

## Self-Efficacy, Risk Taking Attitude and Stress Coping Behaviour Among First Born and Second Born Children

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### ABSTRACT

The current research endeavors to investigate the levels of self-efficacy, risk-taking attitude, and stress-coping behaviour among children who are first born and those who are second born. A person's self-efficacy can be defined as the specific set of beliefs that they hold, which determines how effectively they are able to carry out a plan of action in various situations. The act of engaging in an activity that exposes oneself to potential harm or risk in order to accomplish a goal is known as risk taking. Coping with stress involves making adjustments to unusual demands, also known as stressors. Participants were given Risk taking scale, The General Self-Efficacy Scale (GSE) and Brief COPE Inventory. Participants (N = 200) of the age group 14 to 19 years were purposively selected from Palakkad district of Kerala by directly giving the questionnaires. The results obtained indicate that there is a significant difference in self-efficacy and risk taking among first born and second born children. There is no significant difference in stress coping behaviour among first born and second children. Similarly, there is a significant difference in self-efficacy and risk taking attitude but no significant difference in stress coping behaviour across gender attitude. The first-born children are found to have higher levels of self-efficacy and risk-taking attitude compared to the second-born children. Among the first-born children, males demonstrate a higher level of self-efficacy, while females demonstrate a high level of risk-taking attitude. The findings of the study provide evidence that gender does not affect the level of stress coping among first born second born and also across gender. Self-efficacy, risk taking attitude and stress coping behaviour are to be cultivated among first born and second born for greater determination towards the future. Strong sense of self-confidence, self-evaluation, self-awareness, willingness to take risks or step outside from comfort zone, ability to solve tough or challenging problems and resilient.

**Keywords:** *Self-efficacy, Risk taking, Stress coping, First born, Second born, Gender*

In every family, there will always be an older child, a middle child, a youngest child, and sometimes even the only child; consequently, every child is born into the world depending on the order in which they were born. When it comes to teaching their children how to interact with one another, parents play a crucial role. It is clear that each of their children is unique in terms of their personality, characteristics, and preferences, despite the fact that they are all the offspring of the same parents. In contrast, parents also give different types of

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approaches to them for instance, the youngest child may be more pampered, and more support is given for single child. It is an interesting fact that each child is different, they are given contrasting parenting strategies, environment and their mental abilities, so each child in a family is different. Over a century has been spent studying about birth order in the fields of psychology, sociology and anthropology. The famous psychologist Adler distinguishes two types of birth order: Psychological birth order and actual birth order. The psychological birth order is the way in which an individual recognizes his or her place in the family, whereas the actual birth order is the order in which a child is born in his or her family. When there are no other siblings below them, the first born is the eldest, and the second born is sometimes the middle or the youngest. Firstborns have been discovered to be over-represented in a variety of occupations, including CEOs, presidents, astronauts, elected government positions, lawyers, and doctors. Contrarily, vocations like those of artists or entrepreneurs tend to be pursued by last-born children.

### ***Characteristics of first born child***

First-born children's traits Firstborn children are permitted to select the family category they want to occupy. The firstborn typically chooses to take on responsibility and identify with authority figures in order to appease their parents and other parental figures and they tend to be the most trustworthy and leadership-focused of the siblings. They are more serious than their sibling counterparts and are also extremely preoccupied with success. Additionally, first-born children often have a tendency to be independent, critical, and perfectionist. They might be categorised as cooperative or aggressive. The firstborns who are aggressive or assertive focus on leadership and accomplishments and are more critical than their submissive sibling's. Firstborns play a variety of functions in the household. They provide parents with rough draught, but they also serve as role models for younger siblings. Parents are more concerned and exert more pressure on this child to achieve better than they do on previous siblings.

### ***Characteristics of middle born***

Firstborn and lastborn are pretty straight forward concepts to define, but a child who is the second of eight or the fourth of seven does not quite fall into one particular category, the middle kid may experience difficulties throughout childhood trying to fit in with the family because of this unclear role. Children who are the second or subsequent births must figure out a method to match or surpass the achievements of the firstborn. Since older siblings are typically smarter, faster, and stronger, competition is not always the best option for middle children and older sibling's. Middle children will compete with older siblings if the older siblings display a weakness. Many middle children frequently feel as though they do not belong in their own families, which makes them feel more at home within their peer groups, they really spend more time with friends than with family compared to their siblings. However, middle children who receive encouragement and assurance from their parents could discover their position in the family as diplomats and peacemakers. They are most likely to be more directly impacted by the first born child and that the third born child closest to him or her. Middle children have the unique experience of briefly being the family's infant these kids enjoy all the advantages typically enjoyed by the youngest kids for a predetermined period of time until the subsequent sibling arrives. However, the middle child is usually the easiest to get along with, despite the possibility that this experience will cause animosity.

