

Risk Behaviour and Attachment of Adolescents in Lower Secondary Education in Slovakia

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Abstract – In this paper we focused on the relation between the attachment of the adolescents and the risk behaviour production. In the research we worked with 220 adolescents in the lower secondary education system, average age 12.32 years. We applied two research methods: IPPA-R (Inventory of Parent and Peer Attachment – Revised; Greenberg, Armsden, 1987), QRB (Questionnaire of Risk Behaviour; Čerešník, 2016). In general, we assumed that the higher risk behaviour production of the adolescents with worse relation with the parents and the peers, the lower is the level of attachment. The results showed that this assumption can be supported.

Keywords – Risk Behaviour, Attachment, Adolescence.

1. Introduction

The risk behaviour can be considered for the ontogenetic determined phenomenon which is typical for the stage of the adolescence and it is connected with the boundary testing of the socio-cultural normatives and self-definition.

The relative high prevalence of the risk (problem) behaviour was pre-dated by the social and cultural changes (weakening of the socialisation and individuation processes in family, urbanisation, non-personal relations, permanent changes on the labour market, digitalisation and automatization in the way of the hypothesis about the technological singularity etc.), which caused that the childhood stopped to be the most sensitive stage in the life (because of the easier vulnerability of the child organism and lower resistance against diseases) and the adolescence became the most sensitive and risky stage of the life. [1].

According to the World Health Organisation report [2] the risky life style was typical for the age cohort from 15 to 19 and it was the most frequent cause of the death. In 2014, World Health Organisation published the report [3] Health for the World's Adolescents, where is written that the most frequent causes of death in the adolescent age from 10 to 19

worldwide are traffic accidents (the countries with high income), HIV (African region), suicides (southeast region of Asia), respiratory diseases (countries with low income) and interpersonal violence (USA).

The risk behaviour has specific role in the life of the adolescents. We have to ask what is the benefit of the risk behaviour production. R. Jessor [4] assumed this benefit can be formulated as (1) positive saturation of the developmental problems, (2) solving of the actual personal problem, (3) compensation of something that is missing. These benefits are apparently strong enough for the adolescents ignore the significant consequences of their behaviour, for example premature pregnancy, substance and non-substance addictions, school failures etc. Hereby it is valid that the adolescents behave risky only in concrete area of life and in other areas they behave adequately.

R. Jessor [4] divided the risk behavior into three categories. These are: abuse of the psychoactive substances, behavior disorders (delinquency) and risky sexual behaviour. From World Health Organisation reports [3] [5] result that prevalence of the bullying increases (but the differences among the countries can be on the level of 50 %), the prevalence of the suicide behavior is at the level of 15 % in the age cohort from 12 to 18, 70 % of the adolescents aged from 13 to 15 communicate the experience with the sexual activities (the differences in the regions are huge), each member of the age cohort over 15 drunk 13 litres of clear alcohol on the average in Slovakia in 2010, in the age cohort over 15, 39 % of males and 19 % of females smoke in Slovakia in 2011. These are some of the alarming numbers which show relevance of the risk behavior definition in three categories according to Jessor and the need to identify the risk behavior of the adolescents in the early stages.

The definition of the risk behavior categories is not uniform. There are a lot of authors who define risk behavior through different categories [6], [7], [8], [9]. But all these theories correspond in one point. They define the risk behavior as an inclusive concept which consists of diverse forms of behavior from the least

serious to the most serious (according to the harmfulness for the organism). Maybe the variability of the concept is the reason why Smart et al. [10] mention that 50 % of the adolescents behave in a way that can be considered as risky.

In our classification [11] we reflect the most frequent forms of risk behavior that exists in the education environment (described in chapter 2). These forms are lapped with the categories defined according to Youth Risk Behavior Surveillance [12].

In the relation to the change of the parental upbringing style, we can contemplate that the risk behavior production of the adolescents can be the reaction for the missing of the parental love and the parental control in their families. The newest researches [13] showed that the most frequent parental upbringing style is that one which is saturated by the negative relation to the child and low level of control in the family. Older researches [14] showed different style. They identified the style with positive relation to the child and relative high level of control in the family as the most frequent style.

