

ADOLESCENCE, SENSE OF IDENTITY, AND FEMALE RISK TAKING IN A SENIOR SECONDARY SCHOOL IN NORTHERN TASMANIA

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ABSTRACT: This research examined risk taking with the main focus being negative risk taking and the main target adolescent females in a Senior Secondary School setting in Tasmania, Australia, using three varied methodologies and perspectives for the data collection. The first, and major method, used a questionnaire distributed to a year 11 group of females, aged sixteen to nineteen, who were just beginning their first year of non-compulsory, post secondary education. This questionnaire had the main focus of discovering their risk taking perceptions and participation rates regarding four main areas of negative risk taking, namely alcohol, and drug use and abuse, sexual activity, and the viewing of X-Rated (pornographic) videos. The socio-demographic information concentrated on the females' sense of self, their personal goals, and positive and negative risk taking activities within the context of social capital, psychological, social, educational, risk taking, and health background theory and in the three domains of family, school, and community. To provide a wider perspective on the topic of risk taking, interviews were also conducted with those professionals and carers of adolescent children, namely School Administrators, Teachers, and Parents to provide information from the reality of adolescents' lives. The third source of data involved a review of the Australian and State Policies impinging on aspects of the curricula suitable for these adolescents. The major findings from the questionnaire emphasised that the females' sense of self, parental influence and, to a lesser extent, religious values will decrease negative risk taking.

KEY WORDS: Negative risk taking, adolescent females, Senior Secondary School, parental influence, and religious values.

INTRODUCTION

The focus for this study evolved during a search for a study, which would be useful for educators and counsellors, and those working with adolescents. The researcher was involved, in her professional life, with the teaching of adolescents, so her attention turned to this age group and the rapid changes in the world, in general, and in society in particular. It was then that questions formed as to the implications of these factors upon young adolescents, especially young women, as the twenty first century began to unfold. Valuable background knowledge could be gained for this type of study from a select group of disciplinary views including psychology, sociology, education, counseling and health.

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METHODOLOGY

The main methodology for this research was the use of an extensive questionnaire to study the socio-demographic factors impinging on the female participants. There was also an emphasis in the questionnaire on risk perception and risk participation rates of the adolescent females within the specified age group of sixteen to nineteen years (16-19), together with a specified set of negative risk taking activities, namely alcohol and drug use and sexual activity. The second stage consisted of interviews with those adults teaching or living with adolescents. The review of Australian and State Policies regarding the negative risk taking activities in the study formed the third and final stage of this study.

BACKGROUND TO THE STUDY AND CONCEPTUAL ISSUES

Questions, researcher suggested, could be posed as to whether the unique stage of adolescence actually exists. However, Palladino suggested that there is overwhelming evidence that teenagers do exist (in Jaffe, 1998:3). This project also had its origins in a former study of women, Women and Educational Leadership Early Life Experiences of Tasmanian Women Principals, where the sense of self and “self expectation” was a significant finding (Wood, 1998:107).

Psychological researchers maintain that the central feature of female development included the tendency to seek out and maintain relationships with others (Borman & Schneider eds., 1998). Sociologists focus primarily on the social, economic and political contexts in which young people grow up and live. These views concern the sociologists who in turn examine adult attitudes to youth, their expectations of them and their place in society (Earle & Fopp, 1999:404).

The literature on family influences on adolescents emphasises the potential climate within the dynamics of family life for adolescents to progress to identity achievement and an increase of “self” (Booth, 2005; and Corben, 2005). The peer group has both positive and negative effects on adolescents. The positive attributes of peer relationships improve their social and emotional identity, their independence and ability to relate to others, their levels of satisfaction and again the sense of identity (Higbee, 1997; and Timms ed., 2004). Education professionals can view adolescents and their behaviours and needs as being more problematic, but adolescence can be a time of normal functioning. Teachers should be aware that they are not social workers, yet they are very significant in the lives of their students.

A. RISK TAKING

The literature is definite about risk taking in adolescence being, not only normal but an essential part of learning and personal development. Caution is added in that, while risk-taking is exploratory, poor self-esteem, and lack of confidence will

motivate some adolescents. Impulsive behaviours and recklessness are strategies used by some adolescents to gain the appeal of their peers. Social rejection, or not being “cool”, is the suggested cause. The main problem is their seeming inability to evaluate the potential risks and consequences of everyday behaviour as 60 percent of adolescent deaths are caused by accidents-many of them being the result of risk taking (Corben, 2005:1). This applies to the cases of alcohol and drug use and driving where adolescents do not perceive them to be as dangerous as do adults. “Sensation- seeking” individuals differ in their need for stimulation which underlies many risk taking behaviours. The peer group can provoke risk- taking activities by providing models of risky behaviour and by competing for group dominance.

