CHAPTER 7
CONCLUSIONS

Despite the differences in social policies, laws and cultural scripts about drug use and sex, adolescents’ involvement in psychoactive substances, sexual and contraceptive behaviour is quite similar in the two countries. Also the role of protective and risk factors and the positive functions developed by risk behaviours are impressively similar. To conclude this research, first the summaries of the main findings about the patterns of involvement in risk behaviours and the protective and risk factors are presented. In addition, this final chapter is aimed to drawn some conclusions on the constructive functions fulfilled by the involvement in risk during adolescence and some theoretical indications for effective interventions.

However, before starting with the conclusions I would like to list the possible limitations of the study that may constrain the inferences that can be drawn from the findings. At first, it is essential to emphasize that the samples are not demographically representative of the whole Italian and Dutch populations, because they were drawn from two specific areas, North-West of Italy and North-East of The Netherlands. Nevertheless, as underlined in chapter 2, the findings drawn from these samples are likely to be representative of the general functioning within each country, considering that the present study is not aimed at investigating the prevalences per se. Moreover they are normative samples of high-school students and the scholars are currently interested in the role of risk behaviours just within normative and adaptive development (Silbereisen, Noack & Schönpfleg, 1994).

A further limitation inherent in all cross-national research is the possibility that, despite the care taken with the translation and adaptation process of the questionnaire, some of the measures could have different meanings in the two countries. As previous studies already underlined (Knight & Hill, 1998), this problem is not easy to solve. However, there is some support for equivalence, considering that reliability and validity coefficients of measures are quite similar in the two countries.

A third limitation may rise from the fact that the measures are all based on self-reports and therefore the obtained relationships could have been influenced by common method variance. However, this condition may be considered as an advantage instead of a limitation because it was underlined for a long time how one’s own perception of a condition or a situation is more psychologically relevant for the subject than reports from others or more objective measures (Lewin, 1951; Aunola, Stattin & Nurmi, 2000). Moreover, independent reports of other subjects (such as those of parents) are not collected here, but the adolescents’ point of view is investigated, at least in the Italian sample, with quite different methods. The findings drawn from both
quantitative and qualitative methods are all strongly convergent. Finally, confidentiality is assured to the subjects and this was shown a good way of obtaining reliable and valid responses on own involvement in risk by previous studies (Botvin & Botvin, 1992).

A fourth limitation is represented by the cross-sectional nature of the data. Cross-sectional data are generally considered more helpful in generating hypotheses than in making firm conclusions about the effects of predictors (Engels, 1998). Besides, cross-sectional data cannot tell us anything about the stability or the discontinuity in the patterns of involvement and in the relations with protective and risk factors over time (Cairns, Cairns, Rodkin & Xie, 1998). Finally, cross-sectional data cannot help us in finding the most likely direction of influence in the dynamic system represented by the relations between the adolescent and his/her environment. It is a dynamic system because it develops and changes over time and where the effect at one time point may be the cause at another, and vice versa (Jessar, 1998). However, cross-sectional approaches proved to be useful at the same extent and more parsimonious than others for the prediction of contemporary outcomes (White, Bates & Labouvie, 1998).

Another limitation may be represented by the decision of the author to perform the majority of the analyses separately within each country. However, the pros and cons of this decision were widely discussed in chapter 2 and 5.

Finally, the problem behaviour theory by Jessar et al. (1991, 2003) is a very complex model to be tested. Nevertheless, it is a challenge that may have its benefits considering that by now single variables explanation have given way to more articulated and multivariate models in order to understand the complex phenomenon of adolescent risk behaviours (Jessar, 1998).

7.1. Similarities and differences of involvement in risk behaviour of Dutch and Italian adolescents

These sections (from 7.1 to 7.1.3) are aimed to summarise the findings on the following research questions: “Are there differences between the Dutch sample and Italian sample in the patterns of involvement in substances and sex and in the attitudes, other cognitions and models related to risk? In addition, if these differences are present, are they consistent with the social differences in law, policies and cultural scripts described in the introduction between the Dutch and Italian society?”

In both countries a very high percentage of adolescents, ranging from 10% to 50% depending on the risk behaviour which is considered, are involved in the use of psychoactive substances and sex and do not adequately protect themselves from sexually transmitted diseases and pregnancy. The proportion of adolescents at risk is very impressive, especially in light of the fact that both the samples are not drawn from a high risk population and that the subjects are attending high school. In Italy 43% of the subjects are involved in tobacco-smoking, 35% are involved in marijuana use,
and 15% are heavy drinkers. In The Netherlands 22% use tobacco and marijuana and about 50% are heavy alcohol users. Despite their heavier involvement in alcohol, the Dutch adolescents do not get drunk more frequently than the Italians and they do not have more alcohol-related problems (with family, friends, partners, but also school, police and accidents). These findings add further evidence to what was already underlined by other authors: some experimentation with substances cannot be considered deviant in a statistical sense for high school students in the contemporary Western societies because of its wide prevalence (Shedler & Block, 1990; Engels & ter Bogt, 2001).

The use of other drugs is much less common: around 9% in both countries. However, it is still a very serious problem considering that about one in ten of a normal population is involved in the use of substances other than tobacco, alcohol and marijuana. Considering that the majority of the people involved in the use of other drug generally start later than 20 years (EMCDDA, 2003), at least a part of this sub-sample is at a higher risk to develop life-course persistent problems instead of adolescence-limited ones (Moffitt, 1993).

At a mean age of 17 years, 35% of adolescents have already been involved in sex, and this is again quite normal, since adolescent sexuality may be considered a normative adolescents transition (Graber, Brooks-Gunn & Galen, 1998). However, as stated by the same authors, scholars are interested in understanding how individuals negotiate the challenge of this transition. Our findings show that a high percentage does not protect themselves adequately because they either do not use contraception regularly (35%) or they do not use efficient contraceptive methods against the risk of sexually transmitted diseases and pregnancy. In both countries, the number of pregnancies is fortunately quite low, although the cross-sectional nature of the data does not allow investigating the medium-term and long-term effects of sexually transmitted diseases. It is likely that these diseases represent a serious physical health problem, also considering that the average number of sexual partners is quite high (in both countries the average number of partners is around 3), and no relation is found between the number of sexual partners and the use of condoms.

In both countries, there are very close relations between involvement in different substances, sex and also other problem behaviour. Adding further support to what Jessor et al. underlined in different countries (1991, 2003), adolescents’ involvement in risk is found to form constellations of behaviours, having different degrees of risk. Longitudinal analysis is necessary to investigate the continuity and discontinuity of these patterns of involvement, prefiguring different life-styles.

There is no big difference between the two countries for the starting age in different risk behaviours. For alcohol it is around 12-13, for cigarettes 13-14, for marijuana 14-15 and for sex 15-
16 years. Generally, an earlier start with one kind of behaviour is linked to a higher involvement in the same behaviour, to starting earlier in other risky behaviours and to a lower capability of protection by means of contraception.

### 7.1.1. Socio-demographic differences within each country

Besides, in both countries there is no great gender-related difference in the involvement in problem behaviour. However, boys are slightly more involved than girls in alcohol use, marijuana and other drugs, while girls are slightly more involved in tobacco smoking than boys. The findings obtained with grids for the Italian adolescents underline that the girls are much more reluctant in both having sex and using drugs, especially with a person they do not know. However, the biggest gender differences concern the abuse of alcohol, which is much more likely for Dutch boys, and the number of sexual partners, which is much higher for Italian boys. It is likely that alcohol (Pape & Hammer, 1996; Engels & Knibbe, 2000) and sexual partners (Graber, Brooks-Gunn & Galen, 1998) are good ways for boys in the two countries to show themselves and others their capacities and strength. The gender differences are also marked in sexual patterns. In fact, Italian boys are more likely, than girls, to have started sex outside a steady relationship; they seem to feel the need to experiment their own capacity before engaging in a deep affective relationship with a partner. Dutch boys are more likely, than girls, to stop their sexual activity for a while. Again, although different from the Italians, they seem to feel the need to start to prove something to themselves. Furthermore, according to the findings drawn from the grids regarding the Italian sample, the affective acceptance of sex occurring within different relational conditions also differs in relation to gender: girls are likely to individuate positive emotions and feelings only if sex occurs within a steady relationship. This finding may be in relation to the stereotypes about gender-appropriate behaviours which are still prevalent among the adolescents themselves (Smith, 1994). For instance, this Italian girl is probably referring more to the stereotype of “boys as predators and girls as victims” than to personal experience when she says: “......with respect to sex, ......sometimes the girls are forced by the boys ......” (Lyceum, grade 3).

