

Chapter 11

Risk and Resilience Factors

One of the newer approaches to the prevention of young peoples' problem behaviors is the risk and protective factors approach, previously discussed in the introduction to this report. The process of identifying risk and protective factors must include an understanding of adolescents' social relationships as they experience developmental changes in their physical, social and psychological selves. Such relationships will vary depending on the social and cultural contexts of the setting. Risk and protective factors in SAVY must therefore be considered and understood from a Vietnamese social and cultural context.

Generally, risk and protective factors are grouped under four important areas of daily life: the family, the school, the community and within peer groups and individuals. For the SAVY analysis we have included a number of measures that have been identified by existing literature as risk and protective factors.

From the questions asked, a number of different scales were created including: positive self-image; positive family situation; positive outlook including current and future optimism; positive attitude and connection to school; and presence/absence of violence indicators.

11.1. Family Connection as a Protective Factor

A series of eight questions were used to assess the family situation or measure the level of young people's connection to family. Each young person received a score from 0-8, with zero indicating a negative or low connection to family and 8 indicating a very positive family situation. For comparison, respondents were divided into two groups. The first group, with the lowest scores, was classified with elevated family risk factors (40%) and the second group, with the highest connection scores, classified as elevated family protective

factors (31%). Analysis was carried out to look at the differential between the two groups for a number of problem behaviors, including not wearing a helmet, premarital sex, alcohol use, suicide ideation and involvement in violence¹.

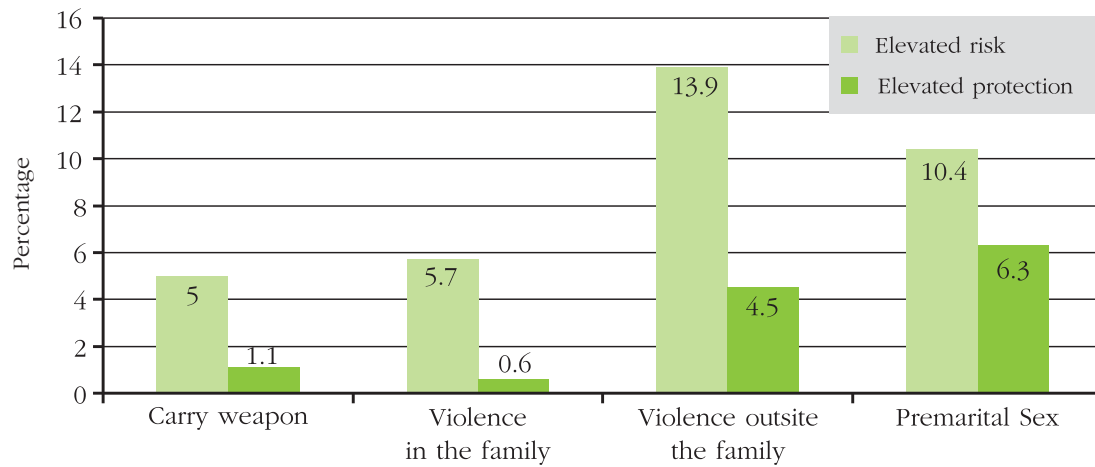
Among the married respondents, 22.5% of those with elevated family risk factors compared to 13% of those with elevated family protective factors reported to have had premarital sex. A very small difference can be seen in relation to alcohol use between the two groups, with 50.3% of those in the elevated risk factors group reporting ever to have had a drink compared to 45.7% in the elevated family protection group. It might be more useful in future to look at family risk and protective factors in relation to heavy drinking, rather than to the ever had a drink group, as it is questionable whether using alcohol in moderation is a problem behavior currently in Viet Nam.