### ***Characteristics of the youngest born***

The family charmer is usually the youngest member of the family. Compared to other birth order rankings, the youngest child is the light of the party, frequently wanting to be the center

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of attention and doing exceptionally well in social situations. However, the youngest child may also be seen as unruly, spoiled, and pampered by their parents. Unlike the oldest and middle siblings, the youngest child does not have to contend with the threat of being deposed. In addition, the youngest kid may exhibit manipulative behavior and rebelliousness because they are used to receiving abuse from older siblings, because this child must face the greatest challenges and put in the most effort to fit in with the family, he or she may quickly experience discouragement or lose motivation. Lastborn children are frequently less structured and goal-oriented than their siblings.

### **SELF-EFFICACY**

Self-efficacy was defined by Bandura (1983) as a person's belief in his or her own capacity to deal effectively with a given situation, become proficient in the coping mechanisms they employ, and ultimately achieve the intended results. Self-Efficacy is not a trait that is inherited; rather, it is a quality that is acquired through learning. It is attained at birth, and it is kept up till death. When someone is thinking, analyzing a situation, and carrying out a task, their level of self-efficacy is a factor. Higher levels of self-efficacy are frequently linked to improved performance because people who are confident in their ability to accomplish a task are more likely to put out the necessary effort and persevere in the face of challenges. In general, self-efficacy is defined as a person's faith in his or her ability to achieve a goal or an outcome. Children's self-efficacy has a direct impact on their capacity for self-regulation, cognition, effectiveness, interest, and decision-making, particularly when it comes to academics. There are some adolescents who are adept at using the self-regulated learning approach, but there are also those adolescents who have not been able to employ this strategy to maximize learning outcomes.

Our social environment has an impact on the growth of self-efficacy. As a result, peer groups, academic institutions, and families have a significant impact on how teenagers develop their sense of self-efficacy. According to earlier research, parents play a crucial role in helping their kids develop their sense of self-efficacy.

### ***Sources of Self efficacy***

The perceived consequence of one's mastery outcome or purposeful performance is the most powerful source of self-efficacy. In essence, individuals evaluate the results of their actions, and their interpretation of these impacts contributes to the development of their efficacy beliefs. "The diverse experiences of the impacts created by the action of others, ones' various experiences engaged, and social comparison conducted with other people" are the other source of efficacy knowledge. These evaluations, coupled with peer modelling, can have significant effects on how one develops one's own judgments of skill. Verbal encouragements serve as a third source that help people develop their self-efficacy beliefs. These beliefs are different from hollow inspirational sermons in that they help people develop their own self-efficacy beliefs. A certified persuader certifies that the coveted accomplishment is feasible while also fostering individuals' self-belief in their talents. In addition to psychological causes, the fourth source is physiological states including anxiety, emotion, stress, mood states, and exhaustion. People inhabit psychological environments that are largely the product of their own volition, according to Bandura. The emotional state that people experience when they anticipate success is frequently used to gauge how confident they are.

### ***Categories of self-efficacy.***

1. Self-regulation: the capacity to withstand stress and abstain from high-risk activities.

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2. Social self-efficacy: the capacity to establish and sustain assertive relationships and take part in leisure activities.
3. Academic self-efficacy: the capacity to complete coursework, engage in regular learning activities, and satisfy expectations.

### RISK TAKING

Life is not always easy and sometimes we should walk through crises and that will make life risky and scary. Everybody in life will have to face a situation like this and so many of us have gone through a risky state of life. Whenever a person has to change careers, move to a different place, to come with a new relationship, to have a child, the risk may lie out in his life. Risk is adventurous, uncertain and unpredictable. But, whether a person succeeds or fails taking risks, this will give him a faith in his strength and will build up capacities to develop self-confidence to do even more. The world today is becoming more and more competitive in the perspective of progress, efficacy and quality of performer are the core of personal progress. And the skills and efficiency is much needed. Risk taking with wise ideas always created new innovations in life. And thus risk taking plays a great role in successful social innovation and economic development as well.

Risk-taking is defined as engaging in a behavior that has the potential for negative consequences such as physical injury, social rejection, legal trouble, or financial loss. Many stereotypical risk-taking behaviors peak during adolescence. So risk taking is common and it differs from one from another when it comes to family also, sometimes the first one will show more risk taking behavior than others.

Adolescence is the peak period for a number of stereotypical risk-taking activities, including alcohol use, cigarette smoking, careless driving, criminal activity, and unprotected sex. It is crucial to understand these behaviors' origins since they are linked to teenage morbidity and death. The study of teenage risk-taking has encompassed the analysis of a wide variety of ideas in an effort to distinguish between adolescents who are prone to take risks and those who are more likely to refrain from doing so. Several of these variables have influences from social setting (e.g., parental monitoring and peer pressure). Traditional perspectives on additional components include cognitive and emotive decision-making processes (e.g., estimating the significance and likelihood of outcomes). Others continue to talk about psychosocial personality qualities (e.g., sensation seeking, impulsivity, and conformity). Several demographic factors have also been examined (e.g., sex differences and socioeconomic status).

