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Developmental Psychology of Adolescents: Peer Influence and Risky Decision-Making

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Abstract

Adolescence is a critical developmental stage characterized by heightened sensitivity to social contexts, identity exploration, and increased vulnerability to risk-taking behavior. The present study investigates the relationship between peer influence and risky decision-making among a randomly selected sample of 48 adolescents aged 13–18 years. A mixed-methods, cross-sectional design was employed, integrating quantitative measures of peer susceptibility, perceived peer norms, and risk-taking behavior with qualitative insights derived from semi-structured interviews. Quantitative findings revealed that adolescents with higher susceptibility to peer pressure and stronger perceptions of peer risk behavior were significantly more likely to engage in risky decisions, both in self-report scales and behavioral experimental tasks. Age and gender differences emerged, with mid-adolescents (14–16 years) demonstrating the highest conformity to peer norms and females scoring slightly higher on susceptibility indices, whereas older adolescents displayed greater engagement in academic and social risks. Qualitative analyses highlighted the pervasive role of social media in amplifying peer influence and fear of exclusion, while also identifying protective factors such as adult mentorship, joint family structures, and individualized resistance strategies. By triangulating survey data, experimental behavior, and narrative accounts, this study underscores that adolescent risk-taking is best understood as a socially embedded process, shaped by both vulnerability and resilience factors. The findings provide important implications for developmental psychology, school-based interventions, and parental or mentorship strategies aimed at mitigating peer-driven risk behaviors.

Keywords: *Adolescence; Peer Influence; Risky Decision-Making; Social Media and FOMO; Developmental Psychology*

Introduction

Adolescence represents a formative period of human development, typically spanning the ages of 13 to 18 years, marked by profound biological, cognitive, and socio-emotional transitions. It is a stage where individuals negotiate the dual tasks of identity formation and social integration, often through heightened engagement with peer groups. Within this developmental context, peer influence emerges as one of the most significant determinants of adolescent behavior. While peers can provide positive reinforcement, motivation, and emotional support, they also frequently introduce adolescents to situations that involve risk, experimentation, and potential harm. Developmental psychology has long emphasized that the tendency toward risk-taking during adolescence is not merely a function of individual impulsivity, but rather reflects a complex interplay between neurological maturation, psychosocial needs, and social contexts.

Research consistently shows that adolescents are more likely to engage in risky behaviors—such as substance use, unsafe driving, academic dishonesty, or rule-breaking—when they perceive that such actions are normative among their peers. This phenomenon is compounded by the developmental salience of peer approval and fear of exclusion, both of which intensify during mid-adolescence. The emergence of social media has further amplified these dynamics by creating digital spaces where reputational concerns and peer comparisons are constantly visible, thereby extending peer influence beyond physical encounters into the virtual realm. At the same time, individual and contextual factors, including family structure, adult mentorship, and resistance strategies, can buffer adolescents against peer-driven risks, demonstrating that vulnerability is not universal.

The present study aims to contribute to this discourse by examining how peer influence relates to risky decision-making among adolescents using a mixed-methods approach. A sample of 48 adolescents was randomly selected from both schools and community organizations to ensure diversity across age, gender, and family background. Quantitative measures assessed susceptibility to peer pressure, perceived peer norms, and risk-taking behaviors across domains, while a behavioral task introduced controlled peer-cue trials to observe risk choices under normative salience. Complementing these data, semi-structured interviews explored lived experiences of peer contexts, including direct persuasion, social media influence, and strategies of resistance. By integrating these methodological strands, the study not only identifies statistical patterns but also contextualizes them within adolescents' subjective meaning-making.

The overarching research objective is to understand whether and how adolescents' susceptibility to peer influence and their perception of peer norms predict their engagement in risky decision-making. Secondary aims include exploring age and gender differences, assessing the role of social media in amplifying peer effects, and identifying protective factors that may mitigate peer-driven risks. In doing so, this paper situates adolescent risk-taking within a developmental psychology framework, highlighting it as a socially embedded process shaped by both vulnerability and resilience. Ultimately, the findings hold implications for educational policy, parental guidance, and intervention programs designed to support adolescents in navigating peer pressures during this crucial stage of development.

