The Effects of Gender and Parental Marital Status on Late Adolescent Risk-Taking

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The Effects of Gender and Parental Marital Status
on Late Adolescent Risk-Taking

(TITLE)

BY
Jeff Daugherty

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The Effects of Gender and Parental Marital Status on Late Adolescent Risk-Taking

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Abstract

Risk taking behavior among the adolescent population has increased in recent years putting America’s youth in danger of many detrimental outcomes. Many adolescents currently engage in behaviors that represent health risks as well as those that are potential criminal risk. This study attempted to assess late adolescent risk-taking as a function of gender and parental marital status. Similarly, the self-esteem of late adolescent participants was also measured within the contexts of gender and family status. This study provides partial support for the idea adolescents with divorced parents engage in a significantly greater amount of risk-taking behavior than those with married parents. It was found that males engage in a significantly greater amount of risk-taking than females regardless of parental marital status. Males were also found to possess significantly greater self-esteem than females in this study.
The Effects of Gender and Parental Marital Status on Late Adolescent Risk-Taking

Adolescence has been described as a time of exploration and experimentation with many different types of behaviors and activities. To some extent, teenagers and young adults have always been expected to engage in a certain amount of aimless fun. But adolescent activities of the past few decades have given our society reason to be concerned about the welfare of our young people. Adolescents are at risk for a number of detrimental outcomes as they continue to engage in activities and habits with potential health risks. Automobile accidents are responsible for nearly three-quarters of all deaths occurring in the 15-24 age range (American Medical Association, 1990). Along these same lines, the consumption of alcohol by individuals in the same age group, which is highly correlated with many car accidents, is currently on the rise (American Medical Association, 1990). Concern has recently been directed at reducing adolescent engagement in a variety of risk-taking behaviors (RTBs) that have proven to be detrimental in the long run. Behaviors of particular concern include health risks, such as tobacco use and sexual activity, as well as those like vandalism and theft that represent criminal risks. A project conducted by the state of Illinois (The Illinois 9th Grade Adolescent Health Survey, 1991) contributes to the wealth of information documenting the prevalence of adolescent risk-taking. Of the 4000 14-15 year olds sampled, over half reported that they had tried cigarettes, 14% had smoked marijuana, 3% had previously used cocaine, and 1% had tried heroine. Similarly, over 30% of these adolescents reported binge drinking while 10% had done so at least 20 times in the past year. As this
study pointed out, adolescents do indeed participate in a variety of RTBs on a regular basis.

Risk-taking behavior can be defined as "behaviors in which the outcomes remain uncertain with the possibility of an identifiable negative health outcome" (Irwin, 1993). RTBs are commonly initiated in early adolescence but typically increase in frequency from early to late adolescence (Blum, 1987). Risk-taking during this stage is viewed as both complex and multidimensional (Shapiro, Siegel, Scovill, & Hays, 1998). Behaviors deemed inappropriate or "risky" are usually based on adult perspectives. Certain behaviors which may be quite normal for the average 19-year old (e.g. sex) may be considered inappropriate for the typical 13-year old. Along these same lines, behaviors that most adults would interpret as "risky" are not readily viewed by younger adults in a similar manner (Alexander et al., 1990). For example, the behavior of driving an automobile fast is usually viewed as risky by adults but is commonly labeled good by adolescents (Gonzalez, Field, Yando, Gonzales, Lasko, & Bendell, 1994).

Certain adolescents take more risks than others. A problem-behavior perspective to risk-taking was developed to explain why some adolescents behave in a way that deviates from society's norms (Donovan, Jessor, & Costa, 1991; Costa, Jessor, & Donovan, 1989). This theory holds that certain adolescents are "prone" to exhibit certain inappropriate behaviors. Donovan and colleagues (1991) referred to these individuals as "unconventional" due to their more frequent violation of society's norms and assume risk-takers to be exhibiting symptoms of social maladjustment or a personality disorder. Furthermore, the problem-behavior perspective also proposes that adolescent problem
behaviors are not isolated from each other. Interestingly, they seem to be grouped together to form clusters of several similar behaviors. For instance, the future risk-taking behavior of a teenager who has previously engaged in binge drinking is likely to be somehow related to drinking (Donovan et al., 1991).

