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Making a Case for Engaging Adolescents in Program Decision-Making

Abstract
The study discussed here examined the degree to which adolescents believe they are involved in community decision-making and examined discrepancies between adult and adolescent perceptions of common youth problems. Perceptual data were compared to adolescents' self-reported behavioral data to determine if perceptions diverge from reports of actual behaviors. Results indicate that many adolescents do not believe that their thoughts are considered valuable by decision-makers. However, differences in perceptions among adults and youth suggest that adolescent perceptions should be considered. Specifically, adults were particularly aware of adolescent behaviors with observable consequences, but adolescents were more aware of internal psychological problems.

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Over the past several decades, issues such as teenage pregnancy, adolescent substance abuse, and juvenile delinquency have been the focus of school and community-based prevention efforts at national, state, and local levels (Fraser, 1997; Greenberg, 2004; Hawkins, Catalano, & Arthur, 2002; Hawkins, Catalano, & Miller, 1992; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Henggeler, Schoenwald, Rowland, & Cunningham, 2002). Despite some notable successes associated with these initiatives (Greenberg, 2004; Hawkins et al., 2002), research indicates that many programs have not had long-term positive effects on their targeted outcomes. Although many programs demonstrate short-term effects on risk factors, and some show positive effects on behavioral outcomes, these effects typically are small to moderate and often diminish over time (Greenberg, 2004; Hawkins et al., 1992; Henggeler et al., 1998; 2002).

As such, despite the presence of numerous prevention initiatives in their schools and communities, many adolescents continue to face a variety of serious risks to both their physical and psychological well-being (Fraser, 1997; Hawkins et al., 2002; Petersen, Richmond, & Leffert, 1993; Takanishi, 1993). Given this situation, it is important for researchers, decision makers, and

educators to identify ways in which current programs can be improved and new, more effective strategies can be developed.

One way of improving current prevention initiatives is to involve the target population in the identification of critical needs and the development of high-quality school and community-based programs. As Rappaport (1981) argued more the two decades ago, a fundamental problem with many prevention programs is that they are based on an assumption that individuals at risk are dependent persons who need "to be helped, socialized, trained (and) given skills" (p. 11). He suggests that such programs use a process that relies on professional "experts" who identify the needs of their clients and provide them with answers to their problems.

The process described by Rappaport views the participants in prevention programs as passive recipients of services and does little to encourage their active participation in identifying or addressing their own needs. He argues that current programs can be improved and would be more successful if members of the target audience become involved in addressing their own needs, are empowered to take control of their own lives, and encouraged to build upon the competencies they already possess.

Several applied scholars have noted the merits of involving people in the discovery process. When individuals become involved in identifying their own needs and collecting relevant data, they are much more likely to actually use the results (Greene, 1987; 1988; Patton, 1997; Small, 1995). It is likely that such a participatory approach to developing prevention initiatives for adolescents would provide similar positive effects.

In recent years, participatory approaches have begun to appear in youth programming as a part of the community youth development movement, which seeks to empower youth and build upon their inherent strengths (Benson, 1997; Zeldin, 2004). Programs that involve youth in planning and development hold promise because research indicates that adolescents have valuable information upon which effective prevention strategies can be based. Adolescents have been found to have strong opinions about issues that are important to them (Roscoe, 1985). Furthermore, studies have shown that adults and adolescents often have differing perceptions about behavioral and psychological problems that affect youth (Achenbach, McConaughy, & Howell, 1987; Kashani, Orvaschel, Burk, & Reid, 1985; Verhulst & van der Ende, 1992). Thus, it seems important to consider adolescent perceptions, rather than relying exclusively on adults' understanding of issues, when developing prevention programs.

Study Goals

The study discussed here had several specific goals. First, we sought to determine adolescents' perceptions of social problems that affect their lives. In accordance with the principles of Rappaport's (1981) empowerment model, we believe that these data can help educators and community decision makers incorporate adolescent perceptions into successful prevention initiatives.

Second, because the perceptions of adults within a community often help define the political agenda (Arnold, 1990; Ross & Staines, 1972; Rossi & Freeman, 1993), we sought to determine the degree to which adolescent and adult reports of social problems diverge. We hypothesized that these discrepancies would be larger for internalizing behaviors and smaller for behaviors with direct, observable consequences.

Third, we gathered data on adolescents' reports of actual behaviors to compare them to both adult and adolescent perceptions.

Finally we sought to determine the extent to which adolescents believe that their views are important in their local community's policymaking process and if they would like to become more involved in local decision-making.