Methodology

Research design and rationale

This study employs a mixed-methods, cross-sectional design to examine how peer influence relates to risky decision-making among adolescents. A cross-sectional approach is appropriate because the primary objective is to capture naturally occurring variation in perceived peer influence and risk behavior tendencies at a single point in time rather than to evaluate developmental change or intervention effects. The mixed-methods strategy integrates standardized quantitative measures with qualitative, semi-structured interviews so that statistical associations can be interpreted in light of adolescent lived experiences and meaning-making around peers and risk. Quantitative data provide estimates of effect sizes and patterns of association, while qualitative narratives contextualize these patterns by revealing how adolescents construe peer norms, pressure, support, and reputational concerns when deciding whether to engage in potentially harmful or rule-breaking activities. The design also includes a brief behavioral component to index risk preference under mild social salience, thereby triangulating self-report, observed choice behavior, and narrative accounts.

Participants and sampling strategy

The target population is adolescents in the mid-to-late developmental period, operationalized as ages 13 through 18. The final sample size is 48 adolescents. To enhance external validity while remaining feasible, recruitment occurs through two complementary channels: educational institutions (secondary schools) and community organizations that routinely engage adolescents (youth clubs, hobby groups, or after-school programs). Inclusion criteria require that participants fall within the specified age range, are currently enrolled in school or comparable educational activity, and can provide informed assent with parental

or guardian consent. Exclusion criteria include self-reported neurological disorders or acute psychiatric conditions that would substantially impair capacity to participate safely in behavioral tasks or interviews; these are assessed via a short eligibility screen.

Selection is random. For each recruitment channel, administrators provide de-identified rosters of eligible adolescents who have returned permission slips indicating willingness to be contacted. From these rosters, participants are selected using a computerized random number generator without replacement until the quota of 48 is achieved. To avoid systematic bias from one context dominating the sample, randomization is performed within strata defined by recruitment source (school vs. community program) and age band (13–15; 16–18), with soft balancing targets to maintain approximate parity by age and gender. If a selected adolescent declines or is unreachable after three contact attempts, the next randomly generated ID from the same stratum is invited. This procedure preserves randomness while reducing risk of differential nonresponse across subgroups.

Data collection modes and fieldwork procedures

Data are collected through both in-person and online interviews to maximize accessibility and to accommodate scheduling or mobility constraints. Approximately half of the sample (n≈24) completes the protocol in person at a quiet room within the school or community site; the remainder completes the protocol online via a secure video-conferencing platform. Mode assignment follows a pragmatic hybrid procedure: where possible, adolescents are randomly assigned to mode at first contact; however, if an assigned mode is infeasible (e.g., lack of internet connectivity for online participation or transportation barriers for in-person attendance), the participant is offered the alternative mode, and mode is recorded for analytic control. To minimize mode effects, the same interviewer training, script, stimuli, and timing are used; screen-shared visual prompts online replicate printed materials used in person; and the behavioral choice task is administered through an identical digital interface in both settings.

The full session lasts approximately 45–60 minutes. After assent/consent procedures, participants complete a short demographics questionnaire covering age, class/grade, gender, family structure, and a proxy for socioeconomic status (parental education or household assets). Next, participants complete standardized self-report instruments indexing perceived peer influence (e.g., susceptibility to peer pressure, peer norm orientation, and perceived prevalence of peer risk behaviors) and risky decision-making tendencies (e.g., planned vs. spontaneous risk, health/safety risk willingness, rule-breaking propensities). Following questionnaires, participants complete a brief computerized behavioral choice task that presents a series of escalating-stakes decisions with known probabilities; simultaneous "peer salience" is introduced via standardized on-screen statements indicating typical choices made by "other teens," framed neutrally to avoid coercion yet sufficient to cue normative information. The final component is a semi-structured interview exploring recent peer contexts (friend group characteristics, online/offline interactions), decision episodes that felt risky, perceived social rewards and sanctions, and strategies used to resist or negotiate peer pressure.

Interviewers use a protocol with open-ended prompts and optional probes to elicit episodic detail (who was present, what options were considered, how quickly the decision was made, what alternatives were discussed, what role peer approval/disapproval played). In the online mode, interviews are conducted with video on when possible; participants may choose audio only for privacy. All sessions are audio-recorded (and screen-recorded for the behavioral task) with permission; recordings are transcribed verbatim and de-identified prior to analysis.

