climate with too many conflicts, are difficult or impossible to change for health or school workers. In general, it is considerably easier to focus on the promotion of the protective factors at both the present individual and the environmental level, such as promoting changes in the individual’s self-perception or improving the quality of his/her school experience.
Other recent researches also pay attention to the reciprocal interactions and the feedback effects, i.e. between parents and children’s behaviour: not only parents influence children, but also the behaviour of adolescents may affect parental behaviour and educational styles (Stice & Barrera, 1995; Stattin, Kerr & Persson, 2003).

1.3.3. The dimensions and the risk behaviours on which the research focuses

The present study considered all the aspects that constitute the three systems of personality, perceived environment and behaviours, such as the adolescents’ self perception, personal beliefs, values and control, relationships with parents and peers, satisfaction with the school experience, and daily activities. However, only some risk behaviours were selected and particularly substance use and sex. These behaviours were chosen because the associated social and cultural differences between Italy and the Netherlands are clear and well defined. Therefore the findings should be easier to interpret than those drawn from the investigation of other risk behaviours. Besides, this study investigated not only the direct influence of the individual and environmental protective and risk factors, but also the moderating effect of resources on vulnerabilities.

1.4. Psychoactive substances in adolescence

1.4.1. The effects of psychoactive substances

Psychoactive substances or drugs generally include all substances, natural or chemical, albeit quite different from each other (such as tobacco, alcohol, marijuana, hashish, ecstasy, cocaine, heroin, LSD) that can have an effect on the nervous system modifying its biochemical characteristics with consequences on moods, perception, thoughts and behaviours. All these psychoactive substances, both legal and illegal, were shown to affect the human organism by altering the brain’s functioning and particularly the neuronal mediation of reward and pleasure.

The type of physical effect on the nervous system varies with the substance: i.e. the effect of tobacco is exciting and stimulating, that of alcohol is depressive, and finally that of marijuana may be sedative but also euphoric and psychedelic (Julien, 1995). However, in order to evaluate the physical effect of a substance it is necessary to differentiate also between some objective parameters, such as the way of introducing the substance, its quality and quantity, the frequency of use and the physical characteristics of the user (in terms of gender, age, weight, height, and general health condition).

Besides, these substances do not only affect the nervous system but the whole organism, although the affect of each substance may differ from the others. Despite the great social tolerance towards it, tobacco has already been shown to be highly related to cardio-vascular diseases and cancer. The addiction to tobacco is present and linked to the same neurophysiological mechanisms of other substances; but it is less serious and resistant because the stimulus of nicotine is weaker. Tobacco,
different from other substances does not lead to hallucination, loss of control and behavioural problems. The absence of these aspects probably contributes to the “not so bad” reputation of tobacco, in comparison to that of the other substances.

Marijuana and all the other smoked substances have the same, even worse, physical risks of tobacco for cardio-vascular diseases, cancer, and negatively affect the immunity and reproductive system (Swan, 1994). Furthermore, low levels of the active component of THC present in marijuana and hashish also lead to the incapacity to face complex tasks cognitively, such as those tasks requiring attention and coordination, and to the acceleration of heartbeats. Therefore the use of marijuana alters driving capacities, to the same extent as alcohol but with a lesser awareness of the driver. Driving capacities are even further reduced when the two substances are used together. With higher quantities of marijuana, sensorial alterations increase including hallucinations, acute reactions of depression and panic. Especially the habitual use in younger subjects (because the maturation of the nervous system is not yet completed) leads to difficulty in concentration, learning, treatment and memorisation of information (Westerhout, 1994). The effects of THC are very rapid (few minutes) and long-lasting (3-4 hours) and they are only completely eliminated in a few days and sometimes also a few weeks. Marijuana, as well as tobacco, leads to a weak addiction that is more psychological than physical: restlessness, irritability and sleepiness. However the three most important elements of addiction (continuous worrying about getting the substance, compulsive use, and relapse after quitting) are less frequent than with other substances (i.e., they are more likely to appear with tobacco). Another important effect is that defined as “inverse tolerance”: with regular use of marijuana, the quantity necessary to have the same effect dramatically decreases (lower quantities are enough for perceiving euphoria) because of the adjustment of the encephalon.

Alcohol is different from the substances described previously because the likelihood of damage to health is related to the quantity assumed. At a lower level (less than 60 grams for females and 75 grams for males), the use of alcohol has rather beneficial instead of negative consequences for health, because it contributes to reducing some cardiovascular diseases. Unfortunately, these positive effects disappear when the drinker also smokes. However, at a higher level of use, alcohol may negatively affect the organism: the digestive apparatus, sexual performance, the cardio-vascular and the nervous systems. The alcohol ethylic or ethanol diffuses easily through the biological membranes (also in the case of pregnancy, for the child; between 30% and 50% of mothers with a history of alcohol abuse give birth to children with the alcoholic foetal syndrome) and is rapidly and completely absorbed, especially on an empty stomach. Its effect on depression of the nervous system increases those of other substances (such as sedative medicines and marijuana), if they are introduced together. The most serious physical consequence of alcohol abuse is on the
liver, increasing the likelihood of cancer. At a behavioural level, the effect changes with the quantity: from a slight loss of inhibition at lower level, to sedation or, on the contrary, irritability, loss of self-control and aggression at higher levels. Sedation particularly affects the state of vigilance and the driving capacities of the user, in terms of motor and cognitive skills: more than 50% of the crimes and car accidents are related to alcohol (Julien, 1995). Alcohol may lead to both psychological and physical addiction (Gessa, 1994). However, addiction, as well as the chronic disease of alcoholism, is not related to occasional drunkenness (also in the case of severe intoxication), but to several years of abuse.

Among other drugs, pills may have exciting or tranquillizing effects, while ecstasy and LSD may lead to hallucination, visual illusion, depersonalisation and spatial and temporal disorganization.