Method

A sample of 670 adolescents (45% male, 55% female) from two high schools in one rural southern town completed a survey in which they rated their perceptions of the seriousness of commonly observed youth problems, including teenage pregnancy, drug abuse, alcohol abuse, gang violence, crime/delinquency, and suicide. "Seriousness" reflects a subjective assessment that could refer to the extent of the problem and/or the impact of the problem within the community. Response categories ranged from 1 for "not serious" to 4 for "extremely serious."

In addition, respondents indicated the extent to which they felt their opinions were highly respected in the community, the extent to which their opinions were considered when policy decisions were made in their communities, and whether or not they would like to be more involved in community decisions. Response categories for these questions ranged from 1 for "strongly disagree" to 5 for "strongly agree."

Because data were collected during school time at the invitation of school officials, virtually 100% of students were surveyed. The school system notified parents of the survey and allowed them to examine the instrument and withdraw their child from participation. No parents prevented their

child's participation.

In the second stage of data collection, a similar survey was administered to a sample of 183 adults (24% male, 76% female) from the same community. The adult sample was taken from civic clubs, churches, and community meetings. While the adult sample was not representative of all adults in the community, it did capture opinion leaders and civically involved adults. The adults were asked to answer the same questions asked of the adolescents, with the exception of the questions about community development. All items were developed by the Community Resource Development section of the state Cooperative Extension staff based on common youth issues and concerns among adults.

In the third stage of data collection, 702 adolescents from the same high schools sampled in stage 1 were asked to report the frequency in which they actually engaged in various problem behaviors. The survey items were patterned after those used in the Teen Assessment Project (Rogers & Small, 1992; Small, 1995). All data were collected during the 1994-1995 school year.

Results

Adolescents and adults in this sample perceived a number of problems within their community. Results of t-test analyses indicated that adolescents were more likely than adults to be concerned about gang violence ($t=5.57$, $p<.001$), crime and delinquency, ($t=3.11$, $p<.003$), and suicide ($t=12.87$, $p<.001$). However, adults were more likely to be concerned about adolescent alcohol abuse ($t=-3.14$, $p<.003$). There were no statistically significant differences in perceived seriousness of teenage pregnancy and drug abuse. (See Table 1 for mean scores.)

Table 1.
Mean Scores for Adolescent and Adult Perceptions of Seriousness of Social Problems

	Mean Seriousness Score	
Social Problem	**Adolescent[(a)]**	**Adult[(a)]**
Gang Violence	2.1	1.6
Crime/Delinquency	2.1	1.9
Suicide	2.1	1.0
Alcohol Abuse	2.3	2.5
Pregnancy	2.2	2.3
Drug Abuse	2.4	2.4
[(a)]Scores could range from 1 (not serious) to 4 (extremely serious).		

Analyses of adolescents' self-reported problem behaviors indicate that the majority of adolescents in this sample had sexual intercourse (66.8%), and only 46.2% of this group reported always using a condom. In addition, 68.1% of the adolescents reported drinking alcohol, 36% considered suicide at some point in their lives, and almost a quarter of the adolescents engaged in at least one criminal or delinquent act within the past year. A relatively small number of adolescents reported using various illicit drugs (3.0% cocaine, 16.1% marijuana), and only 6.9% stated that they belonged to a gang (Table 2).

Table 2.
Adolescents' Self-Reports of Risky Behaviors

	Percentage of Adolescents

Had sexual intercourse[a]	66.8%
Have used alcohol[a]	68.1%
Have used marijuana[a]	16.1%
Have used cocaine[a]	3.0%
Seriously considered suicide[a]	36.0%
Always use condoms[b]	46.2%
Have used physical aggression[c]	43.9%
Shoplifted[c]	23.6%
Vandalized property[c]	22.1%
Stolen under $50[c]	20.0%
Belong to a gang[d]	6.9%

[a] This percentage reflects engaging in the behavior at least one time in a respondent's life.

[b] This percentage reflects condom usage each time the respondent engaged in sexual intercourse.

[c] This percentage reflects engaging in the behavior at least one time in the preceding calendar year.

[d] This percentage reflects current involvement with a gang.

It is noteworthy that these percentages vary from those reported in several of the national youth behavior datasets such as Add Health, Monitoring the Future, and the Youth at Risk Behavior Surveillance System (YRBSS). For example, the 1995 Add Health data indicate that only 49.3% of high school students have had sexual intercourse (compared to 66.8% in this sample), although the rates of delinquent behaviors were relatively comparable (Blum & Rinehart, n.d.). Data from the 1994 and 1995 waves of the Monitoring the Future survey indicate higher levels of alcohol and drug use than the current data (Johnston, O'Malley, & Bachman, 2003).

Finally, more recent data from the YRBSS indicate that only 19% of students seriously considered suicide, although this statistic is not directly comparable to the current finding in that YRBSS respondents were asked to only report on suicidal thoughts occurring within the preceding 12 months (Centers for Disease Control and Prevention, 2002). Together, these discrepancies underscore the importance of considering local data because rates of these behaviors vary widely across geographical locations.

