

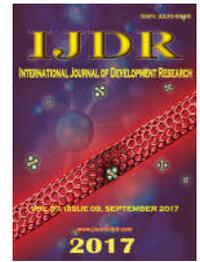


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IMPACT OF FAMILY RELATIONSHIPS ON RISK-TAKING BEHAVIOR AMONG COLLEGE STUDENTS

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ABSTRACT

The present study has tried to find out if there is any influence of family relationships on risk taking behavior among college students of Kolkata. The study has further investigated if there is any role of gender and living status on risk taking behavior. A sample of 100 young students (50 males, 50 females) has been selected purposively from different colleges of Kolkata. Two standardized tests, namely, "Family Relationship Inventory" by Sherry and Sinha (1971) and "Risk Taking Behavior Scale" by Weber, Blais and Betz (2002) have been administered. Data have been analyzed by using descriptive statistics, correlation and ANOVA. The overall findings of this study indicate that dimensions of acceptance and concentration are negatively correlated with risk taking behavior and the dimension of avoidance is positively correlated with risk taking behavior. The ANOVA results show parental acceptance and avoidance significantly influence risk taking behavior whereas parental concentration does not have any significant influence. Moreover, a significant influence of gender is observed, and the mean scores reveal that risk taking behavior among boys is higher than girls. ANOVA further reveals that living status also has significant influence on risk taking behavior. The study implies that family relationships should be given due recognition in counseling the young students who are prone to risk taking behavior.

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INTRODUCTION

Youth is a period characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. This transition period has been made more complex by the social, economic and technological changes that have occurred over recent decades. Arnett (1992) has described this period of life as age of identity exploration, age of instability, age of self-focus, age of feeling in between and age of possibilities. So, in this stage of life, people may be vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could impact on their immediate and longer term health and wellbeing. Risk can be defined as the intentional interaction with uncertainty. Uncertainty is a potential, unpredictable, and uncontrollable outcome; risk is a consequence of action taken in spite of uncertainty.

Zuckerman (1994) has defined risk as "the appraised likelihood of a negative outcome for behaviour". Risk taking behaviours are "volitional, purposive, goal-oriented and carry potential for harm" (Lightfoot, 1997). Many explanatory models and points of view have emerged to understand the causes of such behaviours. Cognitive factors (risk perception), biological factors (hormonal effects), personality factors (sensation seeking tendency), and environmental factors/influences (parents and peer groups) have been studied within a developmental context in attempts to understand and prevent unhealthy risk taking and its negative consequences. Some models address the interaction of these factors (Jessor, 1992, Irwin, 1993). Trying new things and testing the boundaries occurs across all developmental stages from birth to old age. It is defined as risk taking when it involves engaging in activities that have the potential to result in harm to oneself or others. Young people however, may not understand the potential for negative outcomes from their

behaviour, particularly if it seems exciting or likely to improve the way their friends see them. Despite having plenty of information available about what is safe or unsafe, this lack of insight means young people may still engage in a high level of risk taking. According to Brown, et al (2009) in short, this behaviour refers to the tendency to engage in activities that have the potential to be harmful or dangerous. There are a wide range of behaviours that young people may engage in but the main types of risk taking are: Drug and alcohol use, Intentional self-harm and suicide, Unsafe sexual activity, Risky online activity, Illegal or hazardous activities such as vandalism, dangerous driving or doing things for an excitement rush like playing in traffic or jumping from heights, etc. and Gang involvement. The Centre for Disease Control and Prevention (2015) has identified six health risk behaviours as being particularly salient for the development of optimal health. These six risk behaviours include: (a) behaviours that contribute to unintentional injuries and violence; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviours that contribute to unintended pregnancy and sexually transmitted diseases; (e) unhealthy dietary behaviours; and (f) physical inactivity.

Both bio-psychosocial factors and environmental factors are considered as predisposing factors to risk taking. Whether or not predisposing factors lead to risky choices and behaviour depends largely upon the social and cultural context where the choice is made. Socialization is crucial to this process. Parents and carers are vitally important for showing young people safer ways of being admired or feeling challenged. If parents and carers are engaging in risky behaviours themselves, young people may copy them. Not all young people choose to engage in risky behaviour as a way of testing boundaries. When they do, it may be due to peer pressure, boredom or rebellion.