Parents and their parenting style, their lack of supervision, failure to set limits, modelling risk behaviours themselves, and even parental encouragement can influence risk taking. The relative dominance of peers over parents also increases these behaviours. There are also genetic factors and neuroendocrine processes and the timing of puberty which have to be considered in this debate. Risk taking can also be a coping mechanism for dealing with anxiety, frustration, inadequacy, and failure (Booth, 2005:6). It is important to remember that not all risk taking is bad: “*risks pose very real dangers [...] and tremendous benefits*” (Higbee, 1997:1). A change in the management of health-related, risk taking is advocated by C. Cook (2005), whereby information is provided to students about the numbers who are not involved in these activities (Cook, 2005:1).

B. RISK AND HEALTH ISSUES AND SOCIAL CAPITAL

It has been recorded that many teenagers experiment with alcohol and illegal drug and a proportion of them are regular users. Cannabis has been considered as harmless, but now there is good evidence that it can make mental health problems worse in adolescence and can double the risk of developing schizophrenia. Alcohol, despite publicity to the contrary, is the most common drug. Early sexual activity creates a greater risk of early pregnancy and health problems. Sexually transmitted diseases are common as is HIV infection and AIDS is becoming more common (Timms, 2004:3).

Adolescents, as with all other groups, operate within a social context and as such, there need to be an examination of the broader social influences on this group. Accordingly, R. Putman explains that “*social capital is an important resource for individuals and it can greatly affect their ability to act and to perceive a quality of life*” (Putman, 2000:319).

The dynamics of the family provide varying views of the characteristics of social capital. In one sense, social capital can be seen as existing within “*a collectively with people acting selflessly*” (Coleman, 1990:310). This type of social capital assists “*the development of nascent social movement, from a small group of dedicated, inward looking people who work on a common task*”, this task being the raising of the children (Coleman, 1990:310).

RESEARCH QUESTION AND OBJECTIVES

The former research of the writer and the literature review provided the bases for the following Research Question and Research Objectives. Research Question: “*What is the level of negative risk taking amongst Senior Secondary female students?*”.

RO (Research Objectives) 1: To investigate the concept of “self” in adolescent females, the adolescent females’ aspirations for the future and their risk taking attitudes.

RO (Research Objectives) 2: To determine the amount of personal control, evident in the adolescent females’ lives in their younger years and their attitudes regarding the law, legal restrictions and adult authority.

RO (Research Objectives) 3: To discover the amount of expectations placed on the adolescent females, by themselves, their families, their schools and their communities in their earlier years.

RO (Research Objectives) 4: To ascertain whether adolescent females are resilient to adversity in their lives.

RO (Research Objectives) 5: To analyse the need to “sensation seek” in the lives of adolescent girls and their perceptions of their risk taking activities.

RO (Research Objectives) 6: To examine the views of Adults with responsibility for teaching or caring for adolescents.

RO (Research Objectives) 7: To examine the policies of Education Authorities in relation to the Risk Taking of Adolescents; to examine the practicality of the policies in regard to economic, resource base, curricula and time considerations; to consider the implications for teachers; and to consider their coherence, noting similarities and differences.

SAMPLE, DESIGN OF QUESTIONNAIRE, AND INTERVIEW SURVEY

The senior secondary college, chosen as the setting for this survey, had a very suitable enrolment of over two hundred female students in the age group needed for this study. Because many of these students travelled from outlying districts to attend this college, a postal questionnaire survey was used to gain the required information. Each questionnaire was anonymous with no identification of the respondent indicated on the survey. From the participants’ answers (43% of the total distribution), a wide range of categories for analysis was compiled and coded for later recall and interpretation using a computer software programme named Nvivo. To support this initial qualitative coding, a statistical approach was added by introducing SPSS to recode the data for quantitative results.

The questions focused on obtaining general background information regarding the females’ ages, their residential location and family details such as the number of parents or guardians as well as siblings. To establish a socio-economic profile of the students, provisions were also made to record the educational levels of their parents. The accent then turned directly to the young women’s interests and attitudes to

religious beliefs, childhood experiences, school acceptance, enjoyment or rejection and the influences of parents other family members, significant others, and peer groups. Questions about predicting the future involved the females in disclosing the goals they held for their future education, career, and family aspirations. The levels of authority and control from the three spheres of family, school, and community became the focus for the next set of questions. Resilience after traumatic experiences was another area of focus as were their opinions of the negative risk involved in the risk taking activities selected for the study, their frequency of engagement in them as well as their reasons for undertaking these negative actions.

The questions for this survey came from discussions with School Administrators, Teachers, and Parents concerning adolescent, risky behaviours, especially those involving drugs, alcohol use and abuse and the introduction of new hallucinogenic substances into the adolescent life style.

