

Study finds texting program good option for teen girls' health

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Megan Ranney, M.D., M.P.H., an emergency medicine attending physician at Hasbro Children's Hospital, recently led a study that found a text-message program may be an effective violence prevention tool for at-risk teen girls. The study has been published online in the *Journal of Adolescent Health*.

"Mobile health, or 'mHealth,' is increasingly being used as a way to improve people's health, via text-messaging or phone-based applications," said Ranney. "However, few people have studied whether teens are interested in mHealth, especially for prevention-type messages, even though the vast majority of teens who come to the emergency department (ED) use mobile phones and more than 95 percent of those patients report that they use text messaging."

Ranney's team interviewed girls between the ages of 13 and 17 who reported past-year peer violence and depressive symptoms during <u>emergency department</u> visits for any medical issue. Overwhelmingly, the interviews showed that at-risk <u>teen girls</u> coming to the ED for care are very interested in receiving a text-message violence prevention intervention. The teens felt that a text-message program would enhance their existing coping strategies, and that they would not only use it themselves, but also refer their friends to it.

"The ED is the primary source of care for many teens with high risk behaviors, such as peer violence, and it provides an important opportunity to initiate preventive interventions. However, there can be



many limitations to providing such interventions in real time, including lack of time and resources on the part of ED staff, poor accessibility and availability of community resources, and low rates of follow-through with treatment referrals, leaving this group of teens largely underserved," said Ranney. "For these high-risk populations, who have high rates of mobile phone ownership but low accessibility to traditional health care, mHealth may be a particularly promising format for delivering preventive care."

The research team also discovered some important guidelines about how a text-message preventive intervention should be structured. The intervention should be personalized, positively worded, and conversational, but also it should be clear that the messages are coming from an expert. The teens also expressed a need for the ability to request additional text messages as needed, in addition to receiving prescheduled text content.

"We know that a history of fights or violence increases girls' long-term risk of alcohol and drug use, dating violence and depression," said Ranney. "Sadly, high-risk teen girls have few options to help them prevent fights, and traditional ways of helping teens, such as parents, grandparents, and physicians, may not be available or accessible."

Ranney continued, "But almost every teen girl has a cell phone and uses text messaging. If we can develop a text-message program that works for these teens, we may be able to help them make it through their teen years with fewer problems. This study is an important first step in developing such a program."

In the future, Ranney hopes to also study teen boys and non-English speaking patients as possible participants in the delivery of counseling and behavioral skills text messaging. "By developing evidence-based <u>text-message</u> interventions, clinicians may be able to have a big influence on



these teens' coping skills, involvement in fights and life choices," said Ranney.

More information: "Acceptability, language, and structure of textmessage-based behavioral interventions for high-risk adolescent females," *Journal of Adolescent Health*.

Provided by Lifespan

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