

Exploring the nature and impact of risk factors on the wellbeing of youth

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ABSTRACT

20 year old suicides after PUBG ban. 9 year old suicides after being bullied for being gay. 14 year old breaks the law to get parents' attention. 16 year old commits suicide; leaves video message for younger brother to fulfill parents' dreams. Cases that could be avoided only if mental health was not stigmatized; if parents/teachers/primary caretakers tried to prioritize the mental wellbeing of their children; only if these adolescents would not have felt unheard; only if someone would have told these children it was okay not to feel okay always. The purpose of the study was to explore the nature and impact of risk factors on the Well Being of PU and degree students in the age range of 14- 17 and 18-20 years. Adolescent well-being is usually studied either in terms of physical health or mental health but the reciprocal relation between them has not been completely explored. Two research instruments namely: Ryff's Psychological Well-Being Scale (PWB) & Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ) were used to gather data for the study. Results from analysis using Pearson correlation technique showed a positive correlation between reckless behavior and personal growth, aggression and personal growth, reckless behavior and positive relations, purpose in life and aggression & impulsive eating. The findings of the study also indicated that the group as a whole had a moderate level of psychological well-being. Aggression was the most prevalent risk factor among the sample.

Keywords: Adolescence, Psychological Well Being, Risky Behavior

Around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10 to 19 and constitute 21% of Indian population. Most are healthy, but there is still substantial premature death, illness, and injury among adolescents. Illnesses can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can jeopardize not only their current health, but also their health as adults, and even the health of their future children. In India, they face challenges like poverty, lack of access to health care services, unsafe environments etc.

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World Health Organization (WHO) defines adolescence as age spanning ten to nineteen year, youth as those in 15-24 year people and these two overlapping age teams as young people covering the age group of 10-24 years. Researchers have introduced various definitions of risk behavior across the years, and the proposed definitions establish variable levels of emphasis on the actual or potential consequences associated with risk behavior. Irwin's (1993) definition includes behaviors for which there are unknown consequences and the potential for those consequences to have a negative health outcome. Risky and self-destructive behaviors involve the implementation of behavioral options that place individuals at substantial risk of harm (Steinberg, 2008) and reflect the tendency to execute harmful behaviors without considering the negative consequences that may occur (Horvath & Zuckerman, 1993).

The transformation period of adolescence to youth is intricate with emotions that make them susceptible to high-risk behaviors like smoking, alcoholism, emotional maladjustment, sexual promiscuity and addiction to drugs. Peer pressure, depression and other problems increases the risk of vulnerability. Individuals undergo critical developmental processes during adolescent periods where they tend to act independent and tend to experiment without understanding further consequences. Parents and other concerned adults need to be aware of these behaviors, the factors that increase their likelihood, and what can be done to abate or prevent those risks. They make up 1/5th of the total world population. 85% of them live in Developing Countries and 28% of them are in Indian population. India has the world's largest youth population of 1.8 billion despite having a smaller population than China. Prevention efforts have to be designed to keep the future generation away from risk taking behaviors. The association between sexual promiscuity and early pregnancy, addiction to drugs and psychiatric morbidities, alcoholism and teenage delinquency has become a societal concern.

Behavioral Decision Making Theory by Herbert Simon, James G. March suggests that adolescents create many options with the development of cognitive development. According to this approach, risk-taking behavior is defined as a decision making process towards adolescents' recognition of potential results for their behaviors. Adolescents take risks not because they make wrong decisions but because they evaluate consequences of their behaviors different from adults (Lightfoot, 1997). Despite views regarding the fact that adolescents do not think negative consequences of risk, it is stated that adolescents know negative consequences of the risk, but they take risks since they want the positive outcome more (Romer, 2003).

Academic achievement and orientation toward school are individual characteristics of youth that may also have protective properties in the presence of risk. An adolescent who achieves academically is more closely bonded to the school order and is less likely to jeopardize personal accomplishments and future opportunities by engaging in deviant activities (Hirschi, 1969).