Glamorisation of risk taking behaviours in the media may also result in such behaviours. Young people with low self-esteem and mental health issues may engage in risky behaviour such as substance use to relieve feelings of distress if they do not have safer alternatives. Findings from numerous studies over the past 25 years suggest that there are many dimensions of the young adult-parent relationship that might influence young adult health and developmental outcomes, as well as the development of risk taking behaviours. Such components include parental warmth versus coldness, acceptance versus rejection, structure versus chaos, autonomy versus control, involvement versus detachment or neglect, strictness versus permissiveness, consistent versus inconsistent discipline, and connection versus distance. Specific parenting behaviours that have been found to influence young adult health and risky health behaviours include type of discipline (consistent versus inconsistent), level of parental involvement, level of parental monitoring, type of communication, and parenting style. As Dishion (1991) found, significant positive correlations exist between measures of disciplining and monitoring peer relations indices. Larzelere and Patterson (1990) found that socioeconomic status, parental monitoring, and parental supervision accounted for 46% of the variance in violent behaviour. Furthermore, the socioeconomic status variable only influenced that behaviour indirectly, mediated by the other variables in their model. The findings of some recent studies are, however, inconclusive. Williams (2011) sought to find if there is a relationship between family structure, achievement and risk taking behaviour. The study failed to find a relationship between family structure, achievement and

risk taking behaviour. But Chaudhery (2013) reported that emerging adults who had close parent relations were less likely to be involved in risky drug and alcohol behaviours. These findings did not extend to sexual behaviours. Results also indicated partial and full mediations for positive outcome expectancies and the relation between perceived parent, peer, and sibling involvement in risky behaviours and emerging adults' frequency of involvement in risky behaviours. Daniel (2015) gave insight into sexual risk taking behaviors. Specifically, adolescents of divorced and single-parent families have a lower age of sexual initiation in comparison to intact families. Also, parental monitoring was correlated with age of sexual initiation and number of sexual partners, suggesting, that more parental monitoring was related to an older age of sexual initiation and a lower number of lifetime partners. Against this backdrop the present study attempted to investigate the impact of family relationships on risk taking behaviour of college students aged from 20-25 years of Kolkata. The objectives were to assess the association of different dimensions of family relationships with risk taking behaviour and to find out the effect of different family relationship dimensions, gender and living status on risk taking behavior.

MATERIALS AND METHODS

Sample: In this study 100 college students (50 female and 50 male) were selected purposively from undergraduate and post graduate sections of Calcutta University. Both day scholars and hostellers were included. All participants were unmarried and majority of them belonged to middle socio-economic status and nuclear family.

Tools:

A general information schedule was prepared by the investigator to collect personal information. Two different standardized tests namely, Family Relationship Inventory by Sherry and Sinha (1971) and Risk Taking Behavior by Weber & Blais (2002) were used. The Family Relationship Inventory consisted of 150 items classified into three patterns of mother and father separately—Acceptance, Concentration and Avoidance. A high score in each area of the inventory indicated a high degree of one's feelings of his being accepted, concentrated and/or avoided by his mother/father or both parents. Risk Taking Behavior Scale assessed risk taking in five areas (financial decisions, health, recreational, ethical, and social). Respondents rated the likelihood that they would engage in specific risky activities. There were total 40 items each having a 5 point rating (very unlikely-1, unlikely-2, not sure-3, likely-4, very likely-5). A high score denoted a greater engagement in risky activities.

RESULTS

The above table shows the mean value of risk taking behavior is 107.29 which is in the category of below average. In the various dimensions of Family Relationships it is found that mean scores lie within average level for parental acceptance and avoidance dimensions. But only mean of mother concentration lies in below average level. The standard deviation values suggest homogeneity of the sample. From the above table it is observed that the risk taking behavior is positively and significantly correlated with mother's avoidance and father's avoidance but it is negatively and significantly correlated with mother's acceptance and father's acceptance.

Table 1. Descriptive Statistics of the sample according to different dimensions of Family Relationship and Risk Taking Behavior

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Mother's Acceptance	100	8	25	16.28	4.443
Father's Acceptance	100	6	25	15.41	5.051
Mother's Concentration	100	7	20	12.24	3.476
Father's Concentration	100	2	19	9.92	4.189
Mother's Avoidance	100	3	24	11.88	5.540
Father's Avoidance	100	2	24	12.13	5.649
Risk Taking Behavior	100	55	181	107.29	29.427

Table 2. Correlations between Risk Taking Behavior and different domains of Family Relationships

	Risk	Mother's Acceptance	Father's Acceptance	Mother's Concentration	Father's Concentration	Mother's Avoidance	Father's Avoidance
Risk	1	-.423**	-.490**	-.175	-.113	.628**	.590**
Mother's Acceptance	-.423**	1	.581**	.232*	.041	-.444**	-.363**
Father's Acceptance	-.490**	.581**	1	.292**	.210*	-.420**	-.396**
Mother's Concentration	-.175	.232*	.292**	1	.347**	-.134	-.087
Father's Concentration	-.113	.041	.210*	.347**	1	-.116	-.166
Mother's Avoidance	.628**	-.444**	-.420**	-.134	-.116	1	.723**
Father's Avoidance	.590**	-.363**	-.396**	-.087	-.166	.723**	1

** Correlation is significant at the 0.01 level.

* Correlation is significant at the 0.05 level.

