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Original Article

Peer Delinquency Influences on Adolescents' High-Risk Behaviors in Tehran and Mashhad, Iran

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Abstract

Introduction: Adolescents are often influenced by their peer groups, leading to behavioral similarities. This study investigated the correlation between associating with delinquent peers and the propensity for high-risk behaviors among teenagers.

Methods: This cross-sectional study involved adolescents from the urban environments of Tehran and Mashhad. A convenience sampling method was employed to select participants, and data were collected using two validated instruments: the Adolescent Affiliation with Delinquent Peers Questionnaire and the Youth Risk Behavior Questionnaire. The subsequent data analysis was performed using SPSS, enabling a comprehensive exploration of relationships among variables.

Findings: The study included 200 adolescents, mostly female, aged 16-19 years, primarily from Tehran. Most lived with families, 76% were unemployed, and less than 11% lived with others outside their parents. The findings revealed a significant relationship between associating with delinquent peers and the manifestation of high-risk behaviors among adolescents. It was observed that young individuals who spend time with peers engaged in delinquent activities are more inclined to imitate these behaviors.

Conclusion: This study underscores the considerable impact of peer association on adolescent behavior. It highlights the troubling reality that teenagers who align themselves with delinquent peers are at a heightened risk of adopting risky behaviors that could have lasting consequences. Addressing these dynamics is crucial for developing effective interventions aimed at mitigating the influence of negative peer relationships and promoting healthier, more constructive social interactions among young people.

Keywords: Substance use, Behavior, Adolescent

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Introduction

Adolescence is a tumultuous yet exhilarating period characterized by profound transformations in both physical and mental landscapes. This transformative phase presents a unique opportunity for self-discovery and a burgeoning sense of independence from parental figures. Adolescents often attract the label of "risk-takers",[1,2] reflecting the multifaceted nature of their behavior. A combination of biological, social, and psychological factors shapes adolescent risk-taking. During this developmental stage, the brain undergoes significant changes, particularly in regions associated with impulse control and decision-making, such as the prefrontal cortex. Concurrently, the limbic system, which governs emotions and reward processing, matures at a faster rate. This developmental imbalance can lead to heightened emotional responses and an intensified drive for sensation-seeking. Hormonal fluctuations accompanying puberty further contribute to increased impulsivity and the desire for thrilling experiences. Additionally, peer influence plays a pivotal role in adolescent behavior. The quest for acceptance and approval from peers often motivates teens to engage in risk-taking activities, sometimes overshadowing concerns about potential dangers. This phenomenon can result in behaviors such as substance use, reckless driving, or engaging in risky sexual experiences. As adolescents navigate their identities and self-concepts, the exploration of boundaries can manifest through risky behaviors, serving as a means of asserting independence. Factors such as self-esteem, personality traits, and past experiences also contribute to the likelihood of risk-taking behaviors among adolescents. The interplay of these elements cultivates an environment in which adolescents frequently seek thrills and peer acceptance, often without

fully considering the repercussions of their actions. Understanding the nuances of this dynamic is essential for fostering supportive environments that encourage healthy risk-taking—such as participation in sports or creative activities—while simultaneously mitigating risky behaviors. Adolescents may form associations with peers who engage in delinquent behaviors. Those who exhibit delinquent behavior are more inclined to partake in high-risk activities, including substance abuse, criminal participation, and other detrimental practices. This study seeks to explore the intricate dynamics between peer delinquent affiliations and the prevalence of high-risk behaviors among adolescents, aiming to shed light on how these social interactions contribute to the development of such behaviors.

In a recent study, a concerning prevalence rate of 34.2% for high-risk behaviors among Iranian adolescents has uncovered.[3] This research highlights the complex interplay between risky behaviors and various influencing factors, including age, gender, family dynamics, and health literacy. Notably, the findings suggest a negative correlation between religious beliefs and the propensity for engaging in risky behaviors. This understanding of peer delinquency and its associated influences is crucial for addressing the myriad challenges faced by adolescents.