Risk-taking has also been attributed to adolescent egocentrism according to Elkind's theory (Elkind, 1967). Adolescent egocentrism refers to the well-known principles of the “imaginary audience” and “personal fable” that possibly contribute to an adolescent’s belief that others are constantly aware of them and that they are unique and invulnerable to the consequences of activities. Personal fable has been investigated quite extensively with regard to certain risk-taking behaviors (Jack, 1989). Basically, some theorists (e.g. Elkind, 1967; Jack, 1989) believe that an adolescent’s tendency to unrealistically believe something can’t happen to them predisposes him/her to participate in certain unhealthy behaviors.

On the other hand, some researchers have come to view adolescent risk-taking as necessary for normal, healthy development (Baumrind, 1991; Shedler & Block, 1990). Investigators from this perspective hold that a certain amount of experimentation during development leads to greater social competence later in life. Risk-taking may be a way of gaining independence to a certain degree. According to Shedler & Block (1990), frequent risk-taking leads to maladjustment but experimental or infrequent risk-taking leads to several positive developmental characteristics.

Adolescents are currently engaging in a variety of risk-taking behaviors, many of which pose a significant threat to their health and well-being. This type of behavior has
escalated somewhat over the years. Teenagers do not simply stay out late and drive fast anymore. Their risk-taking has escalated to a more dangerous level than ever. With many options available, adolescents are currently faced with choices such as unprotected sex, drug use, and drunk driving to name a few. There are several themes available to help explain why adolescents engage in risk-taking. One of them concerns the family environment. It emphasizes the added structure, supervision, and guidance available in a two-parent household and how they might deter adolescents from participating in an abnormal amount of RTB (Tienda & Angel, 1982). It is widely known that when parents divorce, children suffer along various dimensions. The divorce of a young person’s parents almost certainly results in family dysregulation to some extent. It may also result in a decrease in supervision and structure that was once present in the child’s life. This decrease in parental involvement (even for a short period of time) may make these adolescents more susceptible to engaging in risk-taking behaviors. With the single-parent familial environment becoming more and more common every year, it is important to investigate this issue from various levels.

This study was guided by two research questions designed to investigate the relationship between family structure, gender, self-esteem, and the risk-taking involvement of adolescents. First, do adolescents from two-parent families report less RTB than those whose parents are divorced? One explanation for adolescent RTBs such as alcohol and drug use relies on family structure. According to Tienda & Angel (1982), our country raises its children based on one of two systems. The first system refers to two-parent households in which duties and responsibilities are taken on and shared by two adults.
The other system consists of single-parent families where the burdens of life rest upon the shoulders of one adult. Family relationships have been shown to provide a certain amount of control over the behavior of the members of that family. This social containment system, complete with distinct family roles, has been shown to discourage the risk-taking of family members (Umberson, 1987). Therefore, the absence of distinct family roles (often evident in single-parent households) may very well increase the likelihood of a child engaging in RTBs. Single parents may not be as successful as two-parent families in controlling the RTBs of the adolescents within them.

Studies of certain adolescent behaviors provide support for this perspective. Higher family dysfunction (parental conflict, parental absence, sibling conflict, etc.) has been shown to be related to the increased participation in sexual risk-taking (Fleuridas, Creevy, & Vela, 1997). Similarly, research by Martinez, Hays, & Solway (1979) indicates a relationship between single-parent family structure and delinquent behavior in Mexican adolescents. Along these same lines, Szapocznik and colleagues’ study (as cited in Sokol-Katz & Ulbrich, 1992) found similar results with regard to drug use in Cuban adolescents. High rates of drug and alcohol use have also been linked to single-parent families by various other researchers (Kandel, Kessler, & Margulies, 1978; Sokol-Katz & Ulbrich, 1992). These results indicate that the lack of structure and social control present in many single-parent families may contribute to the risk-taking behavior of the adolescents in these families. Without a doubt, single-parent families are becoming more common in the United States every year. Throughout the 1990s, a possible 50-60% of all American children may reside at some point in a single-parent home according to Worell.
Risk-Taking (1988). The fact that over half of our children may come from broken homes warrants investigation into this area.