However, girls and boys may really have different desires and different behaviours about sex (Brook-Gunn & Paikoff, 1993). In any case, this subject needs further investigation, because previous studies mainly focussed on the influence of societal norms (Orenstein, 1994).

There is no other great gender difference for other aspects related to sex, such as the capacity to plan the intercourse and to use contraception. However, Dutch boys seem to delegate contraception

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73 The values of the standard deviations of the starting ages of Dutch and Italian adolescents are also quite similar: 2.1 of Dutch vs. 3.0 of Italians for alcohol; in both countries: 2.0 for tobacco, 1.4 for marijuana and 1.4 for sex. Therefore there are more individual differences among the Italians only for the starting age of alcohol: it is likely that these differences are related to more or less traditional contexts of starting: the adolescents starting within the family start much more precociously than their mates (at 11 years vs. 14).
to their partners more than the Italians do. This finding is likely to be affected by the greater diffusion of contraceptive pills among Dutch girls. Boys may perceive less need to assume their own responsibilities. This phenomenon is probably linked to some processes of moral disengagement (Bandura, Barbaranelli, Caprara & Pastorelli, 1996).

With the increasing age there is a general tendency, which is stronger in Italy, to be more involved in risk behaviour, as there is also a tendency of the younger cohorts to start earlier than older ones. It has already been said that this last result should be regarded with caution, because it is not clear whether it is a recency effect or a cohort effect. To obtain a clearer view it would be necessary to await a longitudinal analysis to estimate the reliability of these data (Engels, 1998).

However, the tendency to start earlier, if such a tendency actually exists, would imply an increasing risk, as starting early and high risk are correlated, in terms of both greater likelihood of becoming strongly involved in more than one risky behaviour, and in terms of lower capability of protecting themselves. Besides, the younger Italian adolescents are more likely to perceive negative feelings in every sexual situation and less likely to perceive the relevance of planning of an adequate contraception. Thus, younger boys and girls seem to have lower capabilities of navigating the emotional and physical challenges of sex without too many risks. These findings add some support to one of the two current hypotheses about the risks linked to making a transition off-time, and precisely the stage-termination one. According to this hypothesis, making a transition earlier would place an individual at risk because he/she may not have developed the necessary competencies for dealing with it (Brooks-Gunn & Chase-Lansdale, 1995). However, there is also the deviance hypothesis that cannot be tested through our data. According to this second hypothesis, making a transition off-time can have negative effects on the individual because he/she violates the social norms that prescribe a behaviour as appropriate only at certain ages (Durbin, DiClemente, Siegel & Krasnovsky, 1993).

Nevertheless, the future consequences of earlier involvement are likely to be different with the type of risk behaviours. For instance, in terms of physiological and psychological dependence, the researches on the earlier effects of tobacco and marijuana (Pulkkinen & Pitkanen, 1994; Pierce & Gilpin, 1996) are more univocal than those on drinking (Pape & Hammer, 1996). In the case of marijuana, the adolescents were shown more sensitive to the effects of marijuana than adults (Kandel, 1998). Also the potentially opportunity costs of early transition to sexual behaviour proved the need for further investigation. Particularly the relations among physical, relational and psychosocial precursors, concomitants and consequences of sexual transition are still unknown (Graber, Brooks-Gunn & Galen, 1998).
However, for the majority of adolescents drug use was shown to be time-limited and it does not affect adult outcomes negatively (Baer, MacLean & Marlatt, 1998; White, Bates & Labouvie, 1998). Most of the youths navigate towards adulthood without risking too much their well-being (Koops, 1996).

Considering the differences in the organisation of the two school systems, the similarities between the different types of schools are very impressive. In fact in both countries the students of vocational or technical high schools are more at risk than other adolescents. They are more involved in tobacco, marijuana, other drugs, sex, and, only in The Netherlands, also in alcohol abuse. Moreover, the students of Italian technical schools are more likely to perceive positive feelings in every sexual relational condition, whereas those of vocational schools are slightly more likely to feel positive towards the use of drugs and less likely to find good reasons for using contraception efficiently. It is likely that these results are not linked to the type of school itself but rather to other mediating factors, such as past or present school experience in terms of satisfaction, success, and perceived chances of successes in life (Silbereisen & Noack, 1990; Steinberg & Avenevoli, 1998).

All these aspects might differ among pupils from different types of schools. On the one hand, the pupils may have different previous school histories. The Italian lyceum and the Dutch Pre-university Education (VWO) are generally regarded as more difficult and more complete types of high school, since both prepare for the University, and thus they are recommended to the “better” pupils, who may have more to lose, e.g. a good education and entrance to university, by becoming involved in risk behaviours (Steinberg & Avenevoli, 1998). On the other hand, these adolescents also have different prospects for the future. Most of the pupils at the lyceum and VWO know that they will continue studying for several years after the end of high school and that they do not have to worry about finding jobs. Most of the others pupils are aware that they will go to work at the end of high school which is not so far in the future (or, particularly in case of Italy, they will at least try to find a job). This situation brings them closer to adulthood, which might represent an advantage over their peers, but probably also contributes to more short-term life prospects and to lower satisfaction about the present condition of adolescents, who still depend on their families. Previous studies underlined that a shorter temporal perspective and a lower satisfaction for the present condition of social suspension characteristic of current adolescence may be related to worse psychosocial adjustment (Nurmi, 1997; Caprara & Fonzi, 2000). The present findings also suggest that short-term prospects and a lower satisfaction about the present may lead to a greater necessity of appearing more adult (behaving as an adult, such as with tobacco use, alcohol use and sex) but also to transgress against the adult world (that is, for instance, in the use of marijuana or the abuse of alcohol).
In both countries, there are no great effects as to the size of the town in which the adolescents live. However, when these differences do occur they go in the direction of smaller town, which presents a higher risk, especially in Italy. These results may be interpreted as reflecting on the relation, which is found in the present and in previous studies (Mahoney & Stattin, 2000), between risky behaviour and non-organised activities, such as simply sitting around doing nothing or going to the pub or disco. Non-organised activities may be commoner among adolescents in small towns, especially in Italy, simply because of the lack of other recreational places. These activities are positively related to risk involvement, probably because they are not able to allow real sharing of feelings and thoughts with peers. Rather, they may encourage imitation of peers’ behaviour. In addition, this type of activities is more aimed towards gaining an immediate personal satisfaction than to promote the construction of medium-term or long-term projects for one’s own life. On its turn, the lack of meaningful and long-term projects proved to be quite risky for the adolescents’ as well as for the young adults’ development (Csikszentmihalyi & Schneider, 2000).

In both countries, there is no close relation between aspects of the social environment such as the family structure, the parental level of education and job, and the adolescents’ involvement in risk. However, also other authors stated (Silbereisen, 1998) that compared to protective and risk factors in the person and in his/her environment these social factors, ranging from low socio-economic status, coming from a broken family and living in a crime-ridden neighbourhood, exert little influence. Only the presence of an intact family, especially in Italy, seems to work as a protective factor against the involvement in problem behaviours. The family is still very important during adolescence, but its protective (or risky) role is probably worked out through other aspects, such as the functioning and quality of relationships (Galambos & Ehrenberg, 1997), as it is emphasised also by our findings.