Ferguson and Meehan (2011) investigated how peer delinquency affects youth substance use, focusing on smoking, alcohol, and illegal drugs among various age groups. Analyzing data from 8,256 participants with an average age of 14 years from Ohio's Youth Risk Behavior Surveillance System, they found that peer delinquency was the key factor influencing substance behaviors, with the impact increasing as adolescents aged, particularly for those who began using substances in their mid-teens.[4] Wu et al. (2024) also explored the relationship between delinquent peer associations and drug use among 8,027 secondary school students in major cities in Greater China. Their research highlighted significant mediating factors informed by criminological theories, such as pro-drug attitudes, victimization experiences, and drug availability, with pro-drug attitudes being the most influential.[5] These insights underline the complex relationship between adolescent drug use and peer delinquency, calling for a more comprehensive theoretical approach. In a related study, Lee (2024) examined how interacting with delinquent peers impacts violent behavior in adolescent boys, showing that gender-role stereotypes mediate this relationship. Through structural equation modeling of a sample of 1,444 South Korean adolescents, they found that delinquent peer interactions shaped these stereotypes, increasing the likelihood of violent behavior.[6]

Monahan et al. (2014) studied 2,002 adolescents in grades 6 to 10 to investigate the relationship between delinquent behavior and substance use, discovering that these behaviors often occur together during this crucial developmental period. Many youths shift from abstaining to engaging in delinquency, leading to ongoing struggles with both issues, and once both behaviors appear, it becomes less likely for them to return to abstinence.[7] Furthermore, the influence of peers varies, being strongest during transitions from abstinence to engaging with one problem, but showing less clarity regarding shifts in behavior levels. In a related study, Bozzini et al. (2020) explored the distal and proximal influences on adolescent risk behaviors through a review of 249 longitudinal studies, revealing that 23% identified early childhood factors, while the majority highlighted early adolescence influences. Their findings linked risk behaviors, such as aggression and substance use, to demographic aspects, family dynamics, and peer interactions.[8] Finally, Walters (2020) examined how prosocial peers shape youth behavior regarding delinquency and substance use. Analyzing data from 2,905 participants in the Gang Resistance Education and Training (GREAT) project, the research showed that friendships with prosocial peers significantly reduced property crimes and drug use, highlighting the dual role of peers as both risk and protective factors, with less interaction with prosocial peers correlating with increased delinquency.[9]

Mohamadkhani (2011) studied the prevalence of cigarette smoking, alcohol consumption, and illegal drug use among Iranian adolescents, finding that 18.8% of students aged 13–18 years reported using at least one substance, with higher rates among males (29.8%) compared to females (7.5%). Tobacco (14.7%) and alcohol (9.8%) were the most commonly used substances, while the use of other illicit drugs stood at 2.5%. The results also revealed that drug use prevalence increased with age and was associated with poor academic performance and a family history of substance abuse.[10]

Despite the extensive body of research examining adolescent high-risk behaviors, there remains a notable gap in the literature regarding the relationship between associations with delinquent peers and high-risk behaviors, specifically among adolescents in Iran. Tehran and Mashhad are two populous cities in Iran that exemplify a rich tapestry of multiculturalism. By selecting these cities as research sites, the researchers intended to capture a broad spectrum of cultural identities and experiences within Iran's socio-cultural landscape. Understanding the factors influencing teenagers' risky behaviors is crucial for developing effective prevention strategies. This includes examining emotional influences, peer pressure, and social environments. Tailored interventions and policy frameworks are needed to support healthier peer relationships and responsible decision-making. A deep dive into the underlying influences, ranging from emotional factors to peer pressure, and the broader social environments they inhabit, can illuminate why adolescents sometimes make choices that pose risks to their well-being. By dissecting these complex dynamics, we can tailor our efforts to address and reduce the hazards associated with such behaviors. Using the results of this study, prevention strategies and policies could be improved at both micro and macro levels.