Nationally the percentage of young people injured as a result of violence within the home was 2.2%. Those young people with elevated family risks scores were more likely to be injured within the home (3.8%) than those with a high family connectedness score (a very low rate of 0.7%). While differences are modest, again those with highest family connectedness reported lower levels of being injured as a result of violence outside the family home (5.7%, lower than the national average of 8%) compared with 9.3% for young people with elevated family risk factors. A pattern of protection can also be interpreted for those with elevated family connection in relation to mental health. Young people with elevated family risk were more likely to have had suicidal thoughts (5.4% compared with the national mean of 3.4%) and far more than respondents with elevated family protective factors (1.5%). While further analysis is required to better understand these risk and protective factors in the Vietnamese context, research from around the world – including China, the United States, Australia and Europe – has shown that:

Independent of race, ethnicity, family structure and poverty status, adolescents who are connected to their parents, to their families, and to their school communities are healthier than those who are not².

One hypothesis for the seemingly positive results from SAVY could be that strong and intense family

GRAPH 53 Positive Outlook and Risk Behaviors



connections, which are part of Viet Nam’s history and culture, may already be operating as a protective factor in relation to a number of behaviors for young people.

11.2. Positive Outlook/Optimism as a Protective Factor

Questions contributing to the positive outlook scale dealt with personal issues of optimism/pessimism about the future and included experiences of sadness, depression and perceived ability to cope in difficult times (resilience). Those young people (20%) whose scores were lowest (reflecting least optimistic, lesser coping capacity and lower self concept) were classified as being at elevated risk for this factor. Those young people with the most optimistic outlook and highest scores (about 30%) were classified as having elevated protection for this factor. A number of differences can be seen between the two groups of elevated risk and elevated protection.

In relation to suicide ideation a significant difference can be seen between the two groups, with a high 10.9% of those with elevated risk factors (3.4% of all respondents) reporting to have thought of suicide compared to a much smaller 0.4% for the most optimistic/elevated protective factors group. Similarly 6.7% of the elevated risk group had tried to injure or harm themselves compared to 1.3% of the group with elevated optimism and a more positive outlook. Those with

elevated risk factors were also more likely to have carried a weapon, been injured in the home by a family member, be a victim of violence outside the home, as well as more likely to have had premarital sex. While optimism and positive outlook can be seen as individual traits that cannot be changed, significant work has been done looking at the building of personal optimism, positive self talk, teaching resilience skills and creating environments that help young people be more optimistic and resilient.

11.3. School Connection

Young people were asked a series of eight questions which gauged their feelings towards school, including attitudes towards study, attitudes to school attendance, encouragement and treatment from teachers, and opportunity to give opinions in school. Each young person received a score from 0-8 indicating the level of school connection.

Using a similar process as previously outlined, the young people with the lowest school connection score (30%) and highest school connection score (33%) were compared for their involvement with a number of risk behaviors. The group with elevated school risk factors were disciplined more than those with elevated protective factors (6.2% v 3.8%). Those with lower connection to school were more likely to have injured themselves (4.3%) than those with the highest connection to school (1.7%). Smoking was observed among 14.8% of young people with elevated risk or low school connection

compared with 10.9% of those with elevated school protective factors.

also indicate the significance of risk and protective factors.

11.4 Family Conflict

Family conflict, defined as remembering frequent quarrels, was reported by 8.9% of the total sample. Of those young people living in families with ongoing conflict 26% reported having a father with an alcohol addiction. This was much higher than the young people reporting no conflict, with 14.6% reporting a father with an alcohol problem. While family conflict itself may not be a risk factor, such conflict may be a factor that contributes to the quality or lack of family connection, or to a young person's level of optimism. SAVY data provide a rich source for more work in this relatively new area of thinking for Viet Nam. This is only an example of the interrelatedness of various risk and protective factors. These will be explained further in subsequent reports. However examples like this

1. The interaction between the range of various risk and protective factors has not been assessed in the results presented here. This is a very simple presentation of what is a more complex issue however emerging trends and areas for further exploration may still be drawn from application of such models.
2. Blum RW, Mann RP. Reducing the risk: Connections that make a difference in the lives of youth. Minneapolis: University of Minnesota. Department of Pediatrics. Division of General Pediatrics and Adolescent Health; 1998. Unpublished.
3. Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. JAMA. 1997;278(10):823-32.