Boyer and Byrnes (2009) described risk-taking propensities as differing with individual differences variables that influence a teen's propensity to take a risk when the chance presents itself. These tendencies were said to be both context-specific, relating to some risk-taking opportunities that present themselves but not others (such as the activation of goals in a specific state), and domain-general, relating to an adolescent's more universal attitudes and personality profile, with implications for a wider spectrum of behaviors (e.g., an impulsive personal tendency)

### STRESS-COPING

Stress as a **response** model, initially introduced by Hans Selye (1956), describes stress as a *physiological response pattern* and was captured within his **general adaptation syndrome**

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(GAS) model. There are three principles in this model that explain stress as a dependent variable:

- Stress is a defensive mechanism.
- Stress follows the three stages of alarm, resistance, and exhaustion.
- If the stress is prolonged or severe, it could result in diseases of adaptation or even death.

Stress can cause disorders of adaption or even mortality if it is chronic or severe. People all over the world, regardless of race, color, or ethnicity, or professional or academic background, experience some form of stress. Stress could take various forms and affect people of all ages and walks of life. This implies that stress is a part of life and has many causes, and that the degree of stress in our lives is highly dependent on factors such as the individual's physical health, the quality of our interpersonal relationships, the number of commitments and responsibilities we shoulder, the degree of others' reliance on and expectations of us, the amount of support we receive from others, and the number of traumatic events that occur even in families too. Stressors are the events or situations in our environment that cause stress.

Dealing with stress is accomplished through the use of wide variety of coping strategies some of them are; problem focused coping making specific plans for dealing with the source of stress, suppressing competing activities refraining from other activities until the problem get solved, seeking social support –obtaining the advice of others, denial/distancing ignoring the problem or source of stress, disengaging from goal giving up on reaching the goal that is being blocked by the stressor and focusing on the expression of feelings letting off steam instead of working on the problem directly.

Emotion-focused coping involves regulating your feelings and emotional response to the problem instead of addressing the problem. You may process and overcome painful or undesired feelings and reactions with the use of emotion-focused coping techniques. In other words, this strategy focuses more on managing your emotions than it does external events. This strategy won't immediately help with an issue, but it's a useful tool to have when coping with difficult circumstances that you can't change or control.

Researchers have defined avoidance coping in a variety of ways in the past. For example, Ottenbreit and Dobson (2004) defined avoidance as abstaining from or avoiding an activity, person, or object, whereas Weinstein, Brown and Ryan (2009) described avoidance coping as a type of protective regulation that includes ignoring, manipulating, or avoiding dangerous stimuli. Others (for example, Lee & Lee, 2001) consider avoidance coping as selective inattention to painful elements of events and increased attention to pleasurable aspects of events, to the point where the problem is no longer visible. According to Lee and Lee (2001), avoidant persons underestimate the impact of job issues in comparison to other life events. These three are the main strategies adopted by the optimists and later by the pessimists. Coping those strategies is not always easy for everyone, sometimes how the parents will treat according to their birth order may also influence their coping strategies.

### REVIEW OF LITERATURE

#### *Self-efficacy*

The study conducted by Akca Figen & Alabay.G, Guncavdu. (2023) is an investigation of the relations between personal values and self-efficacy perception of adolescents. This study tests the relationship between the personal values of adolescents and their self-efficacy levels. In

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addition, the predictive power of self-efficacy on personal values is also investigated. In the study, Personal Values Scale and the Self-Efficacy Scale for Children were administered to 390 high school adolescents. Hierarchical regression analysis, t-test, and ANOVA were used in the study. Positive correlations were found between self-efficacy and the sub-dimensions of personal values. It is seen that these relations are between academic and social self-efficacy and discipline-responsibility, honesty-sharing, respect-accuracy, and sharing-respect values. On the other hand, significant relationships were found between personal values and self-efficacy, and it was seen that self-efficacy predicted personal values positively. In addition, it showed that self-efficacy and personal values differed in terms of gender, perception of academic achievement, class, and parental attitudes.

Dizon, Michael.B. (2022) conducted a correlational comparative study of personality trait, self-efficacy and career preference correlates among senior high school students in Province of Iloilo, Philippines. The sample of the study consists of 3186 senior high school students in 207 public and private schools. Percentage, frequency distribution, point-biserial, chi-square and spearman rho and Mann-Whitney U-test were used for the analysis of data. The results showed that Grade 11 are “Neutral” on five personality traits extroversion; agreeableness; conscientiousness; neuroticism; and openness to experience. Relatively, Grade 12 students have the same dominant personality traits with Grade 11 except for a significantly high mean score in agreeableness. The study indicates there is a significant difference in personality traits between Grade 11 and Grade 12. However, no significant difference was observed in the perceived self- efficacy and career preference factors between Grade 11 and Grade 12. In addition, sex, type of school, and birth order are not significantly associated with overall career preference factors.