Methods

Study Design and Participants

Between April and August 2024, we conducted a cross-sectional study using an online convenience sampling method to collect data from adolescents. To participate, individuals had to meet certain criteria: they must be between the ages of 12 and 18 years, reside in Tehran or Mashhad, Iran, provide informed consent, have access to a smartphone or tablet, and possess a certain level of media literacy. Participants who chose to opt out or did not fully complete the questionnaire were excluded from the study. Once the inclusion criteria were met, participants were invited to fill out the questionnaires. Tehran and Mashhad are two major urban centers in Iran that showcase a vibrant blend of multicultural influences. By choosing these cities as their research locations, the researchers aimed to explore and document a wide array of cultural identities and experiences that contribute to the country's diverse socio-cultural environment.

Measures

Adolescent Affiliation with Delinquent Peers (AADP) is measured using an eight-item scale. Adolescents were asked the following question: "In the past six months, how many of your close friends have engaged in the following behaviors: (a) purposely damaged property that did not belong to them, (b) hit or threatened to hit someone, (c) used alcohol, (d) gotten drunk at least once, (e) used drugs, (f) carried a knife or gun, (g) gotten into a physical fight, or (h) been hurt in a fight?" The possible responses and their corresponding values were: "none of them" (0), "a few of them" (1), "some of them" (2), "most of them" (3), and "all of them" (4). A mean response score was calculated for each adolescent, with a higher score indicating greater affiliation with delinquent peers.[11] The reliability of the Persian version of the AADP has been studied in Iran, and the Cronbach's α for the scale was found to be 0.82. [11]

The Youth Risk Behavior Questionnaire (YRBQ) was employed to evaluate high-risk behaviors among participants. Developed by Mohammadkhani (2005, 2009),[12,13] the YRBQ is rooted in the Youth Risk Behavior Surveillance System (YRBSS) established by the Centers for Disease Control and Prevention (CDC). This comprehensive instrument consists of 84 items organized into two distinct sections: Demographic information and risk behaviors. The YRBQ assesses the prevalence of various high-risk behaviors, including aggression, weapon carrying, and experiences of sadness, as well as suicidal ideation and attempts. In addition, it addresses substance and alcohol use, while also examining other behaviors such as running away from home or school and interactions with the opposite sex. The questionnaire is designed for self-reporting and includes inquiries regarding the first occurrence of risky behavior, frequency of the behaviors over a lifetime, in the past 12 months, and in the past month. Questions related to behaviors such as fighting in and out of school, not going to school because of fear and insecurity, being threatened or injured with a knife or machete, threatening others with a knife or machete, and being injured or receiving treatment as a result of a fight are only relevant to the past month and the past year. The occurrence of the behaviors leaving home without parental permission, running away from home for more than a day, having a plan for suicide, history of attempted suicide, and history of self-harm without suicidal intent are only assessed for the past year. Drug and alcohol use are inquired about for all periods (past month, past year, and lifetime), while cigarette and hookah use are only queried for lifetime and past month. Lastly, sexual relations are also only asked about for lifetime experiences.

Data Analysis

Data were analyzed using SPSS version 22. For our primary analysis, we conducted descriptive statistics to assess the demographic and background features of the study participants. In the secondary analysis, we applied Chi-Squared to investigate the relationships between variables. We set the threshold for statistical significance at $P < 0.05$.

Results

A total of 200 adolescents participated in the study. The sample primarily comprised students who lived with their families. Most participants were unemployed (76%), while 24% were employed either full-time or part-time and received pay for their work. Less than 11% of participants lived with their grandparents or friends, either alone or with someone other than their parents. A significant majority of these participants were female, with an age range of 16 to 19 years, and they were predominantly from Tehran. Detailed demographic characteristics of the