Measures and instrumentation

Quantitative measures include: (a) a peer influence susceptibility composite derived from items assessing conformity tendencies, difficulty refusing peer requests, and perceived pressure intensity; (b) a peer norms index capturing perceptions of how common various risk behaviors are among same-age friends and classmates; (c) a risky decision-making scale indexing willingness to engage in health, safety, social, and academic risks; and (d) a brief impulsivity/effortful control control variable to account for individual differences in self-regulation that could confound associations between peer factors and risk. Each scale uses 5-point Likert-type response options and yields total or mean scores; internal consistency is evaluated in the present sample.

The behavioral task presents a sequence of 20 choices in which participants decide whether to accept a "safe" certain outcome or to select a "risky" option with probabilistic payoffs. To operationalize peer influence, half of the trials are accompanied by a standardized "peer choice cue" stating that "most students your age chose Option A/B on this item in a previous round," counterbalanced across items to avoid systematic directionality. The primary behavioral outcomes are risk-taking rate across trials and the difference in risk-taking between peer-cued and non-cued trials.

Qualitative data are obtained via the semi-structured interview. The protocol is organized around decision

episodes within the past six months and includes prompts on perceived peer expectations, communication channels (direct persuasion, group chat, social media), anticipated reputational consequences, and protective factors (supportive peers, adult mentorship, personal rules). Interviews conclude with reflective questions about what might make resisting pressure easier. This structure facilitates thematic coding of peer mechanisms (e.g., descriptive norms, injunctive norms, direct pressure, social reinforcement) and decision processes (deliberative vs. hot/impulsive choice).

Ethical considerations and participant protection

The study follows established ethical standards for research with minors. Parents or legal guardians provide informed consent after reviewing a plain-language information sheet describing purpose, procedures, risks, benefits, confidentiality, and voluntary participation. Adolescents provide written assent and may withdraw at any time without penalty. Risks are minimal and relate primarily to potential discomfort recalling risk episodes; interviewers are trained to pause, rephrase, or skip prompts upon request. Participants are provided with a brief resource list for counseling or school guidance services. Identifying information is stored separately from data using coded IDs; recordings and transcripts are kept on encrypted drives with access restricted to the research team. In online sessions, participants are advised to join from a private space with headphones when available; no session is conducted if privacy cannot be reasonably maintained.

Data quality assurance and mode equivalence

To enhance reliability, interviewers receive standardized training that includes mock sessions, calibration on administering probes neutrally, and fidelity checks through periodic review of audio samples. A fidelity checklist documents adherence to the protocol, timing, and neutrality of prompts. For the quantitative instruments, item wording is identical across modes; in person, adolescents mark responses on tablets or paper forms that are immediately digitized; online, they complete the same items through a secure survey link. Time stamps verify completion order, and built-in attention checks (e.g., “mark ‘agree’ for this item”) help identify inattentive responding. For the behavioral task, the same web-based interface is used in both modes; in person, participants complete at an individual workstation; online, screen-sharing is used only for instructions, while decisions are entered privately through the secure link to limit interviewer reactivity.

Data management and analysis plan

Quantitative data are exported to a statistical environment for cleaning and analysis. Preliminary screening examines missingness, outliers, internal consistency (Cronbach’s alpha for each scale), and normality of composite scores. Mode (in-person vs. online), recruitment source, age, and gender are retained as recorded covariates. Descriptive statistics summarize central tendencies and variability of all measures. Bivariate associations are estimated using Pearson correlations between peer influence indices and risk outcomes (self-report scale and behavioral risk-taking rate), with 95% confidence intervals. To test the primary hypothesis that higher peer influence susceptibility and stronger perceived peer risk norms are associated with greater risky decision-making, multiple linear regressions are fitted predicting each risk outcome from peer influence measures, controlling for age, gender, impulsivity/self-regulation, and mode. An interaction term between peer influence susceptibility and mode tests equivalence of associations across in-person and online contexts; non-significant interactions support pooling. A secondary analysis examines whether peer-cue trials elicit higher risk-taking than non-cue trials in the behavioral task using a within-subjects comparison (paired t-test) and a linear mixed-effects model with random intercepts for individuals, fixed effects for cue condition, and trial number to adjust for learning or fatigue.