### 7.1.2. Risk perception and involvement in risk behaviours

The relationships between risk perception, knowledge and attitudes in the use of substances and sexual activity are also quite similar in the two countries. Generally speaking, the perception of risk is quite diffused, although the perception of physical risk is higher than that of psychological or relational risks. However some adolescents are also aware of this type of risk, as this girl states about sex: “…and then there is the risk to feel psychologically bad when you become aware that you do not know so well the other person …” (Technical school, grade 2).

Data from the interviews with the Italian adolescents suggest that boys and girls are aware of the risks, which might differ in relation to particular individual or contextual conditions. Findings based on various instruments (questionnaire, interview and also grid) underline that there are links between risk perception, attitudes and behaviour, because the adolescents who are more involved
are more likely to underestimate the risk. However, the relation between behaviour and risk perception is much weaker than expected. Therefore, all these findings, together with those of another research (Yzer, Siero & Buunk, 2000), show that, contrary to what is generally applied in a medical perspective, to promote the awareness of the negative consequences linked to risky behaviour, is not sufficient in order to promote a lower involvement, at least among adolescents. Human beings are too complex to be simply influenced by the knowledge that behaviour is at risk. Although the individuals recognise the presence of some risk, in order for this perception to be effective they must relate it to themselves and not to people in general (Lopes, 1993). Moreover, they may have various reasons, such as the desire for positive short-term consequences and no interest in long term health, the desire for accepting a specific risk, or for putting some value to it (Hansen, Collins, Johnson & Graham, 1985; Buunk, Bakker, Siero, van den Eijnden & Yzer, 1998).

The relation between awareness of risk and behaviour may be even more complicated regarding sex, involving two different people with their own feelings, thoughts and expectations about themselves and their partners, in the decision of assuming some risk or not (O’ Sullivan & Gaines, 1998). In fact, in both countries there is a weak link between sexual involvement and the perception of being too young to have sex or the perception that it would be better to avoid sex than risk pregnancy. Embarrassment over asking for or buying contraceptive methods is not linked to failure of using them. There is no relation between positive attitude and contraceptive behaviour, although a negative attitude is enough to promote the less regular use of contraception. Knowledge is also not enough to promote healthier behaviour, although lack of such knowledge is related to a higher risk, such as a less regular use of contraception and also to lower personal capability of contraception. Therefore, as previous research underlined (Bakker, Buunk, Van den Eijnden & Siero, 1998), the “cognitive route” has to be travelled, though it may be not sufficient in order to change behaviour.

Generally speaking, the personal efficacy for contraception (the beliefs in one’s own personal capabilities for using some contraceptive methods and/or condoms with the sexual partner) is the most powerful in promoting a healthier behaviour. It has both a direct relation to behaviour (since it promotes contraception both at first intercourse and later) and an indirect effect on behaviour through attitude, because it contributes to decreasing the negative attitude towards contraception. This finding is not surprising, considering that the power of self-efficacy was shown also by other studies (Bakker, Buunk & Mansted, 1997).

Particularly for the prevention of pregnancies and sexually transmitted diseases it is likely that efforts oriented almost exclusively to increasing the knowledge and risk perception, as it happens in most prevention programs, are not sufficient. Other factors may play varying roles in the actual behaviour, such as the capacity to plan intercourse, the age of the subject and his/her relationship.
with the sexual partner (Byrne, 1983; Beyth-Marom & Fischhoff, 1997). The findings drawn from the questionnaire show that these factors are all interrelated, since younger adolescents are less likely to establish a stable relationship with their sexual partners and are also less likely to use contraception efficiently. Besides, the adolescents are more likely to plan and to use contraception regardless of whether there is a close relationship with the partner or not. Previous studies also found a link, but only among the girls, between self-acceptance, communication with the partner and a more effective use of contraceptives (Tschann & Adler, 1997). Finally, the results drawn from grids for the Italian sample show that the younger the adolescent, the higher the underestimation of risk, the greater the thought of perceiving less intense sensations by using contraception, and the less frequent its planning.

Instead of simply diffusing knowledge on contraceptive methods and physical risk, it would probably be better to promote the individuals’ personal efficacy and knowledge about themselves, especially about their own possible reactions in highly emotional situations, such as sexual encounters, as well as the capacity to communicate efficiently with the partner, sharing both positive and negative feelings.

The importance of communication is suggested in the interview by the adolescents themselves, when they state that their knowledge is sufficient and that they need more communication, especially with parents and teachers. In fact, those that have higher chances of communication attribute greater relevance to psychological and relational risk than those who could only rely on technical information, and especially information drawn from mass media.

The necessity to promote a healthy sexual behaviour and not just limiting the intervention to intercourse and its potential negative outcomes was already stressed in other studies (Grabber, Brooks-Gunn & Galen, 1998). However, the present study is one of the few that investigates also the possible patterns of involvement in sex, and the emotions related to different relational conditions in which sex may occur.

7.1.3. Risk behaviours in relation to small and large social contexts

In both countries, significant adults, such as parents, have a distinct responsibility in the adolescents’ involvement in problem behaviours, since the parents of users are more likely to approve of adolescents’ risk behaviour and in the case of tobacco also to use it themselves more frequently. Besides, the siblings of smokers are also more involved in tobacco. The potential role model of parents and other family members is expected on the basis of previous studies (Flay, Hu, Siddiqui, Day, Hedeker, Petraitis, Richardson & Sussman, 1994; Petraitis, Flay & Miller, 1995).

However, the situation is different with respect to alcohol use among the Italians. In fact in this country, more precocious starting is generally related to starting with parents within the family
context and is less risky than starting later with friends. It is likely that in this case parents also teach their children how and how much to drink. This interpretation is consistent with the sociological differences in alcohol use between Mediterranean and Northern-European countries (Gual & Colon, 1997).

However, parental approval or lack of disapproval, at least within a particular context and for some specific behaviour, may function as a risk factor, because adolescents may feel more authorised to behave in a risky way. This finding may be another indication for health prevention programmes. In order to promote the adolescents’ greater well-being it is not enough to work with the adolescents. It is also necessary to promote some changes in adults’ attitudes and behaviour. For instance, community based programs addressed at parents and children already proved to have several positive effects on tobacco smoking: lower involvement of the adolescents, higher quitting rates among adults and therefore a reduction of their role models (Leventhal, Keeshan, Baker & Wetter, 1991). Moreover, parents may have also an indirect effect, influencing the preferences of their children towards certain peers and activities, through both explicit suggestions and internalisation of life-styles (Engels, 1998).

In particular with reference to friends, there is a close relation between adolescents’ involvement and friends’ attitudes and behaviour. The possibility of misperception has to be taken into account obviously, because users generally overestimate peer and friends’ use (Bauman & Ennet, 1996; Mäkelä, 1997). However, the similarity of the behaviours in the peer group was also stressed from a long time (Kandel, 1978a). Nevertheless, this similarity cannot simply be interpreted as the effect of some direct influence from friends, such as modelling (Oetting & Beavais, 1986). In fact, the opinions and the models of the nearest peers constitute the relational context in which use occurs and offer good reasons for being involved or for avoiding risk. As a boy states in the interview: “If the group shares the opinion that using drugs is Ok, nice and acceptable, I believe that a person is more moved to use substances” (Lyceum, grade 2).

Besides, it is more likely that some interpersonal selection effect is at work, leading adolescents who behave in a certain way or have similar views on life to seek similar friends, with whom to experience behaviour and share feelings (Engels, 1998; Engels & ter Bogt, 2000). The adolescents themselves, and particularly the Italian ones that are interviewed, attribute different roles of friends in relation to the subject’s characteristics and underlined that friends are chosen. Nevertheless, they admit that meeting the expectations of one’s group may be essential for promoting integration in the group or for preventing the loss of friends. Not being alone may be more relevant if the adolescent is living a condition of psychological discomfort, as this girl says: “… however it is common that the person who does not try a certain type of substance is not much accepted in the group, and in
order not to stay alone you try...In my opinion the person who is unsure would be more like to accept [to try these substances], perhaps he/she just entered in a group” (Lyceum, grade 3).