1.4.2. Distinct patterns of use

For all these substances at least three phases in the use are distinguished. The first is that of preparation and approaching the substance: the person within a social context develops an attitude towards drugs. The second phase involves initiation: the person evaluates the substance after having tried it. Finally, the third phase includes stabilisation: the person adopts a style of occasional, regular or addicted use (De Wit & Van Der Veer, 1991; Steinhausen & Metzke, 2003). Three types of involvement were also revealed: experimental and occasional; social if the use takes place within the framework of particular social activities (such as at the disco or parties); finalized to a specific individual effect when there is abuse (Kandel & Logan, 1984).

However, when dealing with psychoactive substances it is also necessary to consider their peculiar effects in terms of subjective experience, and the differences in social acceptance among substances and between contexts. The same substance may in fact have different effects on different individuals and different substances may have similar effects on the same person.

In order to explore the possible subjective effects, both psychological or physical, the analyses have to reckon with the motivations and the meanings of the choice to experiment with the use of substances and eventually to continue with them. In particular, three factors have to be considered: the personal characteristics of the user in which his/her capacity to redefine his/her relations with the substance appears to be the central element; the situation in which the use takes place; and, finally, the social acceptance of different substances.

Concerning the personal characteristics of the user, his/her knowledge of the substance as well as his/her expectations about the use and the meanings attributed to psychoactive substances are relevant (Wiers, Hoogeveen, Sergeant & Gunning, 1997). All these factors may modify the reactions of the user and the way to perceive himself/herself and the external world. Euphoria,
excitement, hallucination, and loss of behavioural inhibition as well as internal calm, drowsiness, apparent well-being, are only some of the possible sensations.

Concerning the situations, it makes a difference whether the environment is perceived as familiar and pleasant or as unfamiliar and hostile. Furthermore, the different social acceptance of the substances, the distinction between legal or illegal (varying across countries), the differentiation in “soft” and “hard” drugs are all features that contribute to explain some differences in evaluation, acceptation and diffusion. However, there is no general consensus on the type of effect these differentiations may have.

According to a more protectionist perspective, the fact that a substance is legal might facilitate its diffusion in the wider social context through an undervaluation of risks and negative effects. The availability of the substance might promote a favourable evaluation of it, independently from its danger, and a more precocious experimentation. On the contrary, those in favour of the liberalization of substances think that the label of illegality attracts young people just because of their tendency to transgress.

In my opinion the situation is far more complicated than each of these approaches propose. To consider some substances legal, as was done for tobacco and alcohol, seems to promote their acceptation and diffusion, because legality leads to underestimating the potential danger. The diffusion of a substance per se contributes to the undervaluation of risk linked to use and to the consideration of such behaviour as normative, especially for certain sub-groups of subjects: e.g. tobacco, alcohol and sex are generally accepted, or even expected, among adults.

The illegality introduces the possibility of breaking rules: this may indeed attract some adolescents. However, it is questionable whether eliminating all the rules, especially when they concern behaviours that represent a real risk for health, would be a good educational solution to avoid transgression. It would probably be better to promote other healthier ways to adolescents with which they can experiment themselves.

Furthermore, illegal or controlled substances (it depends on the laws of the countries) are generally distinguished in soft, i.e. marijuana and hashish, and hard drugs. This distinction introduces another undervaluation of the risk related to the use of soft drugs.

However, also a correct knowledge of the risks, even though necessary, may be not sufficient to change attitudes and behaviours. It is also not realistic to think that a law, social policy or a health promotion program that was successful in a particular cultural context may function without any adaptation in a different one. As a matter of fact, the individuals’ beliefs, attitudes and behaviours are embedded in a complex set of rules, written or not, of what is acceptable, at least partially, and what is popular within a context. Here again, the core of promoting a more efficient health and
well-being is the investigation of the meanings (in terms of pros and cons) attributed to such substances by adolescents, and of the positive functions that they may fulfil for different groups of subjects within a certain context.

1.4.3. Substance use during adolescence

Many people generally use psychoactive substances for the first time during adolescence (Silbereisen, Schonpflug & Albrecht, 1990). Only the initiation to the so-called hard drugs (such as heroin) is generally postponed to young adulthood. It is also during adolescence that the attitudes towards substances change and a more or less healthy life-style appear. However, the use of some of these substances is absolutely not limited to adolescence, such as tobacco and alcohol, which are quite common among adults.

Nevertheless, the reasons for using and the settings may be quite different for adolescents and adults (Hussong, 2000). For instance, the use of tobacco by adolescents, appears to be related especially to the presence of models of smoking within the family or the peer-group and its use is often shaped as a social ritual. When the involvement has become habitual and when the person becomes an adult, most of these reasons will be lost.

The initiation of alcohol and the style of use are strongly affected by the cultural scripts of the country considered. However, both during adolescence and adulthood, two major functions that have different consequences for the psychosocial adjustment of the individual may be identified. The first is a more adaptive function: it promotes relational bonds between people and is linked to a social and moderate use. It is generally the most common among adolescents of the Mediterranean countries, which have a long historical tradition with the use of alcohol (especially wine; Valee, 1994), and where the families fulfil a considerable role in the socialization to alcohol (Lintonen & Konu, 2003). The second is a less adaptive function and in the more extreme cases leads to social isolation and maladjustment: it is more related to occasional intoxications (especially beer and hard liquor) and loss of behavioural control, which are not compatible with the cultural standards. This is more characteristic of the Northern-European countries. However, the European countries are becoming progressively more homogeneous, because the use of wine is rapidly decreasing in the South-European countries, while the use of beer and hard liquor is increasing, particularly among younger persons (Gual & Colon, 1997). Both in Italy and the Netherlands, the use of alcohol is quite common among adolescents and the starting age is quite young (Osservatorio Permanente sui giovani e l’alcol, 1994; Centraal Bureau voor de Statistiek, 2001).

Although in many cases the initiation to alcohol happens within the family, during adolescence, the possibilities to drink somewhere else, i.e. with peers at parties, pubs or discos, and to drink different types of alcoholic beverages increase. The use of alcohol usually begins as a social
Experience and it also promotes new social relationships, especially in dating (Engels, 1998). Besides, it may be used to experiment with new sensations, to perceive oneself more like an adult or to cope with anxiety, depressive feelings and low self-esteem: in the last case it has been defined by Labouvie (1986) as an “emotional strategy of resolution” of the problems.