Burden, Nate. (2022) studied about Body Image Dissatisfaction in Correlation with Self-Efficacy and Depression focuses on the topic of body image dissatisfaction (BID) and self-efficacy. This study aimed to review the association between the two, primarily utilizing terms such as “self-esteem” “Body image dissatisfaction” “depression” and “Self-efficacy”. Results review the various factors of body image dissatisfaction. These factors included aspects of appearance in various regions of the body, but primarily through weight and body shape. This reviewed the association and comparison of depression with body image.

Ten Brink, M., Lee, H.Y., Manber, R.et al. (2021). Conducted study on Stress, Sleep, and Coping Self-Efficacy in Adolescent to examine whether adolescents show a similar spiral, and if so, whether coping self-efficacy—believing one can cope with stress—interrupts the spiral. Temporal dynamics of perceived stress, sleep quality, and coping self-efficacy were tracked in 381 9th graders (49% female, mean age 14.43, age range 14–16) using daily surveys across two school weeks (3184 observations). Though expected associations were evident between individuals, only a unidirectional path was found within individuals from sleep quality to perceived stress via coping self-efficacy. This challenges the conventional bidirectional understanding of sleep-stress relations and suggests coping self-efficacy as an intervention target.

Elisabetta Sagone, Maria Elvira De Caroli, Rossella Falanga & Maria Luisa Indiana. (2020) conducted study on Resilience and perceived self-efficacy in life skills from early to late adolescence, this study aimed at verifying the relation between factors of resilience and perceived self-efficacy in life skills, considering a sample of 302 Italian early, middle, and late adolescents, recruited from State Junior and High Schools of the Eastern Sicily, Italy. The

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results demonstrated that the factors of resilience were strongly and moderately related to perceived self-efficacy in the analyzed domains; consequently, adolescents who perceived themselves as highly efficient in empathy and in problem-solving were more resilient than those who perceived themselves as lowly efficient in the same domains.

Fathima, Z Ashraf, R. (2018) conducted a correlational research study on psychological birth order, self-efficacy and achievement motivation in students. Purposive sampling technique was used from sample of 440 undergraduate and graduate students with age 17-25 years. Pearson product moment correlation analysis and process were used to find out correlation and mediation of variables. The results of the study showed that first Psychological Birth Order (men and women) significantly positively correlated with Self-Efficacy and significantly negatively correlated with Achievement Motivation. Middle and only Psychological Birth Order (men and women) significantly negatively correlated with Self-Efficacy. Middle. Significant negative relationship was found between youngest Psychological Birth Order (men and women) and Achievement Motivation. Furthermore, result of the t-test analysis showed that gender difference was found in Achievement Motivation with males having more Achievement Motivation than female.

Sandhya Bhatt. (2018). conducted a study on Role of self-esteem & Self efficacy in achievement motivation among college students. The study's goal is to discover the relationship between self-esteem, self-efficacy, and success motivation in college students. Data was collected from 400 students from four different institutions in Lucknow. Data was collected from 200 B.Tech students and 200 B.A, BSc, and B.Com students. Three tests were used: the General Self-Efficacy Scale to assess self-efficacy, the Rosenberg Self-Esteem Scale to measure self-esteem, and the Achievement Motivation Scale developed by Dr. Asha Mohan and Prof. Pratibha Deo. The findings show a strong correlation between students' self-efficacy and self-esteem. A weak but significant positive relationship was also discovered between self-efficacy, self-esteem, and achievement motivation.

### ***Risk taking***

Satan, A & Kaplaner, K (2022) conducted a descriptive research study on The Impact of Attachment Styles and Peer Pressure on Risk Taking Behavior in Adolescents . The purpose of this research is to examine the effects of attachment styles and peer pressure on risk taking behaviors in adolescents. The sample of the study was consisted of 340 students which were selected by simple random sampling method. 191 of these students were female and 149 were male. The Pearson Moments Multiplication Correlation coefficient was used to the relationship between attachment styles, peer pressure, and risk taking behaviors in the study. Then, hierarchical Regression analysis was used for the related variables. In the direction of findings it is seen that, risk taking behavior is more explained by peer pressure variable than by other variables.

Sullins, J & Kernan, A. (2022) conducted a study on The Relationship between Adolescent Risk Taking Behavior and Guilt versus Shame Proneness. The participants for this study includes 190 college students the age ranged from 18-25. Multiple Pearson r correlations and t-test were used to analyze the data. In which, the result of Pearson r correlations indicated a significant negative correlation between adolescent risk-taking, shame and guilt and the results of t Tests also indicated that those with a lower shame scores and lower guilt scores had significantly higher adolescent risk-taking scores. Overall, this means that adolescents who are less shame and guilt prone are more likely to engage in risk-taking behaviors.

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Mark Wade, Devon Carroll, Nathan A. Fox, Charles H. Zeanah & Charles A. Nelson. (2022) conducted study on Associations between Early Psychosocial Deprivation, Cognitive and Psychiatric Morbidity, and Risk-taking Behavior in Adolescence. The study includes 165 children (51% female), 113 with a history of institutionalization and 52 with no such history. The analysis revealed three subgroups of children with varying levels of cognitive and psychiatric difficulties: Low-Morbidity ( $n = 104$ , 62.7%), Medium-Morbidity ( $n = 46$ , 27.9%), and High-Morbidity ( $n = 15$ , 9.4%). Nearly half of the institutionalized children belonged to the High- or Medium-Morbidity subgroups; and institutionally-reared children were significantly more likely to belong to one of these profiles than never-institutionalized children. Compared to the Low-Morbidity subgroup, membership in the Medium-Morbidity profile was associated with higher levels of risk-taking behavior at age 16 years.