These and other findings have to promote a deeper reflection on the active role of adolescents in shaping their own life paths, instead of minimizing their responsibility in affecting their environment. For the same reason it would be better to plan health prevention programmes aimed at working WITH the adolescents instead of FOR the adolescents, because their personal contribution is certainly necessary to improve their health and well-being.

Finally, in both countries the same patterns of involvement in substances and sex are relevant, although with some differences in their relative importance. These differences are generally consonant with the social differences, in terms of law, social policies, and also cultural scripts, which are described in the first introductory chapter. Generally speaking, involvement in tobacco appears to be the greatest problem in Italy, whereas alcohol abuse is the main problem in The Netherlands. Italian policies against the use of tobacco undoubtedly began later than in Northern Europe and the rules concerning tobacco use are less strict, or at any rate are less strictly applied. As concerns alcohol, the pattern adopted by the Italian adolescents is typically Mediterranean (characterised by a frequent and moderate use), while the Dutch one seems to belong fully to the Northern European model (heavy drinking). Italian adolescents are also more involved in marijuana than their Dutch counterparts. However considering that Dutch coffee-shops are clearly meant to separate the use of “soft” drugs from the use of “hard” drugs and also to confine the use of the former to a more protected context (AA.VV., 1999; Brouwer, 2000), it is also worth noting that the percentage of involvement in other drugs is almost the same in the two countries and that Dutch adolescents are more often “high” at school than Italians.

Furthermore, despite the great efforts of the Dutch Government to prevent AIDS and sexually transmitted diseases in general (Sandfort, 1998), the same percentage of adolescents in both countries regularly use contraception, in particular condoms.

All these results seem to indicate that adolescents are unlikely to be directly influenced by the availability and social approval of substances or behaviour. It is more likely that problem behaviour is due to quite different motives related to the developmental tasks characteristic of adolescence (Havighurst, 1952; Coleman, 1989) and to the possible positive functions that such behaviour may fulfil (Silbereisen & Noack, 1988; Engels, 1998).

In summary, this study shows that, between the Dutch and the Italian sample there are more similarities than differences for the patterns of involvement in drugs and sex. The differences are consistent with the social differences of these two European countries.
7.2. Protection and risk

These sections (from 7.2 to 7.2.3) are aimed to summarise the findings on the following research questions: “Does the same set of individual and environmental protective and risk factors account for the variation in risk behaviour in both the Dutch and the Italian samples? In addition, “Do protective factors moderate, or buffer the impact of risk factors on adolescents’ risk behaviours to the same extent in both samples? Finally, if there are some differences in the direct and in the moderating roles of protection, are they consonant with the social differences in laws, policies and cultural scripts described in the introduction between the Dutch and Italian societies?” The answers are again affirmative in all cases.

To a great extent the same predictors contribute to explaining a great proportion of variance74 in both countries and for different risk behaviours. Among the distal variables, the disapproval of deviance and the strictness of the family rules have both a powerful protective role against the involvement in risk behaviours. On the contrary, the non-organised activities, the friends’ approval and models of risk behaviour and the parental approval of risk behaviour contribute to the amount of risk. However, the strength of some predictors depends on the country. For instance, the value of academic achievement has a greater protective role among the Italians, and the parental models of healthy behaviour are more protective among the Dutch adolescents, whereas the value of independence and the social activities have greater risk role among the Dutch ones. These differences are consonant with the differences in society for the transition to adulthood, which is earlier in the Netherlands. This earlier transition contributes to a greater importance of autonomy and social relationships among Dutch adolescents (Du Bois-Reymond, Diekstra, Hurrelmann & Peters; 1995). Within this context, it is likely that parents continue to exert their positive influence mainly through the positive models they give instead of explicit suggestions. On the contrary, for Italian students, who are quite far from gaining autonomy, family control and school success may count as more important experiences (Bonino, Cattelino & Ciairano, 2003).

7.2.1. Why some more than others?

Generally speaking, the analyses of the relation between resources, vulnerabilities and risk behaviours help scholars to obtain answers, at least provisional and partial, to the question: “why do some adolescents risk more than others?”

As regards to the individual characteristics, involvement in psychoactive substances is generally more related to personal values and expectations than to psychological well-being or malaise. This result is quite interesting, considering that till few years ago drug use was generally attributed to the

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74 The findings show effect sizes ranging from 10% in the case of distal predictors to 20-30% in the case of the proximal ones, which means in all about 30-40% of explained variance. According to Cohen (1988) these effect sizes are great and even smaller effect sizes can have theoretical and practical utility.
psychological condition of the user (De Wit & Van der Veer, 1991). This research adds support to the studies that recognized an experimental use of substance among “normal” high school students, which reflects age-appropriate and developmentally understandable behaviours (Shedler & Block, 1990). At the experimentation stage of these adolescents, several aspects, both individual and contextual, contribute to the decision of taking, or not taking, drugs. Besides, the use is unlikely to be in relation only to the characteristics of the substance, because there are great similarities in the predictors throughout different risk behaviours and within different social contexts.

However, the importance of some predictors varies with the social context because the developmental tasks that adolescents have to face might be different. It was already underlined that the involvement in risk is more closely linked to the value attributed by the adolescent to independence in The Netherlands and to the lack of value on school achievement in Italy. It is likely that these results are due to the different developmental paths towards adulthood that are socially drawn for the Dutch and Italian adolescents. Nowadays the adolescents’ independence is certainly more socially appreciated in The Netherlands than it is in Italy. However, the value of independence may work in general as a risk factor, probably because it contributes to bringing the adolescent closer to adulthood too early (Graber & Brooks-Gunn, 1996).

To a certain extent the adolescents involved in risk behaviour also have better self-perception, as it is possible to hypothesise on the basis of previous studies (Engels, 1998). However, our findings show that the better self-perception of these adolescents is often mitigated by greater depressive feelings. It is likely that they feel a greater psychological discomfort than the others because of the higher value they give to independence and the lower value and expectations of success in school achievement, despite their present position as students, still depending on their family. They probably try to enhance their self-perception through experimentation with different substances and behaviour. It could be a way of saying: “I am not particularly satisfied with my actual position, I would like you to notice it and in the meantime I will do some experimenting to prove that I am able to make my own decisions”. Nevertheless the relation between the use and psychosocial well-being needs further investigation with longitudinal studies that follow the youth in their transition to adulthood. During adolescence the form of this relation is likely to be u-shaped with complete abstainers and frequent and heavy users both relatively maladjusted, because some experimentation with substances facilitate in sharing activities, experiences and emotions with peers (Shedler & Block, 1990).

Most risky behaviour also represents a transgression of adult rules. This conclusion is supported by our finding of negative relationships between them and a higher disapproval of deviance and strictness of the family rules. The family still appears very important during adolescence (Juang &
Silbereisen, 2002), although it is slightly more important in Italy than in The Netherlands. This finding adds further evidence to what has been already emphasised by other authors on the greater importance of the family in the relational context of the adolescents within the Mediterranean countries (Claes, 1998; Scabini, 1998). Nevertheless, the adolescents of both countries whose parents give them clear rules, together with support and affection, are less involved in both types of risk behaviour, psycho-active substances and sex. In particular the capacity of parents to balance support, affection and control is a protective factor against the adolescents’ involvement in risky behaviour. However, the best balance between support and control is in relation to other cultural features of the society in which the family lives. In the Netherlands this balance should probably be more shifted towards support and in Italy towards control.