The second research question of this study concerned gender differences in risk-taking behaviors. Investigations into these differences have met with mixed results in the past. On one hand, it has been shown that daughters' behaviors are monitored more extensively than sons, leading to a decreased preference for RTBs in females (Hagan as cited in Sokol-Katz & Ulbrich, 1992). Research has also shown that males consume more alcohol than females (Forney, Forney, & Ripley, 1988; Johnson, O'Malley, & Bachman, 1987; Johnson, O'Malley, & Bachman, 1991) and are also more likely than females to use drugs (Fidell as cited in Sokol-Katz & Ulbrich, 1992). More specifically, males have subsequently been shown to exhibit higher participation in risk behavior as well as in activities leading to arrest (Earles, Cairns, & Mercy as cited in Light, 1998). On the other hand, some researchers have taken another perspective claiming that gender differences in risk-taking have been exaggerated (Hyde & Plant, 1995) and should be looked at with regard to social context and culture for accurate interpretation (Santrock, 1998). A look at gender role expectations and stereotypes could very well explain why differences have been shown in the past. Along these same lines, sex differences in risk-taking may be decreasing due to the fact that female adolescents have been shown to participate more in some RTBs (e.g. regularly smoking by age 13, smoking more cigarettes per day, use of over-the-counter medications to get high) than male adolescents (Light, 1998). This study investigated the effects of gender as well as family structure to shed some light on these mixed results.
When looking at the risk-taking behavior of adolescents, it is important to consider several other variables that have been shown to relate to RTB. Adolescent high-risk behavior (particularly drug and alcohol use) has been correlated with negative attitudes toward school and low academic performance (Jessor & Jessor's study as cited in Holcomb, Westhoff, & McDermott, 1998) as well as a low emphasis on and dedication to education (Mayton's study as cited in Holcomb et al., 1998). Similarly, Holcomb and colleagues (1998) found that perceived academic competence was also inversely related to adolescent risk-taking.

One of the most widely established correlates of RTB is self-esteem. Self-esteem is the value each of us places on our own characteristics, abilities, and behaviors (Woolfolk, 1993). A low sense of self-worth has been shown to significantly relate to high risk-taking behavior (Emery, McDermott, Holcomb, & Marty, 1993; Kandel, Kessler, & Margulies' study as cited in Holcomb et al., 1998). Along these same lines, according to Bynum and Durm's study (as cited in Durm, Giddens, & Blankenship, 1997) significant differences in self-esteem were found between children from divorced families and intact families with children from divorced parents showing significantly lower self-esteem than those from intact families. Significant gender differences have also been found with regard to self-esteem with males typically reporting higher levels of this characteristic than females (Rosenthal, Moore, & Flynn, 1991; Durm, Giddens, & Blankenship, 1997). This study also looked at the effects of gender and family structure on self-reported RTB while controlling for the effects of several variables including self-esteem.
For the purposes of this study, risk-taking was defined as the involvement in certain behaviors with potential health risks as measured by a self-report instrument. Most researchers use self-report instruments when studying RTB (Jessor, Donovan, & Costa as cited in Shapiro et al., 1998; Shedler & Block, 1990; Siegel et al., 1994). The reliability and validity of self-reported behavior by adolescents has been convincingly established over the years (Johnston, O’Malley, & Bachman, 1987; O’Malley, Bachman, & Johnston, 1983). Within this study, gender and parental marital status were assessed in the self-report questionnaire along with RTB and self-esteem. Participants whose biological parents are divorced were differentiated from those whose parents are currently married. Self-esteem, which was assessed due to its previously established relationship to RTB and used as the dependent variable in another part of this study, was viewed as the adolescents’ degree of confidence and satisfaction with his/her characteristics, abilities, and behaviors. The degree to which the participant values and emphasizes education was also assessed due to its previously-mentioned correlation to risk-taking behavior.