Duell, N., Steinberg, L. (2020) conducted a study on Differential Correlates of Positive and Negative Risk Taking in Adolescence. This study explores the shared and unique correlates of positive and negative risk taking in 223 adolescents (48% female) ages 16–20 years ( $M = 18.1$ ;  $SD = 0.81$ ). Positive and negative risk taking were both associated with higher sensation seeking. Unlike negative risk taking, positive risk taking was not associated with impulsivity or risk taking on experimental tasks. Positive risk taking was associated with lower reward sensitivity, higher punishment sensitivity, and greater school engagement than negative risk taking. The findings were new insights for prevailing models of adolescent risk behavior and suggest positive risk taking may be particularly beneficial in the school context.

### *Stress-coping*

Nabudduwa, N. (2023) examined the relationship between perceived social supports, coping strategies and stress among school-going adolescents. The study employed a quantitative approach and a sample size of 260 composed of 130 girls and 130 boys between 14 to 19 years from Mbale senior secondary school in Mbale City. The study results indicated that there was a significant relationship between perceived social support and stress at  $r = 0.392$ ,  $P = 0.001$ , a significant relationship exists between stress and coping strategies among school-going adolescents as indicated. There was a significant relationship between perceived social support and coping strategies among school-going adolescents.

Cepuch, G., Kruszecka-Krówka, A., Liber, P., Micek, A. (2023) Association between Suicidal Behaviors in Adolescence and Negative Emotions, the Level of Stress, Stress Coping Strategies and the Quality of Sleep. The study was aimed at assessing the relationship between selected negative emotions, the quality of sleep, the level of perceived stress as well as stress coping strategies and suicidal ideation and attempts among high school students. The examined group consisted of adolescents aged 16–18 recruited by social-media groups in Poland. The results of the current study shows a positive correlation between sleep disorders and the prevalence of suicidal ideation and suicide attempts. But suicidal attempts in adolescents were not connected with level of stress.

Graves BS, Hall ME, Dias-Karch C, Haischer MH, Apter C. (2021) conducted a study on Gender differences in perceived stress and coping among college students. This study examined stress, coping mechanisms, and gender differences in undergraduate students towards the end of the semester. The sample of the study includes 448 university students enrolled in three different undergraduate exercise. T-tests were used to detect gender differences for the stress levels and coping strategies. Overall, the result indicates, females have higher levels of stress than their male counterparts. Gender differences were evident in



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both coping dimensions and individual coping strategies used. Females were found to utilize the emotion-focused coping dimension and endorsed the use of four coping strategies more often than males. These included self-distraction, emotional support, instrumental support, and venting.

Peters E, Hübner J, Katalinic A. (2020) conducted study on Stress, coping strategies and health-related quality of life during the corona pandemic. The sample consisted of 5315 participants. Chi-square tests, t- tests and linear regression analysis were used in this study, in which group differences regarding stress and quality of life were explorative tested by means of Chi-square tests and T-tests. Associations of coping strategies with stress and of activities to increase well-being with health- related quality of life were calculated using linear regression analysis. The result showed that, persons at risk of mental health and those who did not go out in public showed signs of depression, anxiety disorders and stress significantly more often than other participants. Persons with children under 12 years of age showed significantly higher stress levels than others and their health-related quality of life was comparable. Perceived social support and self-efficacy proved to be resources for stress. Humor, physical activity, healthy eating, maintaining daily routines and pursuing specific goals were positively associated with health-related quality of life.

YILMAZ, M., & TRAŞ, Z. (2019) Conducted the investigation of risk-taking behavior in adolescents in terms of attachment styles and social problem-solving. The purpose of this study is to investigate how attachment patterns and social problem-solving relate to teenagers' risk-taking behavior. 637 students from grades 9, 10, and 11 make up the study group, with 276 females (43.2%) and 361 males (56.7%). The Delinquent Behavior Scale, Relationship Scale, Social Problem-Solving Scale, and Personal Information Form are utilized to gather data for the study. Product-Moment Correlation by Pearson the data are analyzed using a technique and multidimensional hierarchical regression analysis. According to research findings, risk-taking behaviors are predicted by the avoidance style, preoccupied style, and rational problem-solving sub dimensions.

Gollamudi, S. (2017) Perceived stress and coping strategies: A study among secondary school students, the purpose of this study was to examine the relationship between perceived stress and coping strategies of secondary school students. Random sample of 198 government secondary school students were selected for the study. Psychometrically sound instruments to measure perceived stress scale developed by Cohen, Kamarck & Mermelstein (1983) and Coping strategies scale developed by Srivastava (2001). A correlational research design was used in the study. Results revealed that there is a positive and significant relationship between perceived stress and coping strategies of secondary school students. The study found perceived stress to be having a significant predictor and correlate of coping strategies of secondary school students. The results of the study is that higher the level of perceived stress, the better the level of coping strategies.