Table 3. ANOVA table including Family Dimensions, Gender and Living Status as independent variables and Risk Taking Behavior as dependent variable

Family Dimensions	F Ratios	Significance
Mother's Acceptance	4.963**	.000
Father's Acceptance	9.463**	.000
Mother's Concentration	1.574	.175
Father's Concentration	.633	.704
Mother's Avoidance	19.463**	.000
Father's Avoidance	17.530**	.000
Gender	12.506**	.001
Living Status	8.449**	.005

**P < 0.01

Mother's concentration and father's concentration is also negatively correlated with risk taking behavior but the correlation is non-significant. So we can infer that risk taking behavior increases if in the family relationship the parents maintain avoidant attitude towards their children. On the other hand healthy family relationship involving acceptance of the child tends to reduce risk taking behavior

DISCUSSION

Table 1 indicates that the sample selected for the present study have a low average risky behavior. The mean values of different dimension of family relationships are in average level stating that the samples have average level of communication with their parents. The correlation table (2) represents that risk taking behaviour is negatively and significantly correlated with both mother's acceptance, and father's acceptance at 0.01 level of confidence. This means increase in accepting behavior of parents like encouraging, giving feedback or spending time with their child tends to lower the risky behavior of the young adults. On the other hand if they are rejected by their parents, risk oriented behaviors tend to increase. Significant correlations are also found in the dimensions of mother's avoidance and father's avoidance which is positive and significant at 0.01 level of confidence. It reveals that if parents have avoidance tendencies toward their child like negligence, rude behavior or spending little time then their attempts of risky behavior tend to increase.

In case of dimensions of mother's concentration and father's concentration correlations are negative but non-significant. Table 3 representing ANOVA result shows both mother's acceptance and father's acceptance significantly influences risk behavior of college students. This finding is supported by previous studies (Baumrind, 1989; Londono, McConnell, 1997). Mother's concentration as well as father's concentration does not influence risk taking behavior significantly. Edurado and Alejandro (2007) have also found that increased concentration has virtually no influence on banking and financial related risky behavior. Both mother's avoidance and father's avoidance significantly influence the risk taking behavior. When parents show avoidance attitude toward their children and fail to satisfy their physical needs or withdraw specially when the child approaches for affection and love, then they may engage in risk taking behavior. In a similar study conducted by Roach (2006) on young adults in California, the respondents who reported more communication with their parents, had lower scores on sexual risk taking. Khaleque and Rohner (2002) have reported that those who are rejected by their parents are at higher risk for psychological maladjustment such as negative world view, aggression, depression which can lead to drug or alcohol use or antisocial behavior. Table 3 further reveals that gender and living status have significant influence on risk taking behavior. The mean value of male participants (117.14) is higher than female participants (107.29) and this gender difference is probably due to the reason that women are less likely to take risks. This finding corroborates with earlier studies that men have proved

higher risk-takers than women. It has been found that it is entirely a function of the difference between men and women on impulsive sensation-seeking, which is a basic personality dimension (Byrnes et al, 1999, Zuckerman, 2000). Male participants have perceived behaviours as less risky, reportedly have taken more risks, are less sensitive to negative outcomes and less socially anxious than female participants (Renate, et al, 2016). The mean value of risk taking behavior for those living outside the family (118.05) is higher in comparison to the other group who live in home with their family (100.97). This may be because the students who live in hostels are more independent and there is no one behind them to administer them regularly by which they become more reckless and desperately engage in risky behaviors than the other group. This finding is supported by Jones et al (1992), Abolfotouh et al (2007), Wanjoh (2010), Stromberg (2013). Thus students living independently are more likely to smoke or drink or indulge in other type of health risk behaviors than those living at home with their family. The overall findings of this study suggest that family relationships, gender and living status have significant impact on risk taking behavior among college students. These findings have the following implications:-

Firstly, college students are in increasing populations and as a result, educators and therapists need to understand their specific needs and the impact of social context on engagement in risky behaviors. Secondly, intervention programs for them should not only attempt to talk about harm from risky behaviors but should include parents influence on their perception of both positive and negative consequences of engaging in risky behavior. Finally mental health workers could arrange parenting programs that consider the entire family for handle, support and guide emerging adults very carefully.

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