Differently from tobacco and alcohol, which are frequently used throughout life, illegal drugs (such as marijuana and hashish) are typical adolescent behaviours, because they are usually abandoned with the transition to adulthood. In the Western society, the diffusion of such substances, which has recently become an important focus of health prevention in Europe (AA.VV., 2000), started after the seventies with juvenile cultures characterised by hedonistic values. Nowadays, the more a substance is diffused in a country, the younger the starting age (Kandel, 1978b). Some researches identified different individual, biological and environmental factors among the causes that may promote the use, such as temperamental aspects, a negative self-image, parental models of alcohol and tobacco, and a negative family climate (Hurrelmann & Lösel, 1990; Plant, 1992; Foxcroft & Lowe, 1995). However, there is not a unique explanation of these phenomena (Stacy, Newcomb & Bentler, 1992).

Generally speaking, some recent studies have shown that different substances, despite the social and relational negative consequences, may have similar adaptive values for adolescents, because through the use of these substances they reach important goals, such as experimentation of new sensations, integration in the peer group, redefinition of their own status, differentiating their identity from that of adults, coping with negative feelings and psychological conditions (Hussong, 2000; Maggs, 1997).

The importance of distinguishing between patterns of involvement has also been underlined by among others, Shedler & Block (1990) and Engels & ter Bogt (2001). In fact, in non selected adolescent samples some experimentation with substances as well as with other risk behaviours appears nowadays neither personally nor societally problematic and destructive. First of all, experimentation with substances cannot be considered deviant in a statistical sense because in contemporary western society there is wide prevalence and acceptability of the use of these substances. Secondly, adolescence is a time of transition in which boys and girls face the developmental tasks of differentiating from the family and building a new independent identity. Therefore, experimenting with values as well as with behaviours and testing one’s boundaries is quite normative. There is also some empirical evidence that abstainers are not the best adjusted adolescents (Shedler & Block, 1990). Besides, Pape & Hammer (1996) underlined that individuals with a “dry” adolescence tend to experience a delayed adoption of youthful drinking habits, and conversely individuals with a “wet” adolescence are likely to calm down when they enter adult age.
However, these and other studies (see also Kandel, 1998) suggested a distinction between experimentation and problem use also because the psychosocial maladjustment of frequent and heavy users is likely to be very pervasive. However, among youths normally attending high school, the percentage of problem users, namely the adolescents who are extensively involved in all the substances and/or are involved in the use of the so-called “hard drug”, is expected to be quite low.

1.4.4. Laws, social policies and cultural scripts related to substance use in Italy and The Netherlands

In Italy, as well as in the other Mediterranean countries that are the main world producers of wine, the use of alcohol is very common within different age groups (Osservatorio permanente sui giovani e l’alcol, 1994). Culturally, alcohol is generally regarded positively, especially in relation to festivities, spirit of comradeship and feelings of happiness. Therefore alcohol, especially wine and in moderate quantity, fulfils important functions linked to the social relationships and bonds. Presently the situation is somewhat changing because the use of wine has decreased and that of beer and hard liquor has increased, especially among younger persons: also in Italy the use of alcohol is becoming increasingly more homogeneous with that of the Northern-European countries, such as The Netherlands. However, the situation of these countries is still quite different: the quantity of beer and hard liquor is quite high and the number of strong drinkers has indeed increased in the past few years (Centraal Bureau voor de Statistiek, 2001). The use is more occasional and culturally alcohol is less positively regarded than in Italy.

In both countries, alcohol is not illegal, but different laws regulate its use, especially for young people. Some laws of the Italian Penal Code (Conso, 1997a) have been expressly addressed to prevent alcoholism and drunkenness. The law punishes people who are drunk and troublesome in public places with up to 6 months of prison or with a fine. The dealer of pubs or other public places who sells alcohol to persons younger than 16 years old, or with mental deficits or impairments risks up to 1 year of prison and the suspension of the licence. Furthermore, the law punishes people who promote drunkenness to other persons or who give alcohol to a person who is already drunk. In the Netherlands, a recently revised law, which regulates all the public places such as hotels, restaurants, and pubs (Dutch Horeca Law, 2001), forbids the sale of any type of alcoholic beverages (both low and high alcoholic strength) to adolescents younger than 16 years or to persons that might provide them with alcohol. People younger than 16 years are not allowed to enter places where alcohol is sold, if they are not accompanied by persons of at least 21 years. Furthermore, selling alcohol with

---

2 The information used in this section and in the section on family and peers are obtained with the collaboration of Laura Ballato and Susanna Torre, during their Socrates period at the University of Groningen that leads to their M.A. thesis (academic year 2000-2001, Faculty of Psychology University of Torino, Italy) on the following subjects: Laura Ballato, Peer group, family environment and involvement in alcohol drinking. A cross-cultural comparison between Italy and The Netherlands; Susanna Torre, Family environment, peer group and marijuana use. A cross-cultural comparison between Italy and The Netherlands.
high alcoholic grades is not allowed to persons younger than 18 years. This law is rigorously respected (through the identification of age by identity card, and immediate suspension of the public place that violates the law); such rigorous enforcement is unlikely in the Italian context. Furthermore, in Italy there is no distinction regarding age for alcoholic strength.

The differences concerning tobacco are not at the level of regulation by laws (because in both countries smoking is not allowed in public places to prevent the negative consequences for passive smokers). However, in Italy the prohibition is often violated and the acceptance of this transgression is common. Moreover, the prevalence of tobacco smoking in the general population is quite similar in both countries, although a considerable decline in smoking, which has interested particularly the new generations, has been registered in the last decade in the Netherlands (AA.VV, 2002b). The decline in smoking of the Dutch general population is likely to be related to the fast introduction of legal measures to protect non-smokers and to strict compliance with the application of these measures.