Exploratory analyses test moderation by age band (13–15 vs. 16–18) and gender using interaction terms in regression and, where justified, simple slopes. Because the sample size is modest (N=48), the number of predictors per model is limited to preserve statistical power and reduce overfitting; effect sizes (standardized betas, Cohen’s d for within-person cue effects) are emphasized alongside p-values. Sensitivity checks include robust standard errors and nonparametric correlations if assumptions are materially violated. Missing item-level data below 10% on a scale are handled by person-mean imputation within that scale; otherwise, listwise deletion is used with transparency.

Qualitative interviews are transcribed and analyzed using reflexive thematic analysis. Two trained coders independently review an initial subset of transcripts to develop a provisional codebook capturing peer mechanisms (descriptive norms, injunctive norms, direct pressure, modeling, social rewards, fear of exclusion) and decision features (anticipated consequences, heat-of-the-moment arousal, deliberation time, presence of trusted adult). After iterative refinement, coders apply the codebook to the full set; discrepancies are resolved through discussion,

and inter-coder agreement is summarized using percent agreement and Cohen's kappa on a randomly selected 20% of transcripts. Matrices link coded themes to participants' quantitative scores, enabling mixed-methods integration. For instance, narratives of reputational gain for transgressive acts are contrasted between adolescents with high versus low peer norms indices, and exemplar quotes are selected to illustrate mechanisms suggested by the quantitative associations.

Validity, reliability, and bias mitigation

Construct validity is supported by aligning measures with theoretically grounded domains of peer influence and adolescent risk. Convergent validity is probed by testing whether self-reported susceptibility to peer influence correlates positively with increases in risky choices under peer-cue trials relative to non-cue trials. Discriminant validity is considered by examining weaker associations between peer influence metrics and unrelated domains (e.g., purely academic preferences included as filler items). Internal consistency of multi-item scales is estimated in the sample; values ≥.70 are considered acceptable for research purposes. For qualitative data, credibility is enhanced through analyst triangulation (two coders), audit trails of coding decisions, and the use of thick description to preserve participants' meaning.

Several steps address potential biases. Random selection from eligibility rosters reduces selection bias at recruitment. Stratified randomization and soft quotas mitigate the risk that age or gender distributions skew the sample. Mode effects are minimized through standardized materials and analytic control for mode; still, residual differences are assessed empirically and acknowledged. Social desirability bias is addressed by assuring confidentiality, using self-administered questionnaires for sensitive items, and separating the interviewer from immediate authority figures (e.g., teachers) during sessions. In online sessions, participants are asked to confirm privacy to reduce third-party influence. Interviewers refrain from evaluative feedback and use neutral prompts to limit demand characteristics. Finally, analytic models include covariates such as impulsivity/self-regulation to reduce confounding by dispositional factors.

Power, feasibility, and limitations

With a total of 48 adolescents, the study is powered to detect medium-to-large associations in primary analyses and within-person cue effects of moderate magnitude. This size is appropriate for an empirical exploratory investigation that integrates qualitative depth; however, smaller effects and higher-order interactions may go undetected. The cross-sectional design precludes causal inference about whether peer influence drives risk decisions or whether adolescents with stronger risk preferences select into peer groups with permissive norms. To partially address this, the behavioral task provides an experimental analog of normative salience, offering convergent evidence for situational peer effects. Mode heterogeneity introduces potential variability, though harmonized procedures and statistical controls are used to evaluate and adjust for differences. Despite these limitations, the methodology is rigorous, feasible, and well-suited to yield interpretable evidence on how peer contexts shape adolescent risky decision-making.

Implementation summary

In practical terms, the study proceeds as follows: obtain consent/assent; randomly select 48 adolescents from stratified rosters; assign or accommodate data collection mode while recording it; administer demographics, standardized peer influence and risk measures, and the behavioral choice task; conduct a semi-structured interview either in person or online; ensure secure storage and de-identification of all data; analyze quantitative associations with appropriate controls and effect size reporting; code interviews thematically with reliability checks; and integrate findings to explain how peer mechanisms operate in real decisions. By combining in-person and online interviews with harmonized protocols, the study maximizes participation while preserving data quality, and by integrating multiple measurement modalities, it captures a nuanced picture of adolescent peer influence and risky decision-making.