The agreement between parents’ and friends’ points of view is also important. Besides, adolescents are less likely to be involved in risk when they do not attribute too much importance to friends in comparison to parents. Generally speaking, the whole set of findings about family and friends confirm the most recent interpretation on the relationship between family and peers during adolescence (Meeus, Helsen & Vollebergh, 1996; van Aken, Lila, Musitu & Buelga, 2003): peers never substitute the family in its relative importance for the adolescent’s development, although the relevance of the family may vary within different social contexts. Family and peers, as well as their interaction, are all relevant for promoting greater well-being and better adjustment. This is another indication for prevention programmes. Adolescents’ involvement in risky behaviour cannot be considered isolated from the complex set of social relations in which it occurs. The interventions must also involve the active participation of parents and peer groups, although carefully, after having considered their role in relation to the behaviour and the characteristics of the context (Botvin, 1998, 2002). For instance, Engels (1998) emphasised that parents may not be the most appropriate party to guide youngsters into “safe” drinking levels. In my opinion, this is more likely in the Northern European context than in the Mediterranean countries. In fact our findings show that Italian adolescents have more moderate drinking habits just when they start within the familiar context. Conversely, interventions worked out through peers-education might be more effective in the Northern European countries where the social context of peer is more central in the relational life of the adolescents (Claes, 1998).

Our results also show that adolescents’ involvement in risky behaviour is more likely to occur within the social context of the peer group, especially when risk activities are, for several reasons, appreciated by the peers.

Adolescents who perceive greater support from their friends, and who have closer friends are more likely to be involved in risk. As other authors emphasised previously (Engels & ter Bogt,
involvement in risk behaviours is likely to provide the opportunity to intensify contacts with peers or initiate new relationships, for instance when a few glasses of alcohol make an adolescent more relaxed in a social situation. Thus, some experimentation with substances may work as a promoter of adolescents’ social adjustment. This may be an interesting topic for an open discussion with the adolescents themselves, trying to find out the reasons for this and to promote other ways of being appreciated by peers without risking so much.

However peers do not represent a problem per se, but rather in relation to the type of activities that the peer group shares. Higher involvement in risk is generally linked to social activities and to non-organised activities. Besides, the adolescents most involved in risk are more likely to participate in social behaviours characterised by a lack of constructive long-term projects, although superficially they seem to have a “full” social life. A disco or pub, with loud noise and confusion, does not appear to be the best place to share reflections and thoughts with peers, although they are physically together. The fact that the presence of general goals and interests may provide the individuals of a more adequate perspective to face frustration and uncertainty, which are inherent in human life, is well-known for a long time to psychologists (Shapiro, 1965). Moreover, it has recently underlined the potential negative role on the adolescents’ psychosocial adjustment of participating in unstructured activities (Mahoney & Stattin, 2000). However, this finding puts some urgency to scholars in suggesting social policies addressed to offering adolescents, youths and people in general, different ways of having fun together and contrasting the increasing power of mass-media.

Both in the case of substances and sex, the school dimension is also very important, although again it is slightly more important for the Italian adolescents. Previous studies emphasised the negative long-term effects of disengagement from school (Steinberg & Avenevoli, 1998). This research shows that also in normative samples of high school students, the adolescents who perceive greater satisfaction at school, greater importance of school and greater personal efficacy at school are less involved in risk. It is likely that they, who are perceiving a greater well-being and a lower malaise in their present situation of adolescents, also perceive less need than others to experiment with substances and sex, showing others their capabilities or transgressing against adult rules. But they are probably also more competent in planning their future, and in searching and maintaining adequate social support to reach their goals (Clausen, 1991).

It is also noteworthy that the adolescents themselves, at least the Italian ones who are interviewed specifically on the role of family, peers and school, underline that the role of these important social contexts is not fully positive or negative. Parents, peers and school might fulfil quite different roles depending on their characteristics (such as higher or lower parental support or control, peers’
approval of risk, teachers’ capabilities of promoting the interest of pupils in school) in the interaction with the characteristics of the adolescent who has a larger or smaller amount of personal resources available. For instance, belonging to a deviant peer group may be more risky if the parents do not take enough care of their child, or if the child is having a negative experience at school and he/she has a low confidence in his/her school capacities. Therefore, the adolescents themselves are aware of the moderator or buffering effect of protection on risk. They seem to reason quite clearly in terms of interaction between individual and contextual resources and vulnerability. Particularly relevant are three different sets of strong statements of the adolescents: “a) parents have to be parents and not friends and they are more efficient if an authoritative parenting style is adopted; b) the adolescent selects his/her friends and therefore he/she knows in advance the role that peers may have on his/her behaviour; c) school might be very important but usually teachers do not do enough to promote their pupils’ well-being and sense of personal responsibility; their greatest worry seems to be to finish the school programs and nothing else” (statements extracted from the interviews with the Italian adolescents).

7.2.2. The constellations of behaviours, resources and vulnerabilities

There is generally a very strong relation between the use of psycho-active substances, sex and the other problem behaviours, which appears to confirm the presence of a constellation of risky behaviours and to predict life-styles that are risky to varying degrees (Jessor et al., 1977, 1991). Generally speaking, adolescents who are more involved in psycho-active substances and sex are also more involved in anti-social and risk behaviours and in Italy also in risky driving. This is another recommendation for health prevention programmes. It would probably be more useful to focus on the different possible meanings of risky behaviour in general, instead of concentrating on a single behaviour separately. Nevertheless, the differences between behaviours also have to be taken into account. For instance, eating disorders are generally found less closely related to the other risk behaviours considered in the present research. Eating disorders are likely to have a different meaning from most other problem behaviours. In fact they are defined as internalising risky behaviour and distinguished from externalising ones (Buysse, 1996; Seiffe-Krenke, 1990).

However, the similarities and differences in societies and behaviour emerge more clearly when the more synthetic indexes of individual and environmental resources and vulnerability, as well as the Multiple Risk Behaviour Index, are considered. At first these findings allow us to state that the Italian and Dutch adolescents do not differ too much neither for total involvement in risk behaviour (the greater involvement of the Italians in tobacco and marijuana is compensated by the greater involvement of the Dutch in alcohol abuse) nor in protection and risk. Italians are characterised by greater environmental resources (especially the familiar ones), which compensate for a greater
individual vulnerability. These findings are again consistent with the social differences for the transition to adulthood which is characteristic of Italy and the Netherlands: Italians perceive a greater discomfort, probably also because they are quite far from reaching the independence that every adolescent must reach, but their familiar context also seems more adequate to facing this situation. In their turn, Dutch adolescents are characterised by a more advanced stage of development. Probably also for this reason, they can count more on the individual resources and less on the familiar ones. Within their social context, the environmental vulnerability is greater than in Italy but they seem to possess enough resources to face this challenge. Contrary to what happens in other societies, e.g. China (Costa, Jesser, Turbin, Dong, Zhang & Wang, 2003) the greater environmental protection of the Italians does not correspond to lower involvement in risky behaviour, because this protection is likely to be used to face a great psychological discomfort and uncertainty.

Despite these differences in the measures of protection and risk, the same types of protection and risk account for variation in adolescents’ involvement in risky behaviour. Particularly the protective role of school success and beliefs and of conventional attitude (individual resources), and that of strictness of the family and family support (environmental resources) are found in both countries. The same conclusion pertains to the risk effects of precocious inclination to adulthood and of “just social fun activities” together with risk availability. However some differences between the countries emerge. In Italy three sets of predictors are included in the final model (individual and environmental resources and environmental vulnerability), whereas in the Netherlands only two sets of predictors are significant (individual resources and environmental vulnerability). Moreover when the interaction terms among different sources of protection and risk (individual and environmental) are included in the analysis, the models with the best fit are different in the two countries. In Italy two interaction terms are entered (individual resources moderating individual vulnerability and environmental resources moderating environmental vulnerability), whereas in the Netherlands only one is necessary (individual resources moderating individual vulnerability). This is probably another indicator of the greater confidence of the Dutch in their own resources that is likely to be consistent with their more advanced stage of assuming a personal responsibility for their life paths.