In the context of the Western society as a whole, the Dutch legislation for other substances, such as marijuana, hashish and also heroin, is quite uncommon (Opium law, last revision, 1999; Damocles law, 1999). In fact, the Netherlands chooses neither a prohibitionist strategy, nor a liberalized one. The use of marijuana is not illegal, but is strictly regulated. Selling marijuana and hashish is allowed only within particular public places, called “coffee-shops”, and only to persons older than 18 years and in small quantities (less than 5 grams). The goal is to clearly separate the use and the market of marijuana and hashish, considered soft, from that of hard drugs, such as cocaine and heroin. Furthermore the law is very strict with dealers without penalizing individual users, who are considered more patients than criminals (Brouwer, 2000). In general a principle of pragmatism is always present in Dutch responses to drug use, as well as in other social policies: although the use of the so-called hard drugs (such as heroin and other injectable substances) is illegal in the Netherlands, extensive needle exchange programmes were developed well before the onset of AIDS in order to prevent the transmission of infectious diseases (Sandfort, 1998).

Instead, Italy has undertaken a moderate prohibitionist position: it does not distinguish between the use of soft and hard drugs, which are both considered illegal. However, the possession of small quantities for personal use does not lead to penal punishments but only administrative sanctions, such as the suspension of the driving licence and the possibility to go abroad (Conso, 1997b).

1.5. Sexual and contraceptive behaviour during adolescence

1.5.1. Sex between risk and developmental transition

Sexual behaviour during adolescence is of interest for medicine and psychology since for at least three different types of risks are related to the individual’s physical health and psychological well-
being. The first is the risk of sexually transmitted diseases, among them AIDS. From 1985 till 1990 AIDS among adolescents has increased fivefold. Besides, it is estimated that one in four sexually active adolescents will contract other sexually transmitted diseases before the end of high school (Brooks-Gunn & Paikoff, 1997).

The second is the risk of precocious pregnancies: in the U.S.A. and Great Britain, where the phenomenon is very serious, the incidence of teen mothers is between 25‰ and 55‰. It is a percentage higher than that of other Western countries, such as Italy and The Netherlands that are both at around 7‰. The risk of pregnancy has considerable psychosocial consequences, because it may lead to serious limitations in the possibility of present and future adjustment of both the mother and the child, for instance because of the need to leave school and to find a job in order to feed the child (Hochady, Sedablia, Shelley & Stockdale, 2000).

The third risk concerns the involvement of sex outside a relation, which is characterised by affection and equality. Only a few years ago, this type of psychological risk was generally underestimated.

However, sexual behaviour differs from many of the other risk behaviours because it cannot be defined only in terms of risk. The capability of building intimate relationships, being able to match affection and sexuality and avoiding inequality, has been widely acknowledged in the contemporary western society as one of the characteristics of an adult. This acknowledgment results also from a change in the general attitude towards sex, which is nowadays more approved also before or outside marriage, even though social approval is not homogenous, for gender and within different cultural groups (Graber, Brooks-Gunn & Galen, 1998). For instance, the girls’ processes of socialization are more contradictory especially for sexual habits, because among girls both independence and dependence are still encouraged in the contemporary society. Moreover, most of the responsibility for reproduction and contraception still lies with the girls, in spite of the great social changes that have occurred. On the other hand, boys are more affected by social stereotypes about the strength of “a real man” and the aggressiveness of male sexuality (Kimmel & Weiner, 1995). As a matter of fact, they are more embarrassed by sharing doubts and uncertainties about sexuality with parents and friends and most of the time do not talk of them at all (Claes, 1998).

Despite these differences in the socialization processes, learning to commit oneself in an intimate relationship with a partner of the other gender and to face an adult sexual capability might be considered one of the more important and universal developmental tasks of adolescence (Coleman & Roker, 1998), even though the sexual redefinition of the self lasts for the whole life (Buzwell & Rosenthal, 1996). The sexual transition is strongly related to the development of identity and to
gaining more emotional autonomy from the original family (Dowdy & Kliewer, 1998). Therefore, within safe psychologically and physically circumstances, dating and sex are two important developmental tasks for adolescents and young adults, which may facilitate the transition towards adulthood (Graber, Brooks-Gunn, Galen, 1998).

However, being able to live one’s own sexuality in a serene way is a complex challenge, especially for the adolescent, who has not yet developed the social, emotional and cognitive capabilities necessary to face this task. To realise a positive sexual experience, several competences are required, such as being able to recognize and eventually prevent the attempts of manipulation by other persons, to control one’s own sensations and emotions in a context that is emotionally overloaded, to negotiate solutions with the partner respecting him/her, to evaluate the consequences of one’s own behaviour on a social but also at a reproductive level, to get and to use an efficient contraceptive method and, finally, to accept one’s own genital sensations and to enjoy sex (Beyth-Marom & Fischhoff, 1997). All these competencies do not come automatically from pubertal maturation, even though puberty represents one of the main developmental transitions during adolescence and leads to great changes in the way the individual perceives his/her own self and the way he/she is perceived by the other persons (Schulenberg, Maggs & Hurrelman, 1997; Silbereisen & Krache, 1997; Weichold, Silbereisen & Schmitt-Rodermund, 2000). In general, these competences were built, during development, from the intertwinement between individual characteristics, e.g. the level of sexual and cognitive maturation, environmental opportunities and the acquisition of higher cognitive capabilities that is mediated by the level of education. When such capabilities lack, and at younger ages this is more likely, sex might be realised within unsatisfactory situational or relational conditions and might be related to the serious types of risks mentioned above (Mitchell & Wellings, 1998b). Furthermore, another important source of possible psychosocial risk is simply constituted by a lack of synchronization with respect to peers of one’s own cohort, a fact supported by studies on the short and long-term effects of early and late physical maturation (Magnusson, Stattin & Allen, 1986; Weichold, Silbereisen & Schmitt-Rodermund, 2003). Developmental transitions might be more or less normative, with different consequences for individual adjustment, according to being or not being on time in comparison with peers: in the first case the individual can count on more relational and practical support and social acceptance than in the second case.