The variables of gender and parental marital status are independent of each other and no relationship between the two was expected. Also, the variables of self-reported risk-taking and gender were also believed to be independent of each other due to the fact that research results of the past have been mixed (e.g. Forney, Forney, & Ripley, 1988; Light, 1998; Sokol-Katz & Ulbrich, 1992). However, previous research has indicated the potential relationship between parental marital status and RTB (e.g. Sokol-Katz & Ulbrich, 1992). This leads us to the purpose of this study, which was to investigate for the effects of both gender and family status on risk-taking. Furthermore, RTB has been
shown to correlate with both self-esteem (Emery et al., 1993; Kandel and colleagues as cited in Holcomb et al., 1998) and emphasis on education (Mayton’s study as cited in Holcomb et al., 1998). The relationship between RTB and these variables was expected to present itself in this study as well. Consequently, self-esteem and emphasis on education/schoolwork will be measured and used as potential covariates of RTB.

This study sought to answer three research questions. The first of these was to investigate potential differences in the participation of RTBs between adolescents of divorced parents and those whose parents are married. The second question sought to examine gender differences with regard to risk-taking engagement. Yet another question of this study intended to look at whether or not gender and family status relate to self-esteem. Although previous findings indicate that self-esteem is related to both parental marital status and RTB and that an adolescent’s emphasis on school also contributes to RTB, this study hoped to provide additional support.

Using gender and parental marital status as independent variables, self-reported risk-taking as the dependent variable, and age as well as emphasis on education as covariates, this study used a two-way factorial design to answer the previously mentioned research questions. Based on previous results it is hypothesized that 1.) adolescents with divorced parents will report significantly greater participation in RTB than adolescents with married parents, 2.) there will be no significant gender differences with regard to the engagement in RTB. The second design within this study used gender and parental marital status as independent variables and self-esteem as the dependent variable. Based on previous results it is hypothesized that 3.) adolescents with divorced parents will be
shown to possess significantly lower self-esteem than adolescents with married parents, and 4.) males will be shown to possess significantly higher self-esteem than females.

Method

Participants

Participants were 314 students from various undergraduate courses at a mid-sized university and community college in two predominantly middle-class, mid-sized cities in central Illinois. It has been shown that college students are appropriately categorized as adolescents (Siegel et al., 1994) due to the fact that identity formation and autonomy development begins in the late teens and early twenties, which is the typical age to attend college (Steinberg, 1996; Erikson as cited in Shapiro et al., 1998). Any participant over the age of 22 was eliminated from the sample. The design of this study contained 4 independent cells in a 2x2 design. Ideally, each cell should contain approximately 50 data points (participants). In an effort to keep the cell sizes somewhat equal, 229 participants out of the original 314 were retained for the final sample. A total of 85 participant reports (81 females, 4 males) had to be eliminated from the final sample due to incomplete information, age constraints, and female over representation. The final sample consisted of 110 males and 119 females. The final sample of females was randomly selected from the original participant pool by eliminating every other female participant packet until the final number of 119 was reached. Participants received extra credit toward their final grade in the class from which they were recruited. Differentiation of the participants on the basis of gender and parental marital status was accomplished with a demographics questionnaire distributed with the self-report instruments. Information regarding age,
college major, emphasis on education, and emphasis on religion was collected along with overall grade point average and cultural/ethnic background. While age and emphasis on education were utilized as covariates in this study, information on the participants' college major, emphasis on religion, grade point average, and cultural/ethnic background was not part of the final data analysis.

Design

A between-participants, two-way factorial design was used for the first part of this study. The two independent variables were gender and parental marital status. Information regarding these variables was obtained from a demographic questionnaire and students were classified accordingly. The dependent variable was self-reported risk-taking involvement of the adolescent participants. The self-esteem of each participant was also assessed due to a previously established relationship with both RTB and parental marital status. Similarly, the emphasis that each participant placed on education was determined due to its previous correlations with risk-taking.