Table 1. Demographic characteristics of study participants

Variables		Frequency	Percent (%)
Gender	Female	116	58
	Male	84	42
Age (Years)	12-15	41	20.5
	16-19	159	79.5
City of residence	Tehran	142	71
	Mashhad	58	29
EDU (years of successful education)	6	6	3
	7-9	35	17.5
	9-12	159	79.5
Employment	Unemployed	152	76
	Part-time	40	20
	Full-time	8	4
Living with	Family (Parents and Siblings)	179	89.5
	Grandparents	3	1.5
	Friends	9	4.5
	Alone	5	2.5
	Other	4	2

Table 2. Association Between Delinquent Peers and Adolescents' High-Risk Behaviors

High-risk behaviors	Last month				Last year				Life time			
	Frequency	Percent	Chi-Square	*P*-Value	Frequency	Percent	Chi-Square	*P*-Value	Frequency	Percent	Chi-Square	*P*-Value
Fighting in and out of school	56	28	8.884	0.003	97	48.5	7.072	0.008	-	-	-	-
Not going to school because of fear and insecurity	36	18	5.185	0.023	35	17.5	3.970	0.046	-	-	-	-
Being threatened or injured with a knife or machete	17	8.5	18.541	0.000	17	8.5	6.669	0.010	-	-	-	-
Threatening others with a knife or machete	8	4	10.064	0.002	12	6	10.574	0.001	-	-	-	-
Being injured or receiving treatment as a result of a fight	16	8	15.939	0.000	23	11.5	24.746	0.000	-	-	-	-
Leaving home without parental permission	-	-	-	-	25	12.5	16.462	0.000	-	-	-	-
Running away from home for more than a day	-	-	-	-	15	7.5	18.261	0.000	-	-	-	-
Sex with the opposite sex	-	-	-	-	-	-	-	-	26	13	5.927	0.015
Cigarette Smoking	56	28	25.531	0.000	-	-	-	-	96	48	13.744	0.000
Hookah Smoking	57	28.5	14.953	0.000	-	-	-	-	113	56.5	3.829	0.050
Drug Use	32	16	0.441	0.507	41	20.5	2.693	0.101	43	21.5	6.636	0.010
Alcohol Use	46	23	20.217	0.000	63	31.5	15.205	0.000	77	38.5	20.038	0.000
Suicidal thoughts	-	-	-	-	76	38	12.851	0.000	-	-	-	-
Having a plan for suicide	-	-	-	-	65	32.5	9.010	0.003	-	-	-	-
History of attempted suicide	-	-	-	-	24	12	20.867	0.000	-	-	-	-
History of self-harm without suicidal intent	-	-	-	-	43	21.5	18.434	0.001	-	-	-	-

study population are presented in Table 1.

As presented in Table 2, a cohort of adolescents participating in the study reported various behavioral patterns over the past month. Notable findings include: Fighting in and out of school (28%), Avoidance of school due to fear and insecurity (18%), Incidents of being threatened or injured with a knife or machete (8.5%), Threats directed at others involving knives or machetes (4%), and Sustaining injuries or receiving medical treatment as a result of physical altercations (8%). Additionally, substance use was documented, with Cigarette Smoking and Hookah Smoking both reported by 28% and 28.5% of participants, respectively, along with Drug Use (16%) and Alcohol Use (23%). Conversely, behaviors such as Leaving home without parental permission, Running away from home for more than a day, Engaging in sexual activity with the opposite sex, Expressing Suicidal thoughts, Formulating a suicide plan, Reporting a history of attempted suicide, and Engaging in self-harm without suicidal intent were not reported in the past month. In a broader context, a subset of adolescents reported engaging in the aforementioned behaviors over the past year. Specifically, fighting, avoiding school due to fear and insecurity, and experiences related to threats or violence involving knives or machetes were among those noted. Furthermore, reports of Drug Use, Alcohol Use, Suicidal thoughts, plans for suicide, a history of attempted suicide, and self-harm without suicidal intent were also documented. The questionnaire utilized in this study included a single query regarding sexual activity with the opposite sex over the participants' lifetime, with 13% of respondents affirming this behavior. It should be noted that for certain variables, frequencies and percentages in the 'Lifetime' column were not reported due to the absence of specific questions addressing these issues in the questionnaire.