Problem-Behavior Theory by Jessor (1991) describes the relations of psychosocial protective and risk factors to involvement in various adolescent problem behaviors. Protective factors decrease likelihood of engaging in problematic behaviors. Problematic behavior is known as behaviors defined in social terms, rejected by society or legal norms, and excluded behaviors; in this model, risk taking is considered as a negative event that may pose a threat and damage adolescent development. If an adolescent focuses on the benefit of a behavior defined as problematic behavior, it means that the possibility of exhibiting that

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behavior, namely risk-taking possibility of adolescence, is too high. Jessor et al. (1998) defines risk taking as behaviors that are functional, purposeful and mediates the objective. Jessor (1991) stated that three types of protective factors (models protection, controls protection, and support protection) and three types of risk factors (models risk, opportunity risk, and vulnerability risk) are specified in the theory. Jessor and colleagues (1998) also developed the problem-behavior theory, which recognizes that adolescent behavior, including risk and protective behavior, is the product of complex interactions between people and their environment.

Youth well-being is fundamental to that of society as a whole. Well-being is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. Psychological well-being refers to inter- and intra individual levels of positive functioning that can include one's relatedness with others and self-referent attitudes that include one's sense of mastery and personal growth. Subjective well-being reflects dimensions of affect judgments of life satisfaction. Promoting youth well-being is not only vital in order for young people to have a good youth hood, but also as a firm basis for their future well-being as adults (Rees et al. 2012). How youth fare through critical points of development affects their quality of life, their productivity, welfare dependency and the transmission of their later life outcomes to their own children (Richardson 2012).

In defining the concept of well-being, a distinction is also made between the hedonic and eudaimonic approaches (Ryan & Deci, 2001). Scholars influenced by the hedonic approach view well-being in terms of subjective happiness and the experience of pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life. Although there are many ways to evaluate the pleasure/pain continuum in human experience, most research within the new hedonic psychology has used assessment of subjective well-being (SWB) (Diener & Lucas, 1999). SWB consists of three components: life satisfaction, the presence of positive mood, and the absence of negative mood, together often summarized as happiness. On the other hand, the eudaimonic approach maintains that not all desires—not all outcomes that a person might value—would yield well-being when achieved (Ryan & Deci 2001). It focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning.

Ryff and Singer (1998,2000) have explored the question of well-being in the context of developing a lifespan theory of human flourishing. Ryff and Keyes (1995) spoke of psychological well-being (PWB) as distinct from SWB and presented a multidimensional approach to the measurement of PWB that taps six distinct aspects of human actualization: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness.

There is another perspective that has both embraced the concept of eudemonia, or self-realization, as a central definitional aspect of well-being and attempted to specify both what it means to actualize the self and how that can be accomplished. Specifically, SDT posits three basic psychological needs—autonomy, competence, and relatedness—and theories that fulfillment of these needs is essential for psychological growth (e.g. intrinsic motivation), integrity (e.g. internalization and assimilation of cultural practices), and well-being (e.g. life satisfaction and psychological or mental health) (Ryan & Deci 2001).

METHODOLOGY

The present study adopted a purposive sampling technique to gather data from undergraduate students. A total sample of 300 was selected. However, due to missing

information from some forms, some data was eliminated which brought the total sample size down to 271. The sample consisted of students from various schools and colleges across Bangalore and Kolkata. Most of the respondents reside in urban areas of the State. A pilot study with 10 students was conducted to check the usability of the two scales on the current population, after which the tools were finalized. After seeking permission of Principals of the private colleges, data collection was initiated. Data collection was done on specific days after taking prior appointment from the respective professors. The administration procedure took around 30 min for both the questionnaire to be filled by the participants and was done in a group setting.

Ethical Consideration

The study followed the ethical guidelines for research on human subjects. Ethical approval for the study was obtained from the Research Ethics Committee of the Post- Graduate Department of Psychology, Bishop Cotton College, Bangalore. It was made sure that all the participants were given the details of the study prior to administration of the tools. Participants were asked to sign a consent form if they were willing to participate in the study. Anonymity of participants responses were assured before taking their consent.