The articulation of two types of resources (individual and environmental) and two types of vulnerability (individual and environmental) prove to be a useful and illuminating systematisation. Assessment of those constructs yield theoretically relevant measures that are internally coherent, relatively independent, and significantly related to adolescents’ risk behaviour. Moreover the employment of such differentiated measures allow us to investigate what type of resources and vulnerability are more important in accounting for variation in the overall index of involvement and
in different types of risk behaviour. The data from the series of hierarchical regression analysis, which are presented in chapter 5, indicate that the composite measures of resources account for a proportion of variance around 10% (with some variation throughout samples and types of risky behaviour) and that the individual protection is generally more powerful than the environmental one.

Another key finding of the present study is that among the type of protection that is most influential in regard to adolescents’ involvement in risky behaviour, concerns on the one hand the school dimension in terms of success and beliefs about one’s own capabilities, and on the other hand the regulation of transgression (that consists in disapproval of deviance at the individual level, and in family strictness at the contextual level). These results clearly underline that the adolescents perceive the great need of having the chance to prove themselves in long-term projects and meaningful activities, e.g. in the school dimension (Csikszentmihalyi & Schneider, 2000). However, these findings also add some support to the hypothesis of Steinberg & Avenevoli (1998): school serves as a protective factor against involvement by increasing the costs of deviance. In fact youths that have strong bonds to school have more to lose if they become strongly involved in deviant behaviour.

Moreover, the adolescents still feel the need to be regulated by clear rules from their families. Regulation, e.g. parental control, was sometimes considered less important for the adolescents than connectedness, e.g. perceived support and feelings of closeness. However, regulation is probably more relevant for the promotion of the personal capability of taking responsibility for behaviours and their consequences, than connectedness. The present study confirms the finding of other research (Barber, 1997; Barber & Olsen, 1997; Jessor, Turbin, Costa, Dong, Zhang & Wang, 2003) that reported a relatively greater importance of the measures of control protection (to which the strictness of the family belong) compared with support protection, in regulating the adolescents’ involvement in risky behaviour. However, as the findings for the Dutch sample show, the role of regulation and connectedness is related to the individual’s stage of developmental transition. Regulation is more protective at the previous stages and the connectedness becomes increasingly important as the transition proceeds. In addition, these findings underlined the importance of deeply investigating the role of school and particularly that of the teachers, probably adding some measures of perceived teacher support, which were found significant in other research (Greenberger, Chen, Beam, Whang & Dong, 2000).

In contrast to the relatively weak role of health models of friends and also of parents in decreasing adolescents’ involvement in risky behaviour, the role of risk availability (that includes measures of friends’ approval and models of risk behaviour as well as parental approval of risk behaviour)
emerges as one of the more important environmental risks. This finding would have been expected from the amount of literature found on, for instance, peer models as a key risk factor for adolescent risky behaviour. However, since nowadays there is an awareness that the phenomenon may be due to selection more than to imitation processes (Ennett & Bauman, 1994), this finding may also stimulate another relatively new endeavour: a deeper exploration of cross-contextual moderator effects as an extension of contemporary research on social contexts (Beam, Gil-Rivas, Greenberger & Chuansheng, 2002; Costa, Jesser, Turbin, Dong, Zhang & Wang, 2003).

Finally, the substantial co-variation within and across different domains of risk behaviours allow scholars to move beyond the simple view that “all bad things correlate” in order to identify more sensible means of preventing one type of problem by an earlier intervention in an entirely different domains, as stated by Steinberg, Brown & Dornbusch (1996).

7.2.3. Buffering or direct effect of protection: which is more important?

Resources and vulnerability do not have a similar influence on adolescents’ risk behaviour since vulnerability accounted for a greater proportion of variance (ranging around 20%). This finding differs from other research (Jessor, Turbin, Costa, Dong, Zhang & Wang, 2003). However, resources or protection also have an indirect effect, through their moderation of the risk impact.

In fact, the introduction of the interaction terms among resources and vulnerabilities allows us to detect the presence of some moderating or buffering effects. Initially, our findings support the conclusion that, in general, protection (which is defined by the amount of individual and environmental resources) functions as a moderator, or buffer, of vulnerability in both samples. As expected, higher protection or resource is associated with a lower level of risk behaviour involvement and a high risk or vulnerability with higher levels of risk behaviour involvement. In addition, the moderate effect of resource on vulnerability is realized by attenuating the impact of vulnerability when the resource is high and by increasing its negative effect when the resource is low. Despite some differences in the form of this relation (i.e. lack of protection is generally more powerful in Italy, too much protection may have a risky role for the Dutch in the case of sex), it can be concluded that, at higher levels of protection, the impact of risk is attenuated. In other words, when protection is high or at least high enough, the impact of risk is buffered. Conversely, the differences in the levels of involvement between low and high protection are at their greatest when the risk is high. In general when the risk is low, the influence of protection is less important, although for the Italian adolescents this is generally more important than for the Dutch ones. These findings are not unexpected on the basis of previous studies (Haggerty, Sherrod, Gramezy & Rutter, 1996; Stattin & Kerr, 2003). However, it is probably one of the first time in which the shape of the relation between protection and risk is shown within normative samples of high school students and
not within high-risk groups of people living non-normative events, such as diseases, loss of one or both parents, and other trauma.

Therefore, these findings may have salutary implications for future research on protective and risk factors and also for the future strategies of health prevention and the promotion of well-being. In fact, they suggest reconsidering the preoccupation with risk reduction and of taking into greater account the individual and environmental resources in order to understand and to decrease adolescents’ involvement in risk behaviour. However, in the interview the adolescents themselves state that the effect of risk is not equal for everybody but rather may change with the amount of individual and contextual resources and vulnerability.

The whole set of findings provides support for the generality of the explanatory capacity of the theoretical model employed in this study within the European context. A similar capacity was recently registered in the American and Chinese contexts (Jessor, Turbin, Costa, Dong, Zhang & Wang, 2003; Costa, Jessor, Turbin, Dong, Zhang & Wang, 2003).

7.3. Some reflections on the constructive functions of the adolescents’ risk behaviours

These sections (from 7.3 to 7.3.9) are aimed to summarise the findings on the following research questions: “What are the main constructive functions of risk behaviours? Namely, which goals do the adolescents achieve through the involvement in substance use and sex, in relation to the developmental tasks of adolescence?”

The findings of the present research, both those drawn from the questionnaire and the grids, show that adolescents’ risk behaviours fulfil particular positive functions in facing the developmental task characteristics of adolescence, such as the development of identity and social relationships. These functions are strongly correlated with each other and they often co-occur in the same behaviour. One of the most interesting findings of this research is that these functions appear quite similar in the countries characterised by different social policies, laws and cultural scripts for regulating drug use and providing health education suggestions.

7.3.1. Appearing more adult

Adolescents get involved in risk behaviours, which are considered normal for adults, such as cigarette smoking, alcohol consumption and sexual activities because, they want to appear more adult (Pape & Hammer, 1996; Ciairano, Bonino, Jackson & Miceli, 2000). Nowadays in the Western society there is a progressive extension of the age at which an individual reaches adulthood, in terms of becoming independent from the original family, living by oneself, and having one’s own family (Modell & Goodman, 1990; Crocket, 1997; Caprara & Fonzi, 2000). This may lead some adolescents to assume behaviours relevant to the social status of adults precociously.
Moreover, the mass media, which are moved by a great economical interest since the youth is an important market, strongly push adolescents into adult behaviours (Esman, 1990). This function is demonstrated by the strong relation between substance use and sex and greater inclination towards adulthood (i.e. expressed by the value of independence) and also to other risk behaviour (such as risky driving especially within the Italian context) that are generally socially approved as normal adult behaviour. However, it is possible to reach the same function in different ways: doing what adults normally do (i.e. using alcohol), or doing something that adults normally do but in an exaggerated way (such as sex with a lot of partners, or alcohol abuse) or doing something against adult rules because one behaviour is socially accepted among adults but not among adolescents who are considered too young (such as tobacco use especially for younger adolescents and girls). Moreover, in the findings drawn from the grids it is possible to identify a set of reasons for sex, which are consistent with the wish of “to appear more adult”. In fact, showing the self and others to be already adult is the most common reason for sex for both boys and girls, younger and older, and students from different types of schools. Nevertheless to behave as an adult too early is not without consequences, as this boy says about sex: “...there was a time, before, when we are younger, when there was almost a competition about who had already had it, he/she was also more privileged, he/she was the best. Now, many of us had already done it and they say... : may be that if I could come back....I would probably think more about it...” (Lyceum, grade 5).