We assume that the missing element in the family can be saturating relation which has prototypal character. This means the loving relation: the parent – the child. Maybe it will be better to write about the relation: the both parents – the child. We think that the child perceives the parents as binitarian being. The child essentially needs the mother and also the father and the bond between them which can transform into the healthy relation to their child in which they can saturate his/her biological, psychic and social needs. If this state is not reached, the child can feel absence. He/she will look for the means how the absence can be compensated or how he/she can forget that absence. The attachment disorder will develop in this child with high probability. The disorder will be manifested by the failures in problem-solving process, disability to take the responsibility, manipulative and hostile behaviour, problems in empathy and in the trust, disability to accept and give real love, problems with closeness (also the sexual one), negative and provoking behaviour, lying, low self-control, impulsivity, anger which protects him/her against the feeling of the fear and sadness, feeling of isolation, frustration, depressive symptoms, low resistance against the stress, addictive behaviour, hypervigilance, agitated behaviour, fuzziness, helplessness, hopelessness etc. [15].

It is probable that many researchers will not agree with our opinion. There are a lot of opposition voices. For example M.T. Greenberg, C. Domitrovich, B. Bumbarger [16] wrote that it is not possible to look for the simple cause of the phenomenon such as the addictions, delinquent behaviour. They think these forms of the behaviour can be identified as a result of the influence of complex various risk factors.

On the other hand, we can find also the supporting arguments. For example J.T.A. Condon [17] writes about the loving relation which can be considered for the protective factor of the healthy development. It is typical by the effort to (1) learn something about the other, (2) be with him/her in the reciprocal interaction, (3) avoid the separation or the loss, (4) protect, (5) saturate the needs of the other.

The saturated bond in the close relation is important from the perspective of the psychic health. We can find this message in various theories. For example we can mention Bowlby and his trilogy of publications about the importance of the bond and the influences of its absence [18], [19], [20], Aisworth's contribution to the quality of the mother- child relation and about the reactions on the separation [21], Langmeier and Matějček and their classic work about the psychic deprivation [22], Tronick experiments about the importance of facing in the close social relations and about the consequences of the missing respond of the parent on the actual state of the child [23]. From the perspective of the clinical experience, we can mention that the close relations disruption leads to the anaclitical depression, anxious states, schizoaffective disorders, personality disorders.

The attachment is the psychic need [22] in the indivisible system of the human values. Next-to attachment need there is the need for stimulation, need for the meaningful world, need for the personal identity and need for the open future. The unsaturation of the need for attachment can cause the problems in self-esteem, self-confidence. The consequence can be the shackling of the attention, compensatory behaviour and revolt. These are the reasons why we can assume the close relation between the attachment disorder and the risk behaviour production.

2. Method

Our research sample consists of 220 adolescents in the system of the lower secondary education. They were the pupils of the 5th to 9th class of the elementary schools. The boys were 99, the girls were 121. The counts of the adolescents in the grades were proportional. The average age was 12.32 (SD = 1.51).

We used two research methods: IPPA-R and QRB.

IPPA-R (Inventory of Parent and Peer Attachment – Revised) is a method originally developed by Greenberg and Armsden in 1987 [24]. In present revised version it consists of 75 items. They are divided into three scales of 25 items. They map the level of attachment to the mother, the father and the peers. The task of the participants is to evaluate the items through the five degree Likert scale from “never true” to “always true” answers. Each scale (attachment to mother, attachment to father, attachment to peers)

has three subscales which characterise the level of the trust, communication and alienation.

QRB (Questionnaire of Risk Behaviour) is the method developed by Čerešník [11]. It consists of 40 items which are derived from the clinical indicators of the risk behaviour. They are divided into seven subscales: (1) family relations and rituals, (2) school and friendship, (3) addictive behaviour, (4) delinquent behaviour, (5) bullying, (6) eating habits and activities, (7) sexual behaviour. Participants evaluate the items through “yes” or “no” answers. In this research we used only the total score of the questionnaire.

In accordance to the theoretical background and clinical indicators we formulated the statistical hypotheses. We assumed:

H1 higher trust to the mother of the adolescents with low level of risk behaviour.

H2 higher communication with the mother of the adolescents with low level of risk behaviour.

H3 higher alienation to the mother of the adolescents with higher level of risk behaviour.

H4 higher attachment to the mother of the adolescents with low level of risk behaviour.