The findings presented in Table 2 indicate a significant relationship between associating with delinquent peers and engaging in high-risk behaviors among adolescents. Specifically, when young individuals spend time with peers involved in delinquent activities, there is a marked increase in the likelihood of adopting similar behaviors. Key behaviors that correlate with associating with delinquent peers include involvement in fights, both inside and outside of school (last month: Chi-Square = 8.884, $P < 0.01$; last year: Chi-Square = 7.072, $P < 0.01$), and experiencing fear or insecurity that leads to school non-attendance (last month: Chi-Square = 5.185, $P < 0.05$; last year: Chi-Square = 3.970, $P < 0.05$). Additionally, the data reveal a strong association between associating with delinquent peers and being threatened or injured with a knife or machete (last month: Chi-Square = 18.541, $P < 0.01$; last year: Chi-Square = 6.669, $P = 0.01$), as well as threatening others with similar weapons (last month: Chi-Square = 10.064, $P < 0.01$; last year: Chi-Square = 10.574, $P < 0.01$). Further, adolescents who associate with delinquent peers are at greater risk of being injured or requiring medical treatment due to fights (last month: Chi-Square = 15.939, $P < 0.01$; last year: Chi-Square = 24.746, $P < 0.01$). The correlation

extends to leaving home without parental permission (Chi-Square = 16.462, $P < 0.01$) and running away from home for over a day (Chi-Square = 18.261, $P < 0.01$) within the last year. Sexual activity with the opposite sex over a lifetime is also significantly correlated with associating with delinquent peers (Chi-Square = 5.927, $P < 0.01$). Substance use, such as cigarette smoking (last month: Chi-Square = 25.531, $P < 0.01$; lifetime: Chi-Square = 13.744, $P < 0.01$) and hookah smoking (last month: Chi-Square = 14.953, $P < 0.01$; last year: Chi-Square = 3.829, $P < 0.05$), further exhibits significant associations. Additionally, alcohol consumption within the last month (Chi-Square = 20.217, $P < 0.01$), last year (Chi-Square = 15.205, $P < 0.01$), and over a lifetime (Chi-Square = 20.038, $P < 0.01$) demonstrate strong correlations with associating with delinquent peers. Conversely, the data indicate no significant correlation between drug use in the last month (Chi-Square = 0.441, $P = 0.507$) and the previous year (Chi-Square = 2.693, $P \leq 0.101$). However, a significant correlation is observed for lifetime drug use (Chi-Square = 6.636, $P = 0.01$). Lastly, mental health considerations reveal significant correlations between associating with delinquent peers and suicidal thoughts (Chi-Square = 12.851, $P < 0.01$), having a suicide plan (Chi-Square = 9.010, $P < 0.01$), a history of suicide attempts (Chi-Square = 20.867, $P < 0.01$), and engaging in self-harm without suicidal intent (Chi-Square = 18.434, $P < 0.01$).

Discussion

The analysis of peer relationships reveals a substantial association between the presence of delinquent peers and various negative outcomes among adolescents. Specifically, students who frequently associate with delinquent peers exhibit heightened levels of school avoidance attributed to fear and anxiety. The impact of associating with delinquent peers extends beyond mere school attendance; it fundamentally undermines the protective factors that a school environment offers. Schools serve as critical settings for socialization, learning, and the development of positive coping skills. However, when adolescents opt not to attend school, they may become more susceptible to a range of risky behaviors that are often linked to their delinquent peer associations. This includes the potential for increased substance use, involvement in criminal activities, and engagement in other forms of antisocial behavior. Moreover, the dynamics of peer influence underscore the vulnerability of adolescents during this critical developmental stage. Given that adolescents are in a period of identity formation and social integration, the desire for acceptance within peer groups can lead to maladaptive choices. The reciprocal nature of these relationships suggests that not only do delinquent peers negatively influence an individual's behavior, but the individual may also reinforce these behaviors within their delinquent peer group, creating a cycle of delinquency that can be challenging to break. The implications of these findings stress the importance of interventions that promote positive peer relationships and mitigate the influence of delinquency among adolescents. Understanding these dynamics can guide educational policies and provide support for at-risk youth, emphasizing the role of healthy peer interactions in promoting overall well-being and academic success.