7.3.2. Transgression

To transgress means to break adult rules and laws in order to assert one’s own independence strongly. Therefore transgression may belong to the normative developmental task of the adolescents to individuate and differentiate from their parents (De Wit & Van der Veer, 1991).

The transgression may be expressed, for instance, through deviant behaviour or drug-use, especially with substances that are not allowed (this is the condition of almost all the adolescents of this study because also in the Netherlands marijuana is only allowed after the age of 18 and inside coffee-shops) or those not allowed for heavy use (i.e. with alcohol abuse). However, also sex that is normally accepted among adults may assume a transgressive function when the adolescent involved in it is too young or is a girl who has adopted a low faithfulness pattern. In general, transgression is also stimulated by the particular situation of «social suspension», so far from adulthood, in which adolescents usually live: they are no longer children, and not yet adults (Crockett, 1997, Caprara & Fonzi, 2000). This condition, which in certain aspects may also be protective because it allows the individual to take more time in deciding who he/she is and what he/she would like to be in the future, might be experienced with greater malaise in particular psychosocial conditions. For instance it may be experienced with some malaise by adolescents who put more value on their own
independence, or who are closer to an adult condition due to their educational path, or who do not receive enough support, control and affection from their family. The strong negative links with disapproval of deviance support the importance of this function, as was reported also elsewhere (Carlson & Edwards, 1990). Among the Italian adolescents, who complete the grids, the transgressive function emerges, particularly in sexual behaviour, together with the anticipation of adulthood: it is more frequent among males and students at technical high schools. However, transgression is found also in the interviews with the Italian adolescents, when they talk about “challenge to adult rules”.

7.3.3. Assertion and experimentation of physical and psychological possibilities

Some risk behaviours are also a way to test oneself, reaching an altered awareness. This function is more relevant to the use of marijuana (especially when the condition of being high is reached, which happens more frequently in the case of the Dutch and in general for more habitual users), the abuse of alcohol (especially when the condition of getting drunk is reached), risk-taking for the fun of it and risky driving. In all these cases, affirmation of oneself and one’s identity takes place in an exaggerated and highly visible way, which may be highly dangerous first of all at the physical level. As also other authors underlined (Shedler & Block, 1990), it is a way of pointing out that childhood has passed and of clearly showing to the external world one’s own personal capacities. This function is generally more common when the adolescent does not find other less risky ways of experimenting, for instance when school success is lower, as well as when the beliefs about their own capabilities within the school dimension are lower. The adolescents themselves state the presence of this function in both having sex and using substances in the interviews. However, in the grids some differences between these two risk behaviours are shown. Experimentation in sex is related to a set of reasons more commonly referred to by males and students at technical schools, while with drug use experimentation is more frequently identified by the adolescents who tried some drugs in the past but then quit, that is to say that really experimented with substances.

7.3.4. Experimentation with sensations and feelings

The presence of this function is proved by the strong relations between substance use and sex and other types of risk behaviour, such as general risky behaviour, that is to say taking some risk just for the fun of it. Experimentation with sensations and feelings may be valid for both sex and drug use, although adolescents, especially girls and habitual users, are more inclined to associate with drug use in particular. The exploration of both own possibilities and new sensations is generally related to development of identity (Bishop, Macy-Lewis, Schenekloth, Puswella & Struessel, 1997).
7.3.5. Exploration of limits

Whereas transgression and also the exploration of individual capabilities are more related to the development of one’s own identity, the corresponding phenomenon in terms of social relations is the exploration of adults’ reactions and boundaries. The strong negative relations with the “strictness of the family rules” demonstrate this function, which is probably more important for Italian adolescents. The adolescents themselves talk about the importance of having parents who are able to establish clear rules and in parallel available to talk to them. Otherwise, as the adolescents say, children may feel a stronger need to explore their reactions while being involved in various risk behaviours (especially substance use) to see if their parents are really committed to them, as this girl states: “Perhaps there is the family that is not a good model, otherwise it does not take care too much of the adolescent and then the adolescent in order to be acknowledged, to attract the attention of the parents, he/she tries with substances” (Lyceum, grade 2). The presence of this function challenges the adults not to escape from their educational responsibilities (Aunola, Stattin & Nurmi, 2000), because experimenting with values and beliefs, exploring new role and testing limits and boundaries are normative adolescent behaviours and they serve important developmental tasks (Havighurst, 1952; Erikson, 1968).

7.3.6. Perception of control

The need to exert a control on one’s own sensations or capabilities is stronger if the control that may be exercised in other less dangerous dimensions lacks or if there is a diffuse perception that one’s whole life is out of control (e.g. when health is considered under the control of luck and life chances and not in one’s own hands and possibilities). The possibility of controlling the situation is one of the justifications boys give for having sex. On the bases of other studies that emphasised the negative influence of the misperception to have the full control on the situation (Plant & Plant, 1992), it is possible to hypothesise that the perception of control is also related to the underestimation of risk and to the fear of reducing spontaneity and sensations using contraceptive methods.

7.3.7. Escape from reality and difficulties and the search for an emotional solution to problems

Escape from reality is more likely if individuals do not have complex emotional and cognitive capacities for dealing with conflict and personal and relational difficulties or if the amount of discomfort perceived is too high and cannot be faced counting on other resources. Therefore, risk behaviours may be an extreme non-adapted way of searching for coping strategies (Frydenberg, 1997; Labouvie, 1986; Bosma & Jackson, 1990). This function is more relevant in the use of marijuana, the abuse of alcohol (in these two cases especially when the conditions of being high or drunk are deliberately searched) and, probably, of eating disorders (which are not investigated
here). In the findings of the present research, escaping from difficulties is testified by the very high relations to the other risk behaviours, but also by the links to some indicators of psychological discomfort, such as depressive feelings, or complete lack of satisfaction with the present condition of adolescence. The adolescents talk of it in the interviews especially in relation to drug use, as this boy does: “...it represents the chance to go beyond..., perhaps you have a monotonous life, you would like to try something new and to escape from all the usual things or from having a flat life, but with some stimulus, and the stimulus could be right or wrong...” (Lyceum, grade 2). Nevertheless, boredom is quoted more frequently as the justification for sex. In the grids this function emerges only with regard to drug use and it was more considered by girls and habitual users of marijuana. From literature we know that escaping from reality is more likely to be common among frequent and heavy users, whose psychosocial maladjustment and meaninglessness of life is pervasive (Shedler & Block, 1990).

7.3.8. The construction of bonds with peers by sharing rituals with them

Often the rituals which are shared with peers are both bonds and initiation rituals. In the latter case they clearly mark the passage from childhood to adulthood by daring to engage in risk and transgressive behaviour. This function is expressed by the ritual use of tobacco, alcohol and marijuana, as well as by aggressive behaviour when it is engaged in together with peers. When there are no other opportunities to experiment themselves, adolescents use these risk behaviours to gain a social visibility that otherwise they would not have. The great links between involvement in risk behaviours and the friends’ models and approval of risk behaviour support the presence of this function (Engels, 1998). However, some experimentation with risk behaviours simply provides the opportunity to intensify social contacts or to initiate new relations, promoting the integration that the adolescents seek in the peer group and dating. Thus they may be part of the normal growing up processes (Engels, Knibbe & Drop, 1999; Engels & ter Bogt, 2001).

In the interviews the adolescents talk about belonging to a group, where all the participants share most characteristics, such as already having tried drugs or having experimented with sex. However, especially in a moderate use of alcohol a ritual of joy has also to be considered especially in the Italian context where alcohol use has a similar function as in adults (Gual & Colon, 1997).