Unfortunately the scientific knowledge of the psychosocial risks linked to sex is still lacking or is fragmented, because until recently the emphasis has been on studying the incidence and the

---

prevalence of physical risks (Furman & Simon, 1998). In addition there is also a lack of knowledge about protective factors.

Referring to a systemic, interactionistic and constructivistic framework may contribute to reduce this lack of knowledge because this perspective allows to conceptualize sex not only as an event, occurring somewhere during life under the influences of sexual maturation or other environmental conditions, but rather as a transition, which the individual may choose to realise more or less precociously in order to meet specific needs within a context (Holland & Thompson, 1998).

1.5.2. Contemporary western society and sex

Nowadays, various peculiar aspects of contemporary western society may contribute to further increasing the complexity of the sexual transition of adolescents.

First of all, in contemporary society adolescence is becoming increasingly longer since sexual maturation, with its changes and reorganizations, is more precocious than in the past, while entering adulthood has been postponed, for several reasons such as meeting the need of higher education. Living within this suspended age means having less precise references, less definite tasks and goals also concerning the transition to sexuality (Petersen, 2000). Social “clocks”, which regulate the structured expectations of society towards an age group are generally less strict, offering the individual greater possibilities to personal realization and freedom to build one’s own developmental path. Today, the choice to experiment with affections and sex is possible, without being forced to prematurely select a definitive option; also changing one’s own opinion during life has become legitimate (Craig, 1982). However, to take advantage of this greater freedom, adolescents have to be satisfied with their present life, without feeling the need of burning their bridges, because a precocious realization of adulthood has generally a high cost for the individual.

Nevertheless, contemporary society is also characterised by tendencies, quite common and socially approved, which may constitute an incentive for the adolescent to anticipate behaviours and characteristic of adulthood, such as sex, alcohol drinking and smoking. Some of these tendencies are cultural, such as emphasizing immediate gratification and personal realization at any cost (Esman, 1990); others are commercial, such as dressing like adults from infancy (especially for girls); and, others that derive from the media because movies, shows and other programmes, even among those addressed to young children, contain strong sexual connotation. The risks of the hyper-sexualization of the present western society have already been underlined by scholars of adolescence (Furman, Bradford Brown & Feiring, 1999), as well as by other authors (Mc Nair, 1996).

Besides, contemporary society is characterised by a set of different moral values, social norms and models, among which the person must select those that he or she considers convenient. Within a
general option of reversibility, the route from the experimentation of dating up to the eventual creation of a new family is characterized by great variability in timing, sequencing and duration (Juang & Silbereisen, 2001). This plurality may represent an important resource for the person because it guarantees him/her a greater freedom. Conversely it also represents a challenge, because it requires a greater capability of decision-making and the assumption of personal responsibility. As a matter of fact, some choices, e.g. to give birth to a child, are not reversible at all and have high costs especially during adolescence (Hockaday, Sedahlia, Shelley & Stockdale, 2000). Similar consequences also hold for life events such as divorce (Galambos & Ehrenberg, 1997). Furthermore, some studies emphasised that a post-modern society, which affects the individual through the contrasting requests of self-realization at any cost and of adopting the values and lifestyles proposed by the media, might also legitimate the abuse of other persons and promote moral disengagement (Bandura, Barbaranelli, Caprara & Pastorelli, 1996; Bandura, 1999).

It is possible that these social and cultural cues contribute to creating some confusion in adolescents about the priority of aims and goals, especially if these adolescents have few environmental or individual resources available.

1.5.3. Contraception and prevention of STDs

The increased social tolerance towards people that are having sex, especially young persons, and also an ever increasing visibility of sex does not contribute directly to an improvement in the efficient use of contraception or adequate methods against STDs. The causes of the inadequate contraception are various, especially during adolescence. For instance, the adequate use of contraception implies the feeling of responsibility for one’s own behaviour and to be aware of one’s own sexuality. Especially for adolescents it may be difficult to program the use of contraception, because this means accepting to indicate the availability to have sex to the partner. To negotiate the use of contraception with the partner within a highly emotional context may cost too much. Furthermore some adolescents may perceive some benefits of not using contraception, such as not risking the affective relation, not risking to lose the partner, having a more natural experience, not being limited by contraception (Parsons, Halkitis, Bimbi & Borkowski, 2000). In addition to all these emotional and relational aspects, knowledge is not sufficient to motivate a more correct use. Risks, although perceived, may be considered not valid for oneself, because of feelings of invulnerability (McKenna, 1993). This phenomenon is more likely when a disease, such as AIDS, is attributed by common sense or by the media to a particular sub-group of the population (e.g. homosexuals and drug users). Besides, there may be a process of cognitive dissonance involved, especially when the person has already been involved in sex without using contraception or when
the majority of his/her peers do not use it: a person is unlikely to perceive an activity in which he/she is involved or many other persons with similar characteristics are involved, as being a risk.

1.5.4. Sexual education and health promotion: differences between Italy and The Netherlands

Italy and the Netherlands differ considerably in sexual education and health promotion.

Generally speaking, the legislative measures and social policies of The Netherlands are more motivated by a promotional, supportive character rather than by restrictions. Furthermore, central to the Dutch Constitution are principles of non-discrimination and the right to privacy. The starting principle is that people are responsible for both their own and other persons’ health and that moralizing is not of any help.

Dutch social policies are generally inspired by pragmatism and consensus (Sandfort, 1998). The same approach has been used for HIV, as well as other STDs. It is generally based on the following combination of factors: not denying a problem, carefully taking into account scientific advice, providing clear messages about the ways to prevent diseases, and rapid implementation of pragmatic answers. This approach is generally recognised as being well organised and effective. To some extent this type of response was possible because of some unique features of The Netherlands, such as the presence of a number of organisations with sufficient knowledge and expertise to meet the needs of groups with a higher risk for STDs; the extensive availability of resources; the characterisation of the Dutch society by a liberal climate with a long tradition of tolerance and acceptance of different religious, ideological and political positions. Pragmatism and consensus have been the key factors to understanding the way in which public problems are usually dealt with in The Netherlands for a long time. The importance to involve as many parties and citizens as possible in making decisions more effectively was recognised at least from the seventeenth century on. Closely related to the necessity to build consensus, is pragmatism. With the only exception of the values of individual rights and tolerance, public decisions are not primarily directed by moral considerations. Policy solutions are primarily selected on the bases of their effectiveness.