The adolescents who affiliate with delinquent peers are more likely to experience threats or injuries inflicted by a knife and to have a documented history of physical confrontations necessitating medical treatment for their injuries. Moreover, the behavior of running away from school, leaving home without parental consent, and engaging in nocturnal activities outside the home is significantly more prevalent among those with delinquent peer affiliations. Psychological factors further complicate this association, as individuals in this group often report feelings of depression and hopelessness, alongside recurrent suicidal ideation and the contemplation of specific suicide plans. A history of suicide attempts and non-suicidal self-injurious behavior is also significantly correlated with the presence of delinquent peers.

The findings presented critical associations with peer delinquency, underlining the multifaceted relationship between substance consumption and social behavior. Notably, cigarette and hookah smoking demonstrate significant associations, with both recent and lifetime usage linked to a higher propensity for associating with delinquent peers. The Chi-square tests indicate strong statistical significance ($P < 0.01$ for both last month and lifetime smoking), suggesting that smoking may correlate with engagement in delinquent activities. The data surrounding alcohol consumption further support this trend. Both recent, yearly, and lifetime alcohol use show robust correlations with delinquency (all Chi-Square values significant with $P < 0.01$). This consistent pattern across multiple timeframes indicates that alcohol may serve as a key factor in the social dynamics of delinquent groups, possibly reinforcing behaviors through social drinking contexts or shared experiences among peers. Conversely, the analysis of drug use paints a more nuanced picture. While lifetime drug use shows a significant correlation with associating with delinquent peers (Chi-Square = 6.636, $P = 0.01$), recent and yearly drug use did not present statistically significant associations, implying that the immediate or short-term use of drugs might not be as influential in facilitating peer relations compared to smoking and alcohol consumption. This could suggest that lifetime experiences and the degree of normalization of such behavior within a social group play a more substantial role than acute usage patterns. In summary, while smoking and alcohol consumption consistently demonstrate significant correlations with delinquent peer associations, the nuanced differentiation in the data regarding drug use indicates that lifetime engagement may be a more critical factor than recent usage. These findings underscore the importance of considering both the type of substance and the timeframe of usage when examining their impact on social behaviors.

The correlation between sexual activity with the opposite

sex and association with delinquent peers raises important questions about the underlying social and psychological dynamics at play. The significant Chi-Square value of 5.927 and a P-value of less than 0.01 indicate a strong statistical relationship, suggesting that individuals who engage in sexual activities with the opposite sex may be more likely to associate with peers involved in delinquent behavior. Several factors could contribute to this correlation. One possibility is that both engagement in sexual activity and the choice of delinquent peers may stem from similar risk-taking behaviors or a desire for social validation among adolescents and young adults. Individuals who are open to exploring sexuality might also be more inclined to seek acceptance in peer groups that challenge societal norms, potentially leading to delinquent associations. Furthermore, the influence of peer groups during formative years is well-documented. Adolescents often look to their peers for cues about acceptable behavior, and those involved with delinquent activities may normalize risky behaviors, including those related to sexual activity. This could create a feedback loop where association with delinquent peers encourages further sexual exploration, potentially leading to a cycle of risk-taking.