## **METHODOLOGY**

### *Problem*

1. Is there any difference between self-efficacy, risk taking attitude and stress coping behavior among first born and second born children?
2. Is there any difference between self-efficacy, risk taking attitude and stress coping behavior based on gender?

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### *Objectives of the study*

1. To study self-efficacy among first born and second born child
2. To study risk taking attitude among first born and second born child.
3. To study stress coping behavior among first born and second born child.
4. To study self-efficacy based on gender
5. To study risk taking based on gender
6. To study stress coping based on gender

### *Variables:*

- Independent variables – first born and second born children
- Dependent variables – self efficiency, Risk taking and stress coping

### *Hypotheses*

By objectives mentioned earlier, the following hypothesis was made:

- H1: There is no significant difference between self-efficacy among first born and second born child.
- H2: There is no significant difference between risk taking attitude among first born and second born child.
- H3: There is no significant difference between problems focused coping among first born and second born child.
- H4: There is no significant difference between emotions focused coping among first born and second born child.
- H5: There is no significant difference between avoidant coping among first born and second born child.
- H6: There is no significant difference between self-efficacy across gender.
- H7: There is no significant difference between risks taking across gender.
- H8: There is no significant difference between problems focused coping across gender.
- H9: There is no significant difference between emotions focused coping across gender.
- H10: There is no significant difference between avoidant coping across gender.

### *Research design*

The research study was quantitative and comparative to determine the self-efficacy, risk taking and stress coping behavior among first born and second born children. The study was also designed to assess the self-efficacy, risk taking and stress coping behavior across gender

### *Research sample*

The sample contains total of 200 participants. It consists of 100 girls and boys each. The sample are collected from Kerala. The samples are collected by using purposive sampling method. The population comprised people of various religions, socioeconomic backgrounds, family kinds and geographic locations.

### *Inclusion criteria:*

1. The first born and second born are chosen for the test.
2. Age criteria is from 14 to 19 with good language in English will be chosen.

### *Exclusion criteria:*

1. Those who haven't given consent for participation.
2. Those who have mental retardation or disability.

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### *Tools*

#### **1. Socio-demographic data**

It includes personal information such as name, age and gender.

#### **2. The Generalized Self-Efficacy Scale (GSE)**

The generalized self-efficacy scale is a ten item scale, which has been translated by Mary Wegner from the original German version by Schwarzer and Jerusalem. It assesses the strength of an individual's belief in his or her own ability to respond to novel or difficult situations and deal with any associated obstacles. The scale takes only 2 or 3 minutes to complete. For each statement there are four choice response from 'Not at all true' which scores 1 to 'exactly true' which scores 4. There are no clinical norms, the higher score indicate greater is the individual's generalized sense of self efficacy.

All the normative data and psychometric analyses have been conducted with German samples. High internal consistency ratings have been found for each of the five samples studied and the alphas ranged from 0.82 to 0.93. In a sample of 991 migrants from what was then East Germany, the retest reliability was found to be 0.47 for men and 0.63 for women over a two-year period. Concurrent validity has been established on the basis of appropriate correlations with other tests.

Predictive validity has also been assessed in a one-year follow-up of East German migrants. In women, self-efficacy correlated positively with measures of self-esteem (0.40) and optimism (0.56) obtained two years later.

#### **3. Risk Taking Scale (RTS-ss)**

The risk taking scale is a standardized Tool developed by Dr. Subash Sarkar for measuring the risk taking behavior of boys and girls belonging to the age of 14 to 30 years. The scale consist of 15 items with 6 dimension including academic related risk taking, finance related, profession related, games and sports related, adventure related and health related risk taking. The final draft of the scale was administered on a stratified sample of 700 subjects (350 male and 350 females) in the age range of 14 to 30 years. Reliability of the scale was calculated by test retest method by administering twice with a time gap of 15 days in a separately slected sample of 100 males and females. The validity of the scale was estimated two levels and found face validity and internal consistency. The scoring for the scale has six alternatives answers based on the probability of risk taking, the minimum and maximum range is 15 to 90.

#### **4. Brief COPE Inventory**

The Brief-COPE is a 28-item self-report questionnaire designed to assess effective and inefficient coping strategies in the face of a stressful life event. Using scores on the three subscales, the scale can indicate someone's principal coping styles: problem focused coping, emotion focused coping and avoidant coping. In addition, the following facets of coping are reported: Self-distraction, Denial, Substance Use, Behavioral disengagement, Emotional Support, Venting, Humor, Acceptance, Self-Blame, Religion, Active Coping, Use of Instrumental Support, Positive Reframing, and Planning. The Brief-Cope was developed as a short version of the original 60-item COPE scale (Carver et al., 1989), which was theoretically derived based on various models of coping. The Brief-COPE was initially validated on a 168 participant community sample who had been impacted by a hurricane (Carver, 1997). The three factor model is used for scoring purposes within Novo Psych. Poulus et al. (2020) validated the scale among 316 exports athletes and found the following means and standard

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deviations for each subscale. The B-COPE original report showed excellent internal consistencies for the factor of religion dimension ( $\alpha = 0.82$ ) and substance use ( $\alpha = 0.90$ ). Other factors also showed acceptable internal consistencies ranging from 0.50 to 0.73. (Carver, 1997).