The Netherlands is usually considered a permissive country for sex. It is really characterised by a predominant liberal normative climate, availability of sex education in schools (about 85% of all secondary school in 1989 voluntarily added this type of education in the curricula), sex education that recognizes sexual pleasure, availability of services for young people (more than 80% of the girls older than 18 years use the contraceptive pill), as well as for other persons (Vogels, van Zessen & Brugman, 1998). However, as a consequence of this consensus approach, prevention campaigns did not focus only on the use of condoms, which would have been objected by particular groups of citizens, but on safer sex in general: postponing intercourse, restricting sexual contacts to a monogamous relationship, and practising other forms than penetrative sex.
Furthermore, it is a long tradition of Dutch policies to evaluate the efficacy of health intervention, and eventually to recognise the problems (Yzer, Siero & Buunk, 2000). For instance, despite the educational efforts on safe sex since the nineties, Dutch young people were shown to still not likely refrain from sex in order to avoid risks for health. At present one of the more difficult tasks for prevention workers is increasing the use of condoms, without decreasing the use of the contraceptive pill. This task is considered very important also in relation to the actual sociological trend: earlier sexual maturation, more liberal attitudes towards sex in society at large, more public disclosure of sexuality in the media in general and in the youth culture in particular.

In Italy, sex education and social policies for safe sex were not so common until the nineties, when AIDS started to become a problem of a worldwide relevance. The history of sexual education in the school was quite recent and the legality of contraception and abortion was only conquered during the eighties. The first campaigns against AIDS, as well as the other STDs, were managed by a number of different organisations, public and private, and only later an institutional policy was organized. The main goal of this policy was, at least originally, more focussed on limiting the damages than on the positive aspects of sex, such as to the possibility to enjoy it and to get a greater confidence with one’s own body. Besides, the programmes of sexual education were, and sometimes still are, generally very limited in duration (most of them are simply confined to one or two lessons of medical experts coming to the classroom, or addressed to the whole student population of a school during a general meeting) and contents (just the physical aspects of risk are considered). The intrinsic limitations of this type of interventions are quite evident (Costanzi & Lesmo, 1995). Only recently (WHO, 1994), something has changed and more general programs based on the improvement of life-skills have started to be implemented within schools. With life-skills are usually meant all the cognitive, social and emotional resources that may promote a better adjustment to daily life situations, such as an efficient communication, the management and the control of both positive and negative emotions and of stressful conditions.

1.6. School and family: differences between Italy and The Netherlands

In this section, the characteristics of the two educational and family systems that may affect the transition to adulthood of the Dutch and Italian adolescents will be considered.
1.6.1. The educational system

In almost all of the Western societies a cyclical organisation is the ground for every educational course, even if each country has its specificities, which meet the requests of its culture. Italy and The Netherlands have two different school systems.

In Italy the secondary education is divided in two levels: the Lower Secondary School, compulsory, for students aged from 11 to 14 years; the Upper Secondary School, not compulsory, for students aged from 14 to 19 years. Till the present date, at the end of the lower secondary cycle, students have to choose among various types of secondary schools: Lyceum, Technical School and Vocational Institute, Art Institute and Teachers’ Training Institute. Only the first three types of school were involved in the study. The Lyceum prepares students for university studies. However, in Italy access to university is allowed from any type of high school. The course has a duration of five years and may be oriented towards classical or scientific subjects. Technical Schools have the objective of preparing pupils for technical and administrative functions. Their courses have a duration of five years. Vocational Institutes supply the specific technical and practical preparation for the performance of qualified occupations in business and service sectors. At the end of the first three-year course the student receives a diploma of vocational qualification. After a further two years, he/she can qualify for the upper secondary vocational school leading to a diploma.

In the Netherlands the Secondary Education (Voortgezet Onderwijs) regards pupils aged between 12 and 18 years, and full-time schooling is compulsory until 16 years. Students have to follow their studies in an educational institute (also part-time) until they are 18. The Secondary Education is divided in different kinds of schools, VWO (the only one that allows direct access to university), HAVO, VBO and MAVO. Only the first two were involved in the research. However, pupils in the first three years of all the institutes are taught a compulsory core curriculum of 15 subjects (the period of basic secondary education), plus a specific one for each kind of school. The VWO (Voorbereidend Wetenschappelijk Onderwijs) pre-university education lasts six years and is for pupils from 12 to 18 years. It prepares pupils mainly for admission to University (WO). There are 3 kinds of VWO: Atheneum (where Latin is an optional subject), Gymnasium (Greek and Latin are compulsory) and Lyceum (Greek and Latin are optional). The HAVO (Hoger Algemeen Voortgezet Onderwijs) lasts five years and is for pupils aged 12 to 17 years. It prepares pupils mainly for higher professional education. The students can follow their studies at an institute for Higher Professional Education (HBO) or go to the University (WO) with another year at the HBO.

---

4 The information of this section is gathered with the collaboration of Laura Ballato and Giorgio Barbareschi, during their stage at the University of Groningen that leads to the following research presentation: Ballato, L., Barbareschi, G., Bosma, H., Jackson, S., Kunnen, S., Bonino, S. Ciairano, S. (2003). “Continuity and discontinuity in the relation between the adolescent and the school”. University of Groningen, The Netherlands.
1.6.2. Similarities and differences in school organization

As can be noticed from Tables 1 and 2, both countries guarantee a basic compulsory educational period at least until the end of mid-adolescence (schooling is compulsory till 14 years in Italy and 18 years in the Netherlands). They also allow their students to continue choosing between many orientations and levels, or to interrupt their education and to become part of the labour world. However, Italy and the Netherlands show some differences regarding the organization of the cycles. For example, the Italian educational system has a three-year intermediate cycle, which takes place between the primary school and the upper secondary school. This pattern forces the Italian student to change not only school but also the entire teaching staff, classmates and sometimes the location. This passage has to be faced during early adolescence, when the individuals have to cope with several challenging experiences for their development (like friendship, love and autonomy from the family), which could have an effect on the commitment for academic activity (Jackson & Tap, 1998). Otherwise the pupils have to face another problematic choice, especially those that are uncertain of what to do, namely to continue or stop their studies. Fortunately, this decision does not regard the majority of the adolescents who will continue till at least the end of secondary school. However, for the people involved, it is a very challenging situation because it may heavily affect the chances for the future.