A between-participants, two-way factorial design was used for the second part of this study. The two independent variables were gender and parental marital status while the dependent variable was self-esteem. Information used in this second part of this project was collected at the same time information was collected for the first design of this study.

Materials

Each participant was asked to complete a measure of risk-taking behavior, a self-esteem scale, and a brief demographic questionnaire as well as an informed consent. The
demographic sheet asked the students information regarding age, gender, and college major as well as pertinent information about parental marital status, religion emphasis, and emphasis on school (see Appendix A). Information regarding school achievement and year in college was also part of the questionnaire. No identifying information was requested from the participants. Students were asked to write their names on a separate sheet to be detached and turned into their course instructor for class credit.

Participants were asked to complete the schedule of behaviors in the Risk Involvement and Perception Scale (Siegel et al., 1994) to assess their involvement in RTBs. The Risk Involvement and Perception Scale (RIPS), a paper and pencil questionnaire, contains three subscales in its entirety: involvement, perceived risks, and perceived benefits. It is designed to measure not only the behaviors engaged in by a certain individual but also the risks and benefits that each individual associates with those behaviors. Given that this study sought only to gain a measurement of each participant’s individual risk-taking and not their perceptions of risk and benefit, only the involvement scale of this instrument was used here. The involvement scale contains a set of 19 behaviors constituting a representative set of behaviors common to older adolescents. The behaviors listed on the involvement scale vary with regard to riskiness from low (e.g. sunbathing, taking prescription drugs) to high (e.g. having unprotected sex, taking cocaine/crack)(see Appendix B).

Previous research has established the test-retest reliability of the involvement subscale of the RIPS with significant Pearson product-moment correlations for each of the behaviors ranging from .59 to .97 (all p’s < .001) (Parsons, Siegel, & Cousins, 1997).
Similarly, Siegal et al. (1994) found the mean test-retest correlation for the involvement subscale to be .86 (p < .001). Internal consistency has also been demonstrated for this scale of the RIPS with a Cronbach’s alpha coefficient of .72 (Siegel et al., 1994). Factor analyses used in previous research with the RIPS have identified six factors that emerge from these 19 behaviors: Alcohol, Illegal Drugs, Sex, Stereotypic Male Behaviors, Socially Acceptable, and Imprudent Behaviors (Siegel et al., 1994). With regard to this study, each participant’s risk-taking was viewed in an overall manner across each of these six factors.

Participants were instructed to rank each of the 19 behaviors for involvement on a 9-point Likert scale by circling the applicable response (never to daily). A subject’s overall risk-taking involvement was found by totaling their ranks for each of the behaviors listed. Similarly, a score may also be obtained for each of the six factors in the same manner. Greater risk-taking is demonstrated by a higher total score.

Participants were also asked to complete the Coopersmith Self-Esteem Inventory: Adult Form (Coopersmith, 1975). This is a self-report instrument designed to measure a person’s self-worth. The Coopersmith Self-Esteem Inventory (SEI) contains 25 statements and participants are asked to indicate whether the statement pertains to them by marking one of two boxes: “like me” or “unlike me”. Items on the SEI concern feelings and perceptions about various aspects of a person’s life (e.g. “Things don’t usually bother me.”, “I often wish I were someone else.”). The SEI yields a total score of self-esteem and doesn’t provide for any subscale scores. Total scores are based on the sum of all of the 25 items. This self-esteem scale is a newer version of an original
Coopersmith inventory designed for adults. The validity for this scale has been established in the work of Bagley & Young (1989). When compared to the previously established form of the adult Coopersmith inventory, there was a significant correlation between the instruments, $r = 0.77, p < .001$ (Bagley, 1989). Similarly, in the study by Bagley & Young (1989), internal consistency was demonstrated for the Coopersmith inventory with an average alpha of .92. This same study yielded test-retest reliability correlations of .58 for this instrument for 345 subjects over a 14 month time span. (Bagley & Young, 1989).