The findings regarding the correlations between associating with delinquent peers and various aspects of suicidal behavior and self-harm highlight important mental health considerations. The significant Chi-Square values, each accompanied by P-values less than 0.01, indicate strong statistical relationships worth discussing. Firstly, the association with delinquent peers and suicidal thoughts suggests that social environments can profoundly influence mental health outcomes. Delinquent peers might provide a context where negative behaviors and attitudes are normalized, potentially leading individuals to adopt maladaptive coping mechanisms. This peer influence is particularly poignant during adolescence. The correlation with the development of a suicide plan is particularly alarming, as it signifies a progression from suicidal ideation to actionable intent. This finding underscores the necessity for interventions that focus not only on addressing suicidal thoughts but also on the underlying social dynamics that contribute to such plans. Targeted programs aimed at reducing delinquent peer associations could be crucial in mitigating this risk. Additionally, the significant relationship between delinquent peers and the history of suicide attempts points to a cycle of risk behaviors. Individuals who have attempted suicide may be more likely to gravitate toward delinquent circles, which can create a feedback loop of negative behavior and mental health deterioration. Interventions that include family and community engagement may help break this cycle and promote healthier peer associations. Finally, the correlation with self-harm without suicidal intent adds another layer to our understanding of these dynamics. Those engaged with delinquent peers may resort to self-harm as a maladaptive coping strategy, reflecting emotional distress rather than a desire to end their lives. Addressing and understanding self-harming behaviors within this context is essential for developing comprehensive treatment plans that consider both the psychological and social components of the individual's environment. In conclusion, the significant correlations outlined in the study reinforce the notion that mental health is inextricably linked to social contexts. Enhanced awareness and targeted interventions focusing on peer influences can play a pivotal role in reducing the incidence of suicidal ideation, plans, attempts, and self-harm behaviors among vulnerable populations. Further research down this path could yield innovative approaches to enhance adolescent mental health outcomes.

This study encountered several limitations that warrant consideration. Firstly, the data collection was conducted solely through online platforms, which may have restricted participation to individuals with internet access and those who were comfortable with digital tools. This approach could lead to demographic biases and may not fully represent the broader population. Additionally, the sample size was relatively small, which may limit the generalizability of the findings. To enhance the reliability and validity of the study, future research should consider employing a more diverse and larger sample drawn from various regions across Iran. By including participants from all provinces, researchers could obtain a more comprehensive understanding of high-risk behaviors and their correlation with associations with delinquent peers. Such an approach would allow for more nuanced insights into regional differences and cultural factors that may influence these behaviors. Incorporating qualitative methods, such as interviews or focus groups, could also enrich the findings by capturing the complexities of participants' experiences and perspectives. This multi-faceted approach would not only strengthen the data but also provide a deeper understanding of the social dynamics at play within different communities. Overall, addressing these limitations in future studies could lead to more accurate representations and effective interventions targeting high-risk behaviors among youth in Iran.

Conclusion

In conclusion, the association with delinquent peers significantly increases the likelihood of engaging in risky behaviors among adolescents. This critical stage of development is marked by a strong desire for social acceptance and belonging, which can drive individuals to conform to the behaviors of their peer groups, even when those behaviors are detrimental. The need for validation and acceptance often leads them to prioritize group norms over personal values or well-being. For example, behaviors such as substance use and other forms of delinquency may be adopted as adolescents seek to fit in or gain approval from their peers. Ultimately, acknowledging the significant role that peers play in shaping behavior can inform both preventive measures and targeted interventions, emphasizing the value of constructive peer influence in fostering healthier choices during this crucial developmental period.

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Competing Interests
The authors declared no conflict of interest.

Ethical Approval
The research study was approved by the Ethics Committee of the University of Social Welfare and Rehabilitation Sciences (Ethical code: IR.USWR.REC.1403.090). It is important to note that participation in this study was completely voluntary, ensuring that no individual felt compelled to contribute unless they wished to do so. Before their involvement, all participants were provided with comprehensive details about the research project through a well-structured written informed consent document. To guarantee that participants fully understood their rights and the nature of the study, the researchers engaged in a member-check process, which facilitated transparency and clarity. Furthermore, data collection was conducted with a commitment to privacy and confidentiality; participants completed questionnaires that were assigned numerical codes for anonymity, ensuring their responses remained confidential throughout the research process.

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