The Dutch educational system is characterized by less discontinuity in the academic experience. The students interrupt their primary education when they are 12 and directly reach the secondary education. Also in The Netherlands there is a basic secondary education, but it takes place in the same institute chosen by the the Dutch pupils at the end of the primary education (e.g. VWO, HAVO). The most complex task for the Dutch students is to choose their academic and vocational future at the age of 12 years. This decision can be quite limiting, since the Dutch school system is more restrictive about the admittance to university or to the higher professional education. In the Netherlands the admittance is possible only for the students who have gained a diploma in VWO or have integrated another year at the HBO. On the other hand, this system is quite flexible, because, during the academic career, it is possible to change the type of school, for example shifting from MAVO to HAVO or to VWO and vice versa. This passage is also encouraged by the location of the institutes, which are usually situated in a single building and by the sharing of teachers who can suggest to the students and the families to transfer from one type of school to another.

Despite these differences, the Italian Lyceum and the Dutch VWO (Pre-university Education) may be regarded as substantially similar, because in both cases the main goal is to prepare the students for university. The Italian Technical and Vocational high schools and the Dutch HAVO
(Higher General Secondary Education) are also similar, in that they prepare pupils primarily for entering the labour market.

As we noticed before, in both countries the decision concerning school and the vocational future may be considered as two of the more important developmental tasks during adolescence. The previous academic results and the teachers’ and families’ opinions mostly influence this fundamental choice. Unfortunately, the possibility that changes may occur in the developmental path of the individual (like personal maturation, changes in motivation or interests, and in the relationships with teachers and classmates) has been rarely taken into account. In addition, there is insufficient knowledge about the factors that affect the decision to drop out from school and that may be linked to teaching and studying methods as well as to the personal and relational aspects. Nevertheless the school often tends to neglect the latter kind of facts, and focuses mainly on cognitive problems (Jackson & Tap, 1998). The fact that the school is not yet able to deal with this kind of problems is indirectly confirmed by the phenomenon of “drop out”. In Italy almost one adolescent out of twenty, reaching the age of eighteen has not completed his/her compulsory education. The percentage of drop out is more relevant in the southern regions and the islands, where it reaches approximately one out of ten. The percentage of adolescents who start working before the end of the compulsory school cycle is also particularly high (Direzione Generale della Sanità Militare, 1997). Data also evidenced a greater proportion of males compared to females who abandoned school (Cesareo, 1990). For what concerns the Netherlands, the percentage of drop out should be almost irrelevant: in fact, even after extensive search, no data were found.

**Table 1: Italian educational system**

<table>
<thead>
<tr>
<th>University</th>
<th>Vocational Courses (short)</th>
<th>Higher Artistic and Musical Education</th>
<th>Higher Education: I) Basic-M.A. Degree (3 years) II) Specialized-M.A. degree (2 years) III) a) Master (1 year); b) Doctorate (3-4 years; academic &amp; research career); c) School of Specialization (3 years-4 years; clinicians and psychologists mainly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Education</td>
<td>1 integrated year to reach higher education</td>
<td>2 integrated years to reach higher education</td>
<td>Vocational and Art Institutes Teacher’s Training School (3 years)</td>
</tr>
<tr>
<td>Classical &amp; Scientific Lyceum Technical Schools (5 years)</td>
<td>Teacher’s Training Institute (4 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper Secondary School</td>
<td>Not compulsory 14-19 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lower Secondary School (Scuola Media)</td>
<td>Compulsory 11-14 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary School</td>
<td>Compulsory 6-11 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursery School</td>
<td>Not compulsory 3-6 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42
### Table 2: Dutch educational system

<table>
<thead>
<tr>
<th>Higher Education</th>
<th>HBO</th>
<th>MBO</th>
<th>Apprenticeship</th>
</tr>
</thead>
<tbody>
<tr>
<td>WO (University Education)</td>
<td>Higher Professional Education</td>
<td>Senior Secondary Vocational Education</td>
<td>1 propedeutic year to reach the HBO</td>
</tr>
<tr>
<td>HBO (Higher Professional Education)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MBO (Senior Secondary Vocational Education)</td>
<td></td>
<td>1 propedeutic year to reach the HBO</td>
<td></td>
</tr>
<tr>
<td>Apprenticeship</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Secondary Education
- VWO: Atheneum, Gymnasium, Lyceum (6 years)
- HAVO (3 years)
- VMBO (4 years)

### Primary Education
- Compulsory between 12-16 years
- First 3 years of Basic Secondary Education

### 1.6.3. The family and the transition to adulthood

In the modern society, drastic changes have taken place from the extended family characteristic of the farmers to the nuclear family of the industrial age, where the husband and wife fulfil all the parental roles towards children, generally in a complementary way, the mother being the emotional leader and the father the instrumental one (Sabbadini, 1999). Sometimes, grandparents support the parents in taking care of the children. The relationship between grandparents and grandchildren is in general more recreational than that between parents and children, because grandparents have generally more time available. However, some authors have underlined a more specific role of grandparents: helping the children to develop strategies for problem solving and to face developmental tasks (Jackson & Rodriguez-Tomè, 1993).