A comparison of adult and adolescent perceptual data with adolescents' self-reported behavioral data reveals that although both adult and adolescent concerns seemed to match behavioral reports of certain problems, there were discrepancies for others. For example, while the mean scores indicate that adults were not very concerned about adolescent suicidal ideation, a rather large percentage of youth indicated that they have seriously considered suicide at some point in their lives (36%). Furthermore, both adults and adolescents tended to rate drug abuse as a serious concern, but the behavioral reports indicate that illicit drug use is much less prevalent than many of the other problematic outcomes.

Only 26% of the adolescents surveyed agreed or strongly agreed that their opinions were highly

respected in the community, and only 27% agreed or strongly agreed that their opinions were considered in the policymaking process. However, 51% of the youth agreed or strongly agreed that they were interested in becoming more involved in community decision-making.

Discussion

The results of the study discussed here indicate that a majority of adolescents in this sample do not feel connected to the decision-making process in their communities. However, respondents reported that they would like to become more involved. The comparison of youth and adult perceptions suggests that adolescents and adults included in this sample have different impressions about the types of problems that youth face. If these findings generalize beyond the current sample, they have important implications for policy and program development. Specifically, by considering the perceptions of adolescents, educators and community decision-makers may gain important insights into problems youth face. Such information potentially could be used to form the foundation of effective prevention programs.

Together, these findings underscore the importance of collecting data from multiple informants before making program decisions. Although adults in this study seemed particularly accurate in their perceptions of adolescent behaviors with observable consequences (such as alcohol use), they tended to underestimate the internal, psychological problem of suicidal ideation. By including adolescents in the decision-making process, it is possible that appropriate attention would be given to problems that would otherwise go unnoticed by adults. Such increased participation by adolescents seems feasible in light of the finding that many respondents indicated an interest in becoming more involved in community decisions.

It is important to note, however, that there are some discrepancies between reports of seriousness and behavioral reports for both adults and adolescents. For example, both groups felt that drug abuse was one of the most serious issues facing youth, although the behavioral data suggest that other issues, such as alcohol use and suicidal ideation, actually were much more prevalent in the communities participating in this study. Thus, while adults and adolescents can contribute their insights, it is important that objective data obtained from local communities also are considered.

Several limitations of this study should be noted. First, because the purpose of this study was to examine attitudes and behaviors at the local level, the findings are not based on a nationally representative sample. Furthermore, we had no way of determining if the characteristics of those who refused to participate differed from those who completed the surveys. As such, caution should be used before generalizing the results beyond this sample.

Second, these data were gathered via self-report. As with all self-reported data, there is the possibility that responses were inaccurate and/or biased. This is particularly true for the illegal behaviors reported on the youth behavioral survey.

Finally, the survey gathered information on only a small number of behaviors and social problems. This study would have benefited from examining a broader array of outcomes. Specifically, we believe that it would be valuable to examine additional internalizing outcomes given the large discrepancies between youth and adult reports of the seriousness of the one such outcome we did include (suicidal ideation).

In addition, this study would have been more balanced had it included a variety of positive outcomes in addition to the negative behaviors we examined. An examination of differences in adolescent and adult reports of youth strengths would have helped program developers interested in developing strengths-based prevention strategies.

Implications

Despite the above-mentioned limitations, the results of the study have several important implications for both research and program development. Specifically, these findings underscore the importance of gathering data from multiple sources. Adults and adolescents have differing perceptions of current adolescent problems. Furthermore, these perceptions do not necessarily correspond to measures of actual adolescent behaviors. As such, both researchers and program developers may benefit from considering both perceptual and behavioral data gathered from multiple adolescent and adult informants. Furthermore, since local trends in adolescent behaviors can vary from those at the national level (as was the case in the current study), these behavioral data ideally should be collected within local communities.

The current findings also suggest that many adolescents are interested in becoming more involved in community decision-making. This finding is encouraging for two reasons. First, it suggests that many youth may be willing to share their unique perceptions of social issues and problems that they face. As mentioned above, this may help improve the relevance and ultimately the quality of current prevention initiatives.

Second, adolescents' interest in becoming more involved can help promote the participatory approach to prevention outlined by Rappaport (1981). As Rappaport and a variety of scholars interested in community youth development strategies have suggested (e.g., Camino & Zeldin, 2002; Zeldin, 2004), including youth as partners in the prevention process can encourage them to

enjoy the process, feel empowered by the process, and stay involved in the process. It seems reasonable to hypothesize that such outcomes will help promote the ultimate goal of most prevention initiatives, which is to support the healthy development of young people.

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