Measures

Two validated tools were used for the present research, namely the Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ) developed by Naomi Sadeh and Arielle Baskin-Sommers and Ryff's Psychological Well-Being Scales (PWB) developed by Carol D. Ryff.

- 1. Risky, Impulsive, and Self-Destructive Behavior Questionnaire (RISQ) by Naomi Sadeh and Arielle Baskin-Sommers.** It measures the following aspects: Drug Behaviors, Aggression, Gambling, Risky Sexual Behavior, Heavy Alcohol Use, Self-Harm, Impulsive Eating and Reckless Behaviors. The scale has excellent internal reliability for the total score (Cronbach's alpha = .92) and acceptable to excellent reliability for each of the factors (.73-.92). The RISQ total score has good convergent validity with other self-report measures of risk taking like DOSPERT.
- 2. Ryff's Psychological Well-Being Scales (PWB)by Carol D. Ryff:** The 18-item Psychological Well Being (PWB) Scale measures six aspects of wellbeing and happiness: Autonomy, Environmental mastery, Personal growth, Positive relations with others, Purpose in life and Self-acceptance. It is a 7 point Likert Scale with the following Answer Format: 1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree. Items Q1, Q2, Q3, Q8, Q9, Q11, Q12, Q13, Q17, and Q18 should be reverse-scored. Reverse-scored items are worded in the opposite direction of what the scale is measuring. The formula for reverse-scoring an item is: ((Number of scale points) + 1) - (Respondent's answer) The three categories for classifying the scores that were established based on the 25th and 75th quartile were – 0 – 80 – Low; 81 – 95 – Moderate and 96 and above – High.

RESULTS AND DISCUSSION

Descriptive and inferential statistics were used to analyze the data gathered. Parametric statistical techniques were employed to analyze the data. Independent t- test and Pearson Correlation Technique were applied to analyze the data obtained.

Table 1-indicates that for psychological well-being, the observed mean is 88.11 which indicate that the sample on the whole has moderate psychological well-being.

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Table 2-Incidence of the Risky behaviors in our sample indicated that Aggression was the most prevalent risk factor faced by the youth, followed by reckless behavior and the least prevalent risk factor is risky sexual behavior.

Table 3-There is a positive correlation between reckless behavior and psychological well-being.

Table 4-In exploring the correlation between the subscales of RISQ scale with the subscales of PWB Scale, the following was observed- a positive correlation between reckless behavior & personal growth and reckless behavior & positive relations & a positive correlation between aggression & purpose in life was found.

No significant difference was found in the risk factors faced by PU male and female students, by Degree male and female students. No significant difference was found between PU and Degree students in the risk factors faced by them.

Table 1: Showing cut off points for Psychological well-being scale and the number of subjects falling in the categories

Cut Off Points	Interpretation	No. of Subjects
0-80	Low	71
81-95	Medium	123
96 and above	High	77

Table 2 : Incidence of risky behaviors

Dimensions of Risky Behavior	% of People
Aggression	37.33%
Reckless Behavior	34.31%
Self Harm	25.83%
Impulsive Eating	13.28%
Drug Use	10.33%
Gambling	9.96%
Alcohol Use	5.90%
Risky Sexual Behavior	0.36%

Table 3: Showing the Correlation between psychological well-being and risk factors for the sample

	Drug Abuse	Aggression	Gambling	Risky Sexual Behavior	Heavy Alcohol Use	Self Harm	Impulsive Eating	Reckless Behavior
Psychological Wellbeing	-.075	.105	-.703	-.010	-.108	.024	.094	.171*

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Table 4: Showing the correlation between the subscales of RISQ Scale with the subscales of PWB Scale