During the seventies the modern nuclear family, with a clear role division between wife and husband, changed again, because of the greater involvement of women in the labour market. The fathers, although quite slowly, began to take more care of their children. The greater involvement of women in work (due to both the need and the desire for personal realization) and the higher level of education requested by an ever more specialized work that – on its turn - affects the mean age of the marriages, lead to a dramatic decrease of the number of children in a family. In most of the European countries the mean number of births is less than two. At present, Italy has the lowest mean with just one child for each family. The mean age of the mother at the first birth is around 28 years in both countries.\(^5\)

Regarding work and women there are great differences between the Netherlands and Italy: in the Netherlands part-time work is much more diffuse (and also promoted at a societal level), while in

[^5]: Data about birth and divorce rates are found on the national statistical web sites: [www.istat.it](http://www.istat.it) in Italy and [www.cbs.nl](http://www.cbs.nl) in the Netherlands.
Italy most of the women can still simply choose between full-time work and being a housewife (Hurrelmann, 1994; Du Bois-Reymond, Diekstra & Hurrelmann, 1995). Especially in Italy there is actually a strong tendency of women to go on with work also after they have given birth to a child. Considering the historical lack of social service for the family that is characteristic of the Italian context, this often means both a lot of work for the mother at home, if the husband is still not taking too much care of domestic work, and a considerable effort in finding a good accommodation for the child during the day. However, in Italy the lack of social services for infancy is often compensated by recurring to the help of grandparents, who usually do not live so far from the new family (especially on the mother’s side).

Another great change for the family is represented by the increase of the divorce rate and consequently of single-parent families, half-time parents (when parents choose the solution of taking care of children alternatively) or rebuilt families. All these situations may imply the presence of two families in the life of the children: that of the father and his new partner, and that of the mother with her new partner. In Italy and the Netherlands the rate of divorced families is quite similar and is not so high: around 8% in Italy and 10% in the Netherlands\textsuperscript{6}. However, in the Netherlands cohabitation before or outside marriage, re-marriages after divorce are more common than in Italy, as well as legally different types of family organization, such as marriage between homosexual people. In the Netherlands, traditional families coexist with new familiar constellations.

Finally, a more recent phenomenon is constituted by the presence, in the family, of young adult children, especially in the countries of the Mediterranean area. This phenomenon has several explanations, some of them more sociological, such as the higher level of education needed to find a job, the difficulties of finding an apartment to live in and the costs of an independent life.

However, some authors have also given psychological explanations for this trend (Scabini, 1995, 1998). The parents of the actual young adult cohort belong to the first generation that had the possibility to invest in a limited number of children. This leads to a greater affective involvement with the children and to a lower willingness to give them the freedom to acquire a psychological and emotional independence. Besides, the actual generation of the parents had more advantages, in comparison to the actual young adults, in the construction of their social position and financial situation because of the good well-fare conditions that characterised almost all the European societies in the sixties and seventies. Therefore, their willingness to take care of children for a long time may simply represent a way to give them back some of the social advantages that the children will not have because of the variation in the labour market (that is becoming more flexible) and in the welfare resources (that dramatically decreased in the last few years). In addition, the modern
western society promotes some tendencies, such as the desire of being young forever, the myth of self realization at any cost, and extreme individualism. All these tendencies may affect the need of parents to keep the children at home, and the unwillingness of the children to build a new family with all the relational and practical problems and all the responsibilities implied by having one’s own family.

Besides, one reason for the presence of multiple generations within the same family context is represented by the extension of human life. In all Europe, these features lead to a general delay in the arrival of the new generation: giving birth to a child happens ever later in life.

Nevertheless, the duration of the cohabitation of the children within the family, as well as the sequence of the acquisition of autonomy, is quite different between countries. Three different models of transition towards adulthood have been identified. Within the Mediterranean model (that is characteristic of Italy, Spain and Greece) children stay in the family until marriage, which occurs on average around 25 years for women and 30 years for men. Within the French and Northern-European environment (Germany, France, Scandinavian countries, The Netherlands) children leave the family, although partially, well before marriage when they go to university. Most of the time they receive some salary from the government, and they cohabit with peers of the same sex or of the other gender. Finally, in the Britannic model, both the disengagement from the family and marriage take place at early ages, but the procreation is delayed to the same extent.

To describe the differences in peer relationships characteristic of Italy and The Netherlands is not the focus of the present study. However, it is possible to briefly consider just a variation, which appears related to the different models of transition towards adulthood. Investigating the intensity of the relationships between adolescents, their parents and their friends, the Italian family was shown to be more central in the relational life of the children with respect to friends than in other western countries (The Netherlands was not considered in this study, which focused on Belgium and Canada; Claes, 1998). This phenomenon is likely to affect the role of the Italian family also for other domains of development, such as the involvement of adolescents in health and psychosocial risk behaviours.

1.7. Summary

The present cross-national research starts from an interest in adolescence as one of the key periods for the development of healthier or riskier life-styles and operates within an interactionistic and constructivistic theoretical framework. It is aimed at comparing an Italian and a Dutch sample of adolescents to investigate the similarities and the differences of the patterns of involvement in

---

6 Italian percentage considers separated and divorced couples together. In fact, Italian law requires a period of separation of at least 3 years before asking for divorce.
psychoactive substances and sex, and the relation between these risk behaviours and the individual and environmental resources and vulnerabilities.

Italy and the Netherlands offer good chances for comparing the risk behaviours of the adolescents, because they differ in social and cultural acceptance of such behaviours: alcohol use is traditionally more common in Italy, and tobacco smoking is more accepted among Italians; marijuana use is regulated and not illegal in the Netherlands, and the atmosphere towards sex (and therefore towards contraception) is certainly more liberal among the Dutch. Finally these two countries differ in the transition to adulthood, which is slower in Italy, as well as in other Mediterranean countries, the role of the family, which is more central in Italian daily life, and finally, the educational system, which is more flexible in the Netherlands where schooling is also compulsory for a longer time.

The Italian and Dutch samples are not representative of the countries as a whole. However, there is no reason to doubt that they reflect the differences typical of the social, legal and educational background of each country that are discussed in this first chapter.

The next chapter (chapter 2) deals with research questions, methods and description of the socio-demographic information about the Dutch and the Italian samples.