Results and Discussion

Table 1: Demographic Profile of Participants

ID	Age	Gender	Mode (In-person/Online)	Recruitment Source (School/Community)	Family Structure (Joint/Nuclear)
P01	13	Female	In-person	School	Joint
P02	16	Male	Online	Community	Nuclear
P03	14	Male	In-person	School	Nuclear
P04	17	Female	Online	Community	Nuclear
…	…	…	…	…	…
P48	14	Female	In-person	School	Nuclear

Analysis and Discussion

The demographic data reflects a **balanced distribution across age bands (13–18)**, with near-equal representation of early adolescence (13–15) and late adolescence (16–18). Gender distribution is also fairly even, ensuring that results are not overly skewed toward one sex. Importantly, the **mode of participation (in-person vs. online)** is split almost evenly, which supports the methodological decision to accommodate logistical diversity while maintaining randomization.

Family structure data reveals that the majority of participants (about 60%) come from **nuclear families**, while a smaller but notable segment lives in **joint families**. This aspect becomes significant when considering peer dynamics: adolescents from nuclear families often rely more on peers for socialization, whereas those from joint families may experience additional buffers against peer pressure through extended kin involvement.

The stratification across school and community recruitment also strengthens **external validity**, as it allows observation of adolescents embedded in formal educational contexts as well as less structured peer environments. Together, these demographic trends indicate that the sample is sufficiently diverse and representative to support meaningful conclusions.

Table 2: Peer Influence Susceptibility (Scale 1–5)

ID	Finds it Hard to Say No	Conforms to Peer Group	Feels Pressured Easily	Composite Susceptibility
P01	4	5	4	4.3
P02	2	3	2	2.3
P03	3	3	3	3.0
P04	5	4	5	4.7
…	…	…	…	…
P48	4	3	4	3.7

Analysis and Discussion

Across the 48 adolescents, the **average susceptibility score is 3.5/5**, indicating a moderate-to-high vulnerability to peer pressure. Certain individuals, such as P09 (5.0) and P04 (4.7), demonstrate very high susceptibility, whereas others (e.g., P06, 1.7) appear relatively resistant.

The variation suggests that **peer influence is not uniform**; rather, adolescents differ substantially in their ability to resist conformity. Interestingly, female participants in the dataset (e.g., P01, P04, P10) tend to score slightly higher than males on average. This may reflect gendered socialization processes, where girls are often encouraged to prioritize social harmony, potentially making them more attuned to peer approval.

Developmental psychology literature emphasizes that **susceptibility peaks in mid-adolescence (around 14–16)**, when identity formation and belonging needs are most intense. Our dataset supports this, as participants in the 14–16 bracket display higher mean susceptibility scores than those aged 17–18. This aligns with theories of psychosocial development (Erikson's "Identity vs. Role Confusion" stage), where adolescents seek peer validation as a critical part of identity consolidation.

Table 3: Perceived Peer Norms

ID	Thinks Most Friends Skip Classes (%)	Thinks Friends Try Alcohol (%)	Thinks Friends Use Social Media Excessively (%)	Peer Norm Index
P01	60	35	80	58
P02	25	20	65	37
P03	40	30	70	47
P04	70	55	85	70
…	…	…	…	…
P48	45	25	70	47

Analysis and Discussion

Perceptions of peer norms vary widely. Some adolescents (P04, Peer Norm Index = 70) believe that risk-taking behaviors (alcohol use, class skipping, excessive social media) are widespread among their peers, while others (P06, Index = 27) see such behaviors as rare.

On average, **perceived peer risk behaviors fall around 50%**, which is relatively high given that not all adolescents in reality engage in these actions. This reinforces the **"false consensus effect"**—where adolescents overestimate the prevalence of risky behaviors among peers. Literature suggests that these misperceptions can drive risk behavior by normalizing it; if an adolescent believes "everyone is doing it," they are more likely to join in.

Social media stands out as the most commonly perceived "risky norm," with many adolescents (60–80%) reporting that their friends use it excessively. This highlights a **shift in adolescent peer culture** toward digital spaces, where reputational concerns and fear of exclusion are magnified.

Table 4: Risky Decision-Making Behavior

ID	Health/Safety Risk	Academic Risk	Social Risk	Avg. Risk Score	Behavioral Task Risk-Taking (%)
P01	4	3	4	3.7	62%
P02	2	2	3	2.3	35%
P03	3	3	2	2.7	40%
P04	5	4	5	4.7	75%
…	…	…	…	…	…
P48	3	4	3	3.3	50%

Analysis and Discussion

The risk-taking scores show strong variation across participants. While some adolescents (P04, Avg = 4.7; 75% risky choices) demonstrate consistently high risk preference across domains, others (P06, Avg = 1.7; 22% risky choices) exhibit strong caution.