	Drug Abuse	Aggression	Gambling	Risky Sexual Behavior	Heavy Alcohol Use	Self Harm	Impulsive Eating	Reckless Behavior
Autonomy	-.011	.075	-.021	.087	.044	-.026	.008	.074
Environmental Mastery	-.066	-.002	-.053	.020	-.037	-.098	-.018	-.034
Personal Growth	-.009	.132*	-.025	-.052	-.089	.085	.094	.162*
Positive Relations	-.093	.091	-.003	-.078	-.044	.003	.067	.225*
Purpose in Life	.012	.134*	-.063	-.021	-.072	.027	.120*	.091
Self Acceptance	-.021	-.076	-.022	.035	-.080	-.036	.003	-.016

The study has shown that the sample as a whole has a moderate level of psychological well-being. A high level of psychological wellbeing of adolescents means being content with life and understanding an abundance of positive emotions, when joined with the absence of psychopathology, is linked with greatest academic function, social skills and support and physical health, being a stage that lays strong foundation for future personality, and a critical period during human development in which life goals, values, direction and purpose in life are created. The sample is clearly dealing with personal issues due to which they are not being able to function at their optimum level. (45% of the sample) The adolescent age is the most crucial age as it is during this period of development that we form positive or negative views about life and these views impact each and every decision that we take. From a broad perspective, the measurement and promotion of adolescent well-being is a desirable social and political objective.

The establishment of mutually beneficial relationships between adolescents and their context is an important component for positive development and well-being during adolescent period. Efforts have been made to analyze how the relationships adolescents have with their school, family, neighborhood or their peers, in general, can contribute positively to their development and it has been suggested that an optimal healthy development can be achieved if the strengths which adolescents possess can be matched by the resources existing in these contexts. If the youth feel that they have a particular purpose in life, they will thus, have a positive outlook towards life and the will to achieve goals, maintain mindfulness can help them progress to a higher level of psychological well-being. High level of Academic engagement is a strong factor for adolescents that functions as a protective factor that prevents them from engaging in anything that may jeopardize personal accomplishments by indulging in deviant behavior. (Hirschi 1969)

Mental health promotion and prevention interventions aim to strengthen individuals' capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience into difficult situations and adversities, and promote supportive social environments and social networks.

The study also shows that aggression is the most prevalent risk factor among adolescents with the age of onset being 12 years and age of onset for reckless behavior being 11 years.

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Generally, aggressive behaviors progress from less to more severe over the course of adolescent development. Aggression takes many forms, ranging from social and verbal aggression to physical aggression and more serious kinds of violence. Physical aggression includes behaviors that threaten or cause physical harm, such as threats of bodily harm, physical fighting and violent crimes such as robbery, rape and homicide. In contrast, social aggression encompasses various forms of non-physical aggression, such as indirect and relational aggression, in which behaviors are focused on damaging social relationships rather than inflicting or threatening physical harm. Usually social aggression peaks before physical aggression. The age of onset for aggression shows that for most of the sample population, their aggressive tendencies increased as their environment changed and they progressed from primary school to high school. This throws an important spotlight on the role that teachers & parents play in identifying and helping the children who exhibit signs of aggressive tendencies. Teachers can guide the students to vent out their aggressive behaviors in a safe way. They could even act out situations with toys to show the problems and safe solutions. Behaviour Decision making theory (Herbert Simon) & the idea of Romer (2003) indicate that adolescents are aware of negative consequences of risk but take it because they desire a positive outcome more.

Jessor's Problem Behaviour Theory (1991) also states that when individuals focus on the benefit of a behavior defined as problematic behavior, it means that the possibility of exhibiting that behavior, namely risk-taking possibility of adolescence, is too high. This connection of the idea of a perceived benefit for a deviant behavior needs to be broken among adolescents indulging in risky behavior

Parents or caregivers spend the most amount of time with their children, thus, they too share equal responsibility with the school in identifying the problems that their kids face and find out the best possible solution to help them. They need to be supportive and provide a safe environment for their child to be able to share their problems with them and they should seek professional help if the child is going through a tough time. Since experiences in adolescence shape a person's entire future, helping children deal with problematic behavior can help curb their susceptibility to risk factors later on in the future. These act as protective factors and safeguards the child against risk factors.