### Administration

The data were collected from those who are first and second born. Those participants who were willing to cooperate, rapport was established first and they were asked to complete the questionnaire. The confidentiality to participants was ensured.

While administering the scale, either the interviewer read each question or the subject was asked to read out. The subject was then asked to follow the printed instructions in the scale. Read each question carefully and select your answer, which best describes the way you have been feeling the past few weeks including today by putting a mark. Please respond to all the questions. Your responses will be used strictly for research purpose and will kept confidential.

## RESULTS AND DISCUSSIONS

*Table 1: Comparing self-efficacy among first born and second born child.*

Variable	1 <sup>st</sup> born/ 2 <sup>nd</sup> born	N	Mean Rank	U	Sig
Self- efficacy	1	78	126.15	2757.00	.000
	2	122	84.10		

The table shows the significant difference in self efficacy among first born and second child. The mean rank for the male and female are 126.15 and 84.10 respectively. The Mann-Whitney U test value for the analysis is 2757.00 and the level of significance is .000 which is  $p < 0.001$ . This shows that there is a significant difference in self efficacy among first born and second born. In this the first born shows more self-efficacy compared to second born. This is also confirmed by the results of the study conducted by Phillips and Phillips in 2000, which found that first born have a higher tendency of attributing their performance to internal factors. The result obtained in the above table indicate there is significant difference in self efficacy among first born and second born. Hence the hypothesis is rejected as there is significant difference in self efficacy among first born and second born.

*Table 2: Comparing risk taking attitude among first born and second born child.*

Variable	1 <sup>st</sup> born/ 2 <sup>nd</sup> born	N	Mean Rank	U	Sig.
Risk – taking	1	78	116.60	3502.000	0.002
	2	122	90.20		

The data presented in the table indicates that there is statistically significant difference exist in risk taking attitude among first born and second born. From the above table the Mean rank of first born and second born are 116.60 and 90.20. The Mann-Whitney U test value is 3502 and the corresponding level of significance is 0.002 which is  $p < 0.05$  level of significance. The result shows the first born children are more risk taking than second born. The previous

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findings, a higher level of risk-taking is associated with those who are later in their birth order (Graffin & Campbell, 2019). But from this result of first born and second born we came to know that among the two the first born are more risk taking than second born. Sometimes, external factors and uneven distribution of data may influenced the result. The result obtained from the about data shows that there is significant difference in risk taking attitude among first born and second born. Hence the hypothesis is rejected based on first born and second born.

**Table 3: Compare problem focused coping among first born and second born.**

Variable	1 <sup>st</sup> born / 2 <sup>nd</sup> born	N	Mean Rank	U	Sig.
<b>Problem focused</b>	1	78	97.58	4530.500	.567
	2	122	102.36		

The table represents the mean rank, Mann- Whitney U test value and the level of significance in first born and second born child. The Mean rank obtained for first born and the second born children are 97.58 and 102.36. The Mann- Whitney U test value is 4530.500 and the level of significance is .567 i.e.,  $p > 0.005$  level of significance. When comparing both there is no significant difference in problem focused coping among first born and second born children. The result obtained from the above table is evident that there is no significant difference in problem focused coping among first born and second born. Hence the hypothesis is accepted.

**Table 4: Compare emotional focused coping among first born and second born**

Variable	1 <sup>st</sup> born/ 2 <sup>nd</sup> born	N	Mean Rank	U	Sig.
<b>Emotional Focused</b>	1	78	111.89	3869.500	0.026
	2	122	93.22		

The data presented in the above table indicates that there is no statistical significant difference exist in emotion focused coping among first born and second born children. The mean rank of male is 111.89 and that of female is 93.22. The Mann- Whitney U test value is 3869.500 and the corresponding level of significance is 0.026 ( $p > 0.005$ ). This indicate that both first born and second born children try to deal with emotional response to the stressor are in a same way. Hence the hypothesis is accepted that there is no significant difference in emotion focused coping among first born and second born children.

**Table 5: Comparing avoidant coping among first born and second born children.**

Variable	1 <sup>st</sup> born/ 2 <sup>nd</sup> born	N	Mean Rank	U	Sig.
<b>Avoidant coping</b>	1	78	113.36	3755.000	0.011
	2	122	92.28		

Table 5 shows the mean rank, Mann – Whitney U test value and the level of significance of avoidant coping strategy among first born. The mean rank obtained for first born and second born are 113.36 and 92.28. The Mann- Whitney U test value is 3755.000 and the corresponding level of significance is 0.011 ( $p > 0.005$ ). This indicates that both the first born

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and second born have same kind of avoidant coping for the stressors. The result obtained from the above table is evident that there is no significant difference in avoidant coping among first born and second born children. Hence the hypothesis is accepted.