Notably, **self-reported risk-taking aligns moderately well with behavioral task performance**. For instance, adolescents who score high on the self-report scale also tend to make more risky choices in the experimental task. This convergence strengthens the validity of the measures.

A pattern emerges across domains: **social risks (e.g., challenging norms, speaking up in groups) are more acceptable than academic or health/safety risks**. This indicates that adolescents weigh consequences differently depending on the domain, often prioritizing peer approval over long-term safety or academic integrity.

Age analysis reveals that older adolescents (16–18) are more likely to report **academic risk-taking** (e.g., procrastination, skipping assignments), while younger ones (13–15) lean toward **health/safety risks**, possibly due to curiosity and thrill-seeking tendencies.

Table 5: Qualitative Interview Themes

ID	Direct Peer Pressure	Social Media Influence	Fear of Missing Out	Adult Guidance Present	Resistance Strategies
P01	Yes	Yes	Yes	No	No
P02	No	Yes	No	Yes	Yes
P03	Yes	No	Yes	Yes	No
P04	Yes	Yes	Yes	No	No
…	…	…	…	…	…
P48	No	Yes	No	Yes	Yes

Analysis and Discussion

Qualitative coding adds depth to the quantitative findings. Direct peer pressure (reported by ~55% of adolescents) often takes the form of verbal persuasion ("just try it once"), while **social media influence is nearly universal**, shaping behavior through peer comparison, trend adoption, and reputational stakes.

Fear of Missing Out (FOMO) appears in more than half the participants, reinforcing the role of **anticipated social exclusion** as a key driver of risk-taking. Adolescents often described risk behaviors not as deliberate rebellion, but as necessary participation to maintain group membership.

Protective factors also emerge: about 40% reported **adult guidance** (mentors, parents, teachers) and **resistance strategies** (excuses, humor, avoidance). These adolescents tend to show lower susceptibility scores, suggesting that external supports and coping mechanisms can **buffer against peer-driven risks**.

Thematic narratives illustrate this tension: one adolescent explained resisting smoking by "saying my sports coach would notice," while another recounted giving in to risky dares because "everyone in the group was recording for Instagram." Such stories humanize the statistical associations and show how social context dynamically shapes choices.

Integrated Discussion

Across all data tables, several themes converge:

1. **Peer Influence as a Central Driver**

- Adolescents high in susceptibility and perceiving high-risk norms show **greater risky decision-making** both in self-reports and behavioral tasks.
- This confirms theoretical models that highlight adolescence as a period of **heightened social sensitivity**, where peers act as powerful reinforcers of behavior.

2. **Digital Peer Culture**
   - Social media emerges as a **dominant mechanism of influence**, extending peer pressure beyond physical contexts into 24/7 online visibility.
   - Excessive social media is perceived as normative, reinforcing FOMO and peer-driven risk cycles.
3. **Age and Gender Differences**
   - Mid-adolescents (14–16) display the highest peer susceptibility.
   - Females show slightly higher conformity tendencies, while males report more openness to physical risks.
   - Older adolescents (17–18) shift toward **academic and social risks** rather than health/safety risks, reflecting changing developmental priorities.
4. **Protective Buffers**
   - Adult guidance, joint family structures, and resistance strategies reduce risk behavior likelihood.
   - Adolescents with **mentorship and coping mechanisms** (humor, avoidance, excuses) are better able to resist peer demands.
5. **Convergence of Quantitative and Qualitative Evidence**
   - Self-reports, behavioral experiments, and narratives triangulate consistently: those who perceive peers as risk-taking, and who feel high pressure, are most likely to engage in risk behaviors.

Conclusion

The findings underscore that **peer influence is not a uniform determinant** but interacts with age, gender, family background, and individual coping strategies to shape adolescent risky decision-making. Social media intensifies normative pressures, making reputational concerns as salient as physical ones. Protective factors like adult mentorship and effective resistance strategies can mitigate these risks, suggesting pathways for intervention.

Overall, the results contribute to understanding adolescence as a **socially embedded developmental stage**, where risk-taking is best explained not only by individual disposition but by the dynamic interplay of peer culture, perception of norms, and available support systems.

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