An internet search yielded many documents about the risk taking activities in this study, namely drug and alcohol use and abuse, and sexual activity for adolescents. The total numbers of document collected consisted of twenty-three with three from the National Government, with two more National policies written up as Tasmanian Reports on Gender and Sexism. All of the policy documents were analysed using the first Five Objectives and Objective 7.

QUALITATIVE AND QUANTITATIVE FINDINGS FROM THE QUESTIONNAIRE

First, Objective 1 on the Sense of Self. The females from both town and country indicated a multitude of positive personal qualities about their sense of “self” and their characteristics. Being positive, caring and kind were the most prevalent traits. They also identified being outgoing, friendly, happy, and having a sense of fun. On the negative side there were only a few characteristics noted, these including being stubborn, shy, talkative, moody and a few with low self esteem. The participants’ educational aspirations demonstrated their very high motivation levels and the fact that they were mainly focused on careers and work. Their educational endeavours were aimed at a wide range of professions.

Only five (5, 5.5%) town participants had their goals set on the more traditional careers associated with women – teaching and nursing with two (2, 2.2%) each, and child studies with one (1, 1.1%). It was quite alarming to discover that of the 74 percent of the students who offered responses to this question, only one mentioned the possibility of “death” being a result of her risk taking activities. There was no other reference to any of the health implications that their risk taking activities may cause.

Second, Objective on the Personal Control. The participants wrote predominantly in favour of their parents’ level of authority over them. There was 63 percent of the total survey group, 35 percent from the town group, and 28 percent from the country, who offered very positive comments about their parents’ level of control

over their lives. Many from both these groups, 65 percent, were consistent with comments indicating that their parents were understanding and fair, so that the students could reason with them. Other controls on the participants in this survey included school restrictions with homework and school rules. There was 12 percent with school restrictions, 4 percent who indicated that work restricted the control on their lives, and only 2 percent who indicated that their boarding arrangements in either the school hostel or in a private home reduced their freedom.

The two biggest factors affecting their compliance with the legal system were fear, nine (9, 9.9%) from the town, four (4, 4.4%) from the country, and the possibility of extenuating consequences with eight (8, 8.8%) from the town, and four (4, 4.4%) from the country. Another sixteen nine (9, 9.9%) from the town and seven (7, 7.7%) from the country, indicated that the law and the legal system were sometimes a consideration, depending on the context. Only five indicated that they did not consider the law or the legal system and knew immediately that they would engage in the activities.

Third, Objective 3 on the Expectations. Life long values were mentioned by both groups who expected that education and money would set them up for life. The town respondents remarked that they “*would have achieved something*”. Marriage and family were important for some, but children was not always the aim. Parents had missed the opportunity to give very specific information to their daughters regarding careers and marriage and family.

Fourth, Objective 4 on the Resilience. The problems experienced by the respondents involved parental cancer, death of grandparents, parents and friends, attempted suicides, broken relationships and divorce, remarriage of parents and personal illness and depression. There was 32 percent of the total survey group, seventeen (17, 19.7%) participants from the town group, and twelve (12, 13.2%) from the country who indicated that they had coped well with the traumas in their lives. On the negative side of facing trauma with resilience, 24 percent, seventeen (17, 18.7%) participants from the town and five (5, 5.5%) from the country, experienced problems. These occurred because there was no one to trust with their difficulties or to talk to, so they kept to themselves, suffering depression, nervous breakdowns and suicidal attempts and becoming anorexic.

Fifth, Objective 5 on the Sensation Seeking. The responses made by the participants, regarding their participation in risk taking, indicated that “sensation seeking” in the form of fun and excitement was the major reason for choosing these activities. Of the fifty-eight students (58, 63.7%) who replied to this aspect, thirty-three (33, 57.9%) indicated that these factors were the only reason for their participation. Some hated what they were doing, but still continued, even when they felt the activity was wrong, because they liked experimenting. A few females felt they knew the consequences or risk levels of their activities and therefore were confident with their decisions.

Sixth, Objective 6 on the Findings from the Interviews. The survey of personnel working or living with adolescents, suggests that the approach to the

education of this group, about risk in society, is very diverse. Administrators, teachers, and parents rely on an array of school and community based curriculum initiatives, Health Forums, Outdoor Education Programme, the use of experts and “storytelling”. All adults, especially parents, should be receptive listeners to adolescents and discussions should be frank, honest and non-judgmental. With the decline of interest in religion, there is little emphasis on morals and always listening to a conscience.