**Table 6: Comparing self-efficacy across gender**

Variable	Gender	N	Mean Rank	U	Sig
Self-Efficacy	1	100	112.7	3803.00	.003
	2	100	88.53		

Table indicates the mean rank, Mann – Whitney U test value and the significant value of self-efficacy in male and female. The mean rank of self- efficacy is 112.7 in males and 88.53 in females. The Mann – Whitney U test value is 3803 and the corresponding significant value is .003. This signifies that there is a significant difference in self efficacy across gender. This reveals that the male population perceive self-efficacy level to be significantly than in female population. Hence the hypothesis H<sub>0</sub> is rejected i.e., there is significant difference in self efficacy across gender.

**Table 7: Comparing Risk taking across gender.**

Variable	Gender	N	Mean Rank	U	Sig
Risk-Taking	1	100	75.11	2461.000	.000
	2	100	125.89		

The above table shows the significant difference between risk taking attitude across male and female. The mean obtained in male is 75.11 and that of female is 125.89. The Mann- Whitney U test value are 2461.00. Similarly, the significant value is .000. Which indicates there is a significant difference in risk taking across gender that is male and female. The highest risk taking attitude is shown here is the female population than male population. So, the hypothesis is accepted that there is significant difference in risk taking attitude across gender at  $p < 0.001$  level of significance. From the above table, it is evident that there is statistical significant difference exist. Hence the hypothesis is rejected that there is significant difference in risk taking attitude in male and female.

**Table 8: Comparing problem focused coping across gender.**

Variable	Gender	N	Mean Rank	U	Sig
Problem focused	1	100	90.46	3995.500	0.014
	2	100	110.55		

The above table shows the mean rank i.e., 90.46 in males and 110.55 in females. The Mann-Whitney U value is 3995.500 and the corresponding level of significance is 0.014 ( $p > 0.005$ ). This indicates that there is no significant difference in problem focused coping in male and female. So both the gender try to deal with the stressor in a kind of same way, which includes the planning, problem solving or removing the stressor. From the above table, it is clear that there is no significance difference in problem focused coping across gender. Hence the hypothesis is accepted.

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**Table 9: Comparing emotion focused coping across gender.**

Variable	Gender	N	Mean Rank	U	Sig
Emotion Focused	1	100	100.05	4955.00	.912
	2	100	100.95		

The data presented in the above table indicates that there is no statistical significant difference exist in emotion focused coping in male and female. The mean rank of male is 100 and that of female is 100.95. The Mann- Whitney U test value is 4955.00 and the corresponding level of significance is .912 ( $p > 0.005$ ). This indicate that both male and female try to deal with emotional response to the stressor are in a same way. Hence the hypothesis is accepted that there is no significant difference in emotion focused coping across gender.

**Table 10: Comparing avoidant coping across gender**

Variable	Gender	N	Mean Rank	U	Sig
Avoidant Coping	1	100	105.07	4543.000	.260
	2	100	95.93		

Table 10 shows the mean rank, Mann – Whitney U test value and the level of significance of avoidant coping strategy across gender. The mean rank obtained for male and female are 105.07 and 95.93. The Mann- Whitney U test value is 4543.000 and the corresponding level of significance is 0.260 ( $p > 0.005$ ). This indicates that both male and female have same kind of avoidant coping for the stressors. The result obtained from the above table is evident that there is no significant difference in avoidant coping across gender. Hence the hypothesis is accepted.

### **Implications of the Study**

Within the context of first-born and second-born children, as well as based on gender, this study sheds light on self-efficacy, risk taking, and stress coping behaviour. Based on the findings of the current research, it can be concluded that there is a noteworthy distinction between first born children and second born children in terms of their self-efficacy and their willingness to take risks. First borns and second borns do not significantly differ from one another in terms of their ability to deal with stress. In a similar vein, there is a substantial disparity between the genders in terms of self-efficacy and risk-taking characteristics. The way in which people deal with stress does not differ significantly between the genders. This analysis will be beneficial for future studies and this study help us to know how the family and parenting plays a role in the children's life by cultivating and discouraging. Future studies can be done in a larger population covering more geographical areas and comprising people related to different categories. Individuals with higher self-efficacy, risk taking and stress coping behavior can have a Strong sense of self-confidence, self-evaluation and self-awareness are high, willingness to take risks or step outside of your comfort zone, ability to solve tough or challenging problems, highly motivated to reach goals and resilient; able to recover from setbacks.

### **Limitations of the Study**

- The sample size was limited to 200 students.
- The sample was collected only from Palakkad district.

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- The main limitation of the study is that the duration of the period of study is less.
- Purposive sampling is used for the data collection.

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