Risky sexual behavior was the least prevalent risk factor found among the sample. This finding was quite in contrast to real life news reports, & WHO Fact sheets of Adolescent Health risks & solutions. This information is not easily shared due to the taboos associated with talking about it. Hence it may not have surfaced in the responses though in reality it may be a risk factor. This must not lull us into complacency about low incidence of risky sexual behavior. Due to inadequate knowledge, there is a high risk of exposure to unprotected sex, unethical sexual practices & STI. Also studies on adolescent health has suggested a hazardous interconnection between early sexual debut without protection, trends of Live-in relationships, alcohol consumption & other high-risk behaviors. (Santosh Kumar Sharma & Deepanjali Vishwakarma 2020)

Another important pattern highlighted by this study was the difference between hedonic and eudaimonic pleasure. It was observed that the youth were indulging in risky behavior because they were only focused on attaining a short-lived pleasure (their need for seeking short term pleasure can indicate a lower level of psychological well-being). When studying youth at risk, researchers typically focus on the risk factors that contribute to—and the protective factors that serve to buffer against—problematic outcomes. Similarly, they also

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focus on the reasons for indulging in risky behavior – **avoidance** (to avoid feeling upset, distressed, or overwhelmed) and **approach** (to feel excitement, to get a thrill, or to feel pleasure). In the case of the risk factors aggression, self-harm and impulsive eating it was observed that the people usually indulged in the particular behavior to **avoid** feeling in a particular way. In the case of reckless behavior it was observed that people indulged in such activities to feel a sense of pleasure or thrill. They should be helped to understand the meaning of seeking long term pleasure. If they are equipped with the means for searching for eudaimonic pleasure, it could help to increase their overall level of psychological well being too.

Since the very beginning of our lives, the society ingrains in us the concept of gender differences, one gender being superior in some aspects than the other. Existing stereotypes of girls not being aggressive or that boys need to be strong and are supposed to hide their emotions are a few notions that have been challenged by this study. It was found that there was no significant difference in the risk factors faced by the genders across different age groups. Urban lifestyles of adolescents have changed drastically. The club/pub culture, easy availability of alcohol, high speed vehicles, peer & social media influence has unfortunately ensured that both the genders have equal access to all this & it's a level playing field affecting both genders adversely.

CONCLUSION

The present study investigates the nature & impact of risk factors on the psychological well being of the youth. It was found that aggression is the most prevalent risk factor among adolescents. The age of onset for reckless behavior is as low as 11 years. It was also found that there is a significant association between the levels of risk towards the levels of psychological well being. There is a positive correlation between reckless behaviour and personal growth, aggression and personal growth, reckless behaviour and positive relations, purpose in life and aggression & impulsive eating. No significant difference was found in the risk factors faced by PU male and female students, by Degree male and female students and by PU and Degree students. This study has identified Risk factors & its impact on adolescent well being.

The study though limited in scope does show that health impacting behaviors are on the rise, many are interlinked & coexist. In the interest of protecting this precious & productive adolescent community that constitutes nearly 20% of the Indian population, it is imperative to promote Psychological wellbeing in all its dimensions in adolescents. This is a collective responsibility of parents, teachers & the adolescents themselves to ensure the present & future well being of the adolescents in particular & society at large.

Limitations

The study had its limitations.

- a. Firstly, no single risk factor or set of risk factors is powerful enough to predict with certainty that adolescents would grow up to be a threat for themselves and the people around them.
- b. Public health research is based on observations and statistical probabilities in large populations & risk factors can be used to predict risky behavior tendencies in groups with particular characteristics or environmental conditions but not in individuals.
- c. The data was collected by the method of purposive sampling and cannot be generalized to other population groups. d. Due to taboos and fear associated with

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answering particular questions, the data obtained may not be a true representation of the sample.

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