Procedure

Participants were recruited from undergraduate courses at a mid-sized university and community college in the Midwest. Subjects were asked to sign an informed consent after being given a brief introduction to the proposed study. Participants then received a packet containing a demographic questionnaire, the RIPS schedule of behaviors, and the Coopersmith Self-Esteem Inventory-Adult Form. Attached to this packet was a half-sheet of paper on which the participants printed their names and turned in for class credit. Subjects were asked to complete each part of the packet and direct any questions to the experimenter by raising their hand. Following completion of the questionnaires and scales, participants detached the credit slip on which they printed their name and placed in an envelope to be delivered to their instructor. They then placed their data packet into a box at the front of the classroom and were thanked for their participation and instructed that they were free to leave. The entire process took between 20 and 30 minutes.

The study’s dependent variable (risk-taking involvement) was measured by each participant’s score on the RIPS involvement scale. Subjects were differentiated on the
bases of parental marital status and gender according to the information on their demographic sheets. Given that this study’s target population is late adolescents and that college students are most appropriately placed in this developmental group, only students under the age of 23 were included in the final analyses (Siegel et al., 1994; Steinberg, 1996). Similarly, packets that contained incomplete questionnaires or scales were also excluded from the final sample.

Analysis

Participants’ overall risk-taking scores were calculated according to their responses on the RIPS involvement scale and recorded according to gender and parental marital status. Assessed risk-taking involvement with the RIPS represents interval data while the variables of gender and parental marital status are nominal scales of measurement. As previously mentioned, the study also contains two external variables: self-esteem and emphasis on education/schoolwork. Each participant’s self-esteem as assessed by the Coopersmith Self-Esteem Inventory (Adult Form) represents interval data. Along these same lines the variable of emphasis on education/schoolwork has been shown to be inversely related to adolescent risk-taking behavior (Jessor & Jessor, 1978; Mayton as cited in Holcomb, Westhoff, & McDermott, 1998). Therefore this variable was assessed by the summing of three specific items on a demographic questionnaire. Each of these items was rated on a scale of one to four prior to summing, making this variable a representation of interval data.
Results

To assess late adolescent risk-taking as a function of gender and parental marital status, a two-way analysis of covariance (ANCOVA) was conducted. Bivariate correlations conducted indicated that the age of the participant was significantly correlated to risk-taking, $r = .261$, $p < .001$. Similarly, the amount of emphasis participants placed on school and education was shown to be significantly inversely related to their self-reported risk-taking, $r = -.274$, $p < .001$. Because of their significant relationship to self-reported risk-taking, these variables were utilized as covariates in this part of the study.

Results of the 2-way ANCOVA indicate that there was a significant interaction between gender and parental marital status with regard to self-reported risk-taking while holding age and emphasis on education constant, $F(1,229) = 5.989$, $p < .05$. Further analyses reveal that overall, males engaged in more RTB ($M=46.176$) than females ($M=39.352$) regardless of parental marital status. Interestingly however, male subjects with married parents actually reported more RTB ($M=47.356$) than males with divorced parents ($M=44.995$). On the other hand, female participants with married parents reported significantly lower amounts of RTB ($M=35.221$) than those whose parents were divorced ($M=43.483$) (see Figure 1). These results indicate partial support for the prediction that adolescents with divorced parents engage in a significantly greater amount of RTB than those with married parents. However, these data do not uphold this study’s hypothesis regarding gender differences in RTB due to the fact that males reported engaging in a significantly greater amount of risk-taking than females.
As previously mentioned, the second design within this study looked at self-esteem as a function of gender and parental marital status. Results of the 2-way ANOVA indicate that, with regard to self-esteem, there was no significant interaction between gender and parental marital status, $F(1, 229) = .671, p > .05$ (see Figure 2). However, the main effect of gender was significant, $F(1, 229) = 4.336, p < .05$. Regardless of parental marital status, males' scores indicate significantly higher self-esteem ($M = 72.795$) than females' scores ($M = 67.282$) (see Figