Evaluating Risk-Taking Behaviors of Youth in Military Families

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Abstract
This study assessed risk-taking behavior in a unique adolescent population: family members of active and retired military personnel. Significantly fewer adolescents in our group engaged in at-risk behaviors compared with national statistics, demonstrating the need for further research. © 2006 Society for Adolescent Medicine. All rights reserved.

Keywords: Adolescent; Adolescent behavior; Military personnel; Privacy; Questionnaires; Risk-taking

Today there are over 670,000 adolescents aged 11–23 years who have at least one parent actively serving in the U.S. military [1]. Another 720,000 adolescents are eligible for military health care because of a parent’s prior service. These adolescents face the challenges of youth with differences that make them a special group. They have frequent relocations, intermittent separations, changing peer groups, or the fear of losing a parent. As some studies have proposed, these stressors of military family life may have the potential to cause either difficulties or improved resiliency [2–4]. The Department of Defense recognizes the potential need to support teens and created the Strategic Youth Action Plan in 1999 [5]. The plan is a roadmap with 10 objectives that focus on the unique challenges of military life and health services. Few studies examine military youth as a separate group but instead take for granted that the risk-taking characteristics follow the national trends according to race, grade and gender [6]. This study initially made the same assumption, but the results suggest that there may be other factors relevant to risk-taking behaviors of youth in military families.

Methods

After approval from the local Institutional Review Board committee, all patients who presented to either of two adolescent clinics between May and June 2004 were asked to complete a computer survey. The data were taken from a larger study designed to evaluate privacy and educational needs of our population. Table 1 shows the demographics of the surveyed population. The parent demographics in this study were previously reported [7]. The rates of risk-taking behavior were all compared with 2003 Youth Risk Behavior Surveillance (YRBS) data by chi-square tests using EpiInfo v.5.01b (Centers for Disease Control and Prevention/World Health Organization, 1991) [8]. Reported behavior was compared by gender, grade level, and race.

Results

Patients had the options: 1) take the survey in English; 2) take it in Spanish; 3) decline; or 4) report that they have taken it before. Of 1994 patients who were seen during the study period, 1023 (51.3%) were asked to participate; 11 declined; and 79 were return visits who did not take it again. Personnel and available space prevented greater participation. From the possible 933 surveys, 25 were unusable, leaving 908 responses.

Of the 477 in grades 9 through 12, 30.7% reported a history of sexual intercourse, compared with 46.7% from the 2003 YRBS national statistics, and 51.3% in the YRBS state statistics (p < .0001). Moreover, the percentage of sexual activity was significantly lower for all grades, gender and ethnicities. Current alcohol, cigarette and marijuana use were also compared and were consistently and significantly lower with one exception. For 12th grade males, marijuana use was 20% in the study group, compared with 26% state-
Discussion

The risk-taking behavior was less in our population when compared with national and state statistics. Although many reported sexual activity and substance use, the total percentage was significantly less than expected. The findings of this study raise the possibility that there is an increased resistance to risk-taking behavior in the military teen population, though more research is needed. Our population demographics do not match either national or the Texas demographics with a relatively higher or lower Hispanic representation. Comparing similar groups yields the same significant differences, except for 12th grade males. This supports the conclusion that the difference in risk-taking is more than a demographic affect. There are many possible reasons for less risk-taking behaviors. Access to confidential services may affect risk-taking behavior. The environment shared by military families, which includes growing up in an atmosphere of change and community, having a resilient peer group, or having parents with job security, may all contribute to these findings. Lastly, relocating away from destructive peer groups may also delay risk-taking. The possibility of under-reporting exists, yet the sample size, two clinic locations, and computer questioning increases the likelihood that the results accurately represent this population [9].

Limitations to the study include capturing a population already engaged in health care. The method of collecting the data, questions, and location were different from the school-based national survey, however, the differences discovered warrant further investigation. The questions, though not identical to YRBS questions, were very similar and the patients had the choice of not responding, but few chose that option. The study population was a convenience sample from clinics that produced identical information from two very different clinics. One clinic was Army, the other Air Force. One clinic was in the middle of a pediatric clinic, the other was physically separated. There also may be significant differences among military teens who seek health care elsewhere, those who do not seek health care, and our population. The best way to eliminate methodology differences and discover if there is a true difference would be to compare students within the YRBS sample. Adding questions to the YRBS that identify a student’s association with the military could potentially help track this unique group.

This study shows that not all populations have the same risk behavior rates, but some teens in every group engage in risk-taking behavior. Teens in military families may potentially be a model to study to decrease risk-taking behavior.

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References