7.3.9. Communication

More than sharing rituals with peers, involvement in some risky behaviour also serves for communication and sharing behaviours and emotions. The need for communication through common involvement in the same risk behaviour is higher if the adolescents do not have other chances available of spending time in different ways from just having fun together (Emler & Reicher, 1995). In this case, they may also feel a greater need to emulate and to overcome the
behaviour of their friends. Emulation is acknowledged by the adolescents themselves as one of the
good reasons for being involved in both sex and drugs in the grids findings. However, in the case of
sex it appears a reason especially relevant to boys.

7.4. Final remarks
The present section seeks to synthetize the findings of the present study in relation to the
theoretical directions of both prevention of risk behaviours and promotion of optimal adjustment. In
order to individuate these directions, it is our opinion that it is very important to start exactly from
the constructive functions that risk behaviours may develop within normative samples of high
school students. In fact, the findings of the present study add further evidence to the body of studies
that underline that adolescents’ risk behaviour have to be considered as meaningful actions that
fulfil specific functions in relation to the developmental tasks of this stage of development, rather
than as pathological answers to external stimuli or internal drives. Recognising these functions does
not imply to justify or trivialize this behaviour, which may have very negative consequences at the
short or long term, but rather to try to understand their meanings for the adolescents, and moreover
using this understanding to promote more efficient interventions addressed to the adolescent
population.

Between the two countries investigated by the present research there are some slight differences
concerning, firstly, which function is most important, and secondly, which is the risk behaviour that
is most often linked to a particular function, as it was previously shown for other countries
(Silbereisen, Schönpflog & Albrecht, 1990). For instance, to appear more adult may be more
relevant for the Dutch adolescents, which are generally closer to reaching their independence,
whereas transgression may be more central in the development of the Italian adolescents. Generally
speaking, showing oneself to have already reached adulthood is probably easier through alcohol
abuse and sex, whereas illegal use of marijuana is likely to be more related to drug use. Besides, in
each country there are also some differences in gender, age and also type of involvement (Spruijt-
Metz, 1999). Being able to master an adult type of successful affective relationship as a couple is
probably more central in the development of girls, whereas younger adolescents, especially those
who are highly involved in risk behaviours, are also more likely to transgress or to explore adults’
reactions to their behaviour. Experimenting with one’s own capabilities is probably more relevant
for those adolescents who do not have other chances of experimenting with them, for instance
because of their unsuccessful school experience. Experiencing them may be abandoned as soon as
other individual or environmental resources are introduced, or on the contrary may be transformed
in a habitual and less adaptive way of coping with psychological discomfort.
Despite these differences, the functions fulfilled by involvement in risk behaviours appear to be shared by adolescents from different cultural and social environments. Furthermore most of these functions are shared by various forms of risk behaviour, demonstrating the presence of a substantial functional equivalence across behaviours (Silbereisen & Noack, 1988), as this girl states: “…there are adolescents who also without any incentive from their friends or their family made some choices and others that also could have some problems...or simply they try...perhaps the evening that they are more depressed than usual or they smoke too much or they drink and they get drunk” (Vocational school, grade 4).

This last finding has some consequences for the social policies against substance use or precocious or unprotected sex. To completely avoid adolescents’ involvement in risk behaviours seems impossible, because if a certain behaviour becomes socially approved, the adolescents are likely to adopt another one for transgressing and to attribute the old one a different function. Rather, it might be relevant to help the adolescents to choose other less risky and more adaptive ways of experimenting their capabilities and proving their values.

To intervene efficiently in adolescents’ risk behaviours (Elliott, 1993), the suggestion arising from this research is therefore to consider these functions and not to limit the intervention to improving knowledge and risk perception. In fact, many of the results suggest that knowledge and risk perception, although necessary, are not enough to promote greater physical and psychological well-being, especially during adolescence.

Moreover, the old medical model of intervention, the main goal of which is diffusing knowledge and information, has several limitations. First, it is based on a static health model inspired by the beliefs that every disequilibrium and crisis can be prevented and avoided (van Geert, 2001). This idea may lead adults to experiencing greater difficulties in facing the adolescents with all their quick and sometimes unexpected changes. To minimize these difficulties, adults might be tempted to renounce their educational role, because all their efforts might be potentially unsuccessful: e.g., if you give children too much freedom they may experiment and have an early involvement in risk. If you give them very little freedom, children may become too much dependent or on the contrary they may perceive a strong need to transgress.

In the end, adults must stop viewing adolescents as a problem and learn to see them as a great resource for society. Many adults are likely to need some help in constructing a more realistic image of adolescence as a life period during which the majority of boys and girls, gradually and through a laborious personal commitment, builds an equilibrate relation between the self and the world (Verhofstadt-Denève, Kienhorst & Braet, 1996). The presence of a negative prejudice towards the new generations and the emphasis on youths’ discomfort was already interpreted as the
result of some defence mechanisms used by adults who perceive the adolescents’ condition as potentially threatening for themselves (Meeus, 1994). However, the pervasivity of the negative cultural representation of the adolescence is likely to be influenced by the focus of mass-media on youth criminality and also by the current tendency of separate individuals of different ages which is common in the modern western society (Csikszentmihalyi & Schneider, 2000).

Finally, to plan a more efficient prevention and promotion of well-being it would be necessary to start from the positive functions that risk behaviour may fulfil for the adolescents, helping them to face specific developmental tasks that are concerned with the development of identity and the redefinition of social relations (Frydenberg, 1997). In summary, the most important goal of efficient intervention programmes should be to offer adolescents the opportunity to deal with perceived difficulties and problems without risking their physical and psychosocial well-being. It is necessary to equip adolescents with resources, both individual and environmental that helps them to cope with the present reality and to deal with the tendency to experiment with capabilities, sensations and limits (Benard, 1991). The need to improve the “social capital” of every adolescent in terms of social support, competency, opportunities, neighbourhood stability in order to successfully master the developmental task of adolescence was already emphasised by other authors (White, Bates & Labouvie, 1998). Also “second chances” have to be more easily available, namely the resources for overcoming a history of some experimentation with risk behaviour. All these resources can prevent the adolescents from choosing for an escape from reality.

In order to achieve the goal of efficient intervention programmes, it is necessary to take into account the active role of an “interested” adolescent (Hunter & Csikszentmihalyi, 2003) and also that of several other educational agencies, such as family, school and the peer group, by means of which development occurs. Both direct and indirect interventions may be used. Direct interventions are specifically concerned with risk behaviour, in terms of changing adults’ models, and attitudes towards risk, but also with promoting reflections among the adolescents on the possible positive functions of risk behaviours. Indirect interventions are aimed at the promotion of all those resources, both individual (such as the cognitive, emotional and social competences, which are well known as life-skills) and contextual (such as family control, satisfactory school experience, and having the chance to participate in meaningful and organised activities) that contribute to the optimal functional lives of the majority of the adolescents, despite some incursions in risk (Bonino & Frączek, 1996). However, as stressed by other authors (Silbereisen & Noack, 1988) the relation between leisure-time activities and goal attainment is complex and care is needed in the selection of adequate positive alternatives. For instance, sports cannot simplistically be proposed as an alternative of discos, because these two contexts have similar demands on smoking.
Another utopic temptation consists in intervening even earlier. Although we know that young people have to be approached at an early stage of initiation (Engels, 1998), too early intervention is inadequate because the best time for intervention is when attitudes change and the behaviours at issue become psychologically relevant for the individuals (Bonino, Cattelino & Ciairano, 2003).

The promotion of well-being is a difficult task, especially because only recently psychologists have become increasingly interested in studying the positive aspects of human nature rather than the negative ones (Rich, 2003). As Silbereisen stated (1998), we have not yet succeeded in capturing the phenomenology of adolescence, and the meaning that everyday life has for young people. Therefore, much still remains to be done. However in my opinion, being adults and scientists, we have the personal responsibility to put into practice the findings of this present and other studies and the theoretical reflections that may be drawn from them. Other important findings may be expected from the longitudinal continuation of the present study.