Seventh, Objective 7 on the Findings from the Analysis of the Policies. It has been interesting to note that whilst Commonwealth and State policy have both common and diverse components, the overarching characteristics have been to promote philosophical policies which stress mainly the holistic aspects of gender, well-being and health, and control of the students’ behaviours, as opposed to more detailed curricula which addresses the specific problems in this study concerning drug, alcohol and sexually related negative risk taking activities. All the national documents do provide generic approaches to all the issues, but they leave the States to implement the more specific educational programmes to inform and to curb the participation in risky behaviours.

RISK TAKING FINDINGS AND FURTHER QUANTITATIVE RESULTS

The females’ perception of the risk factor in each category was compared to the females’ actual risk taking activities with some surprising results.

Table 1:
 Risk Taking Rating Compared to Risk Participation Rating

Activity	Risk Rating 1-7 Mode	Risk Participation 1-4 Mode			
Binge Drinking	4	3 (38)	1 (4)	2 (26)	4 (10)
Drinking Alcohol	2	3 (45)	1 (8)	2 (8)	4 (28)
Drink Driving	7	1 (85)	2 (2)	3 (1)	4 (1)
Sex – No Condom	7	1 (60)	2 (12)	3 (14)	4 (4)
Sex – No Pill	7	1 (63)	2 (7)	3 (14)	4 (5)
Sex – Strangers	7	1 (81)	2 (8)	3 (1)	4 (1)
Sharing Needles	7	2 (2)			
Smoking Hash	7	1 (38)	2 (25)	3 (24)	4 (4)
Sniffing Glue	7	1 (84)	2 (5)	3 (2)	
Cocaine Use	7	1 (89)	2 (1)	3 (1)	
Heroin Use	7	1 (85)	2 (1)	4 (2)	
Speeding	7	1 (72)	2 (14)	3 (6)	
Taking Speed	7	1 (83)	2 (5)	4 (1)	
X-Rated Videos	1	1 (39)	2 (31)	3 (19)	4 (3)

(1=Not Risky to 7= Very Risky); and (1=Never, 2=Once, 3=Occasionally, and 4= Regularly)

Whilst the risk ratings were high – at seven for eleven out of fourteen of the risk activities – risk participation has still occurred. Where the risk ratings are high and the risk participation is at one, the adolescents do recognise the need for no participation. However, there are still young females participating in dangerous risk activities at the three (occasionally) and four rating level (regularly) e.g. ten binge drinking and twenty-eight drink driving on a regular basis. It was alarming to see that one participant had used cocaine occasionally and two were regular users of heroin (or was this over reporting)?

First, Analysis of Specific T Tests. It was interesting to note for Objective 1 (a sense of self) that the participants' enjoyment of their College education was significant in decreasing their involvement with drinking alcohol. The enjoyment factor could have decreased the stress of their more challenging studies at the College. For Objective 2 (controls in their live), the participants recorded many family variables as being significant in decreasing their involvement in the risky activities relating to drug and alcohol use, drink driving, and sexual activity including use of the contraceptive pill. The mothers' education was also an important factor in the attitudes to alcohol and drug use. Objective 3 (expectations) recorded strong relationships between expectations for education and career and reducing drug use and dangerous driving.

Second, Analysis of Group T Tests. The first group of results relates to the participants' personal qualities and aspirations being influential in preventing the smoking of hash, dangerous driving, binge drinking, viewing X-Rated videos, but favouring the use of the contraceptive pill. On the family level, the presence of siblings favoured the use of contraception, but diminished the use of the more dangerous drugs and the viewing of X-Rated videos. Religious affiliation curbed only one drug use in sniffing glue, but assisted with sexuality and the use of condoms. School influence was only significant in the Levene's result for preventing the use of cocaine.

Third, Results from ANOVA Tests. Again, with these results, definite categories of influence were noted. These included Personal Concerns, School Influences, Family Controls, and Trauma Reaction. On the personal level, Club Importance and Past Interests were significant for moderating alcohol use, but influencing the use of contraception methods. The participants' goals and educational expectations prevented dangerous driving and alcohol and drug use. Their School and College interests prevented the viewing of X-Rated videos, alcohol, and extreme Binge Drinking activities. Family controls were again influential for alcohol and binge drinking, whilst Trauma reactions affected the use of X-Rated videos.

CONCLUSION

There were many positive factors within this study. The young females were notable in that they had a strong sense of self and personal identity. Their aspirations were high for education, careers, and other opportunities. They were very resilient and

coped with a wide variety of traumas in their lives. Mothers had a very positive affect on them and there was a good response to parental control and authority, but only a limited response to having families of their own. On the negative side, there was a surprising lack of social capital and a definite participation in dangerous, risk taking activities. Health issues were not considered and risk prevention was driven by fear, rather than knowledge. Attitudes towards fathers were not positive and religious influences were diminished.

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Mothers had a very positive affect on the young females (and also males) and there was a good response to parental control and authority, but only a limited response to having families of their own.