H5 higher trust to the father of the adolescents with low level of risk behaviour.

H6 higher communication with the father of the adolescents with low level of risk behaviour.

H7 higher alienation to the father of the adolescents with higher level of risk behaviour.

H8 higher attachment to the father of the adolescents with low level of risk behaviour.

H9 higher trust to the peers of the adolescents with low level of risk behaviour.

H10 higher communication with the peers of the adolescents with low level of risk behaviour.

H11 higher alienation to the peers of the adolescents with higher level of risk behaviour.

H12 higher attachment to the peers of the adolescents with low level of risk behaviour.

3. Results

We applied Statistical Program for Social Science 20.0 while testing hypotheses. As a statistical method, we applied ANOVA. We accepted a standard level of significance $\alpha \leq 0.05$ which points to significant differences among research groups.

Before we did the statistical analysis we had divided the research group into three groups: with low level of risk behavior, with moderate level of risk and with high level of risk behavior. We computed the average mean and the standard deviation of the variable called risk behavior (total score of QRB). We used the formula: $AM \pm 1SD$ which allowed us to divide the

research sample into cited groups according to computed values. Then we tested the differences in attachment of adolescents in the relation to their level of risk behaviour.

The results are presented in Table 1.

We found out:

- decrease of the trust to the mother in relation to the increase of the level of the risk behaviour ($F = 15,143$),
- decrease of the trust to the father in relation to the increase of the level of the risk behaviour ($F = 7,708$),
- decrease of the communication with the mother in relation to the increase of the level of the risk behaviour ($F = 10,266$),
- decrease of the communication with the father in relation to the increase of the level of the risk behaviour ($F = 8,804$),
- increase of the alienation to the mother in relation to the increase of the level of the risk behaviour ($F = 12,355$),
- increase of the alienation to the father in relation to the increase of the level of the risk behaviour ($F = 12,187$),
- increase of the alienation to the peers in relation to the increase of the level of the risk behaviour ($F = 8,506$),
- decrease of the attachment to mother in relation to the increase of the level of the risk behaviour ($F = 18,833$),
- decrease of the attachment to father in relation to the increase of the level of the risk behaviour ($F = 13,016$).

4. Discussion

We can support the hypotheses from 1 to 8. We identified the statistically significant differences in the level of attachment to the mother and to the father in relation to the level of the risk behaviour production of the adolescents. The statistical hypotheses related to the attachment of the adolescents to the peers can not be all supported, resp. we can support only the hypothesis 11. The testing of the hypotheses 9, 10 and 12 did not show significant differences among the research groups.

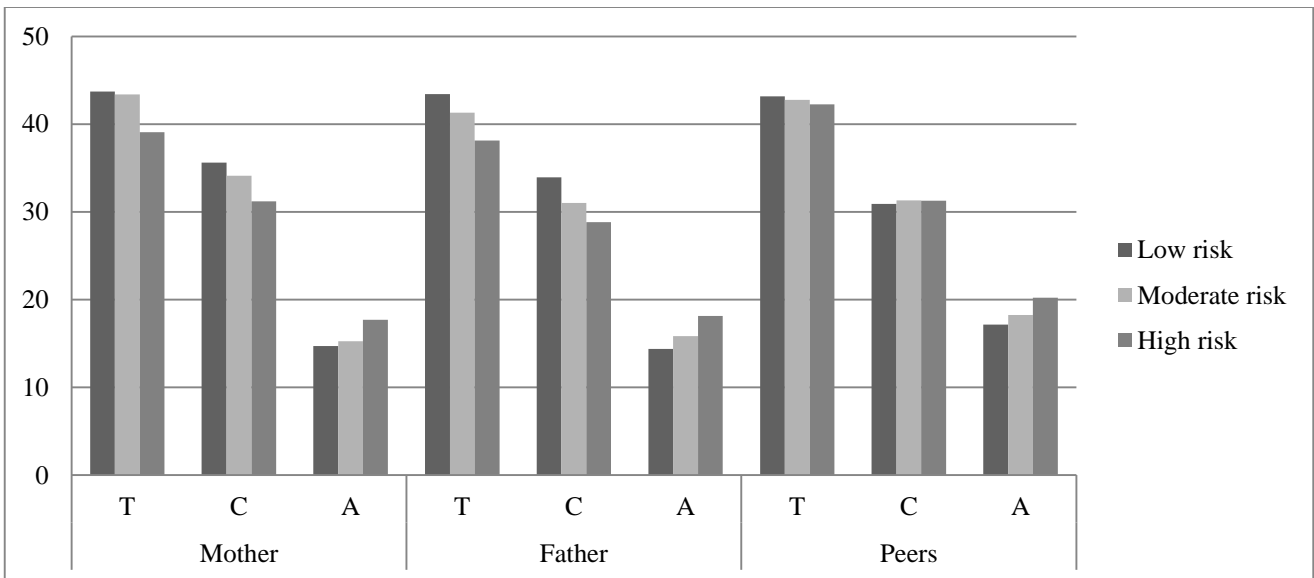
Our findings showed that the attachment to the mother and to the father is protective factor of the risk behaviour production. The relation to the peers does not seem to be clear in relation to the protection of the adolescents and their risk behaviour.

Our findings are consistent with older and newer results of the researches [25], [26].

Table 1. Attachment of adolescents to mother, father and peers according to level of risk behaviour

		Low level of risk behaviour				Moderate level of risk behaviour				High level of risk behaviour				F
		N	M	SD	SEM	N	M	SD	SEM	N	M	SD	SEM	
Mother	Trust	36	43.69	4.892	.815	141	43.38	4.133	.348	43	39.07	6.053	.923	15.143*
	Communication	36	35.61	4.668	.778	141	34.11	4.427	.373	43	31.19	4.861	.741	10.266*
	Alienation	36	14.72	2.835	.472	141	15.24	3.002	.253	43	17.70	3.516	.536	12.355*
	Attachment	36	100.58	10.404	1.734	141	98.26	8.979	.756	43	88.56	12.380	1.888	18.833*
Father	Trust	36	43.42	4.157	.693	141	41.31	6.338	.534	43	38.12	6.822	1.040	7.708*
	Communication	36	33.92	4.711	.785	141	31.02	5.371	.452	43	28.81	5.937	.905	8.804*
	Alienation	36	14.36	3.322	.554	141	15.84	3.579	.301	43	18.14	3.321	.506	12.187*
	Attachment	36	98.97	9.506	1.584	141	92.50	12.582	1.060	43	84.79	13.955	2.128	13.016*
Peers	Trust	36	43.17	4.488	.748	141	42.74	5.706	.481	43	42.23	5.498	.838	0.290
	Communication	36	30.89	6.173	1.029	141	31.32	5.797	.488	43	31.26	5.224	.797	0.080
	Alienation	36	17.14	2.463	.410	141	18.23	3.518	.296	43	20.21	3.876	.591	8.506*
	Attachment	36	98.92	10.333	1.722	141	97.84	12.264	1.033	43	95.28	12.044	1.837	1.055

Legend: N = count, M = average mean, SD = standard deviation, SEM = standard error of mean, F = value of ANOVA, * = significance of the level $\alpha \leq 0.001$.



Legend: T = trust, C = communication, A = alienation

Figure 1. Trust, communication and alienation in the relation to the level of risk behaviour

The relation with the parents seems to be crucial for regulation of the behaviour of the children and the adolescents. If the parents give enough amount of stimuli in the quality adequate to age of their children, if they give them the adequate interpretations of the reality, if they live with them in a loving relation, if

they create conditions for the self-definition of the children, if they accompany them in the process of goal definition, then they facilitate the individual and the social development of their children. The children will transfer their positive experience into the other social interactions. They will prefer the peer relations which will not be based on violence, conformity, asocial or antisocial activities.

But if the relation between children and their parents will not have characteristics defined in the text higher, the threat arises. The core of the threat is that the child looks for the alternative loving relation, he/she looks for acceptance and love. There is the risk that he/she enters the peer group which asks for the loyalty evidence connected with breaking good forms and in turn it gives the feeling of acceptance to the child.

It is possible to add the analysis of the age and gender specifications to our research. In the relation to realised researches [27] we can assume the increase of the risk behaviour production together with the increasing age of the adolescents.

5. Conclusion

The research results showed that prevention of the risk behaviour of the adolescents in the system of the lower secondary education lies especially in the quality of the relation with the parents, resp. in the level of their attachment filled by trust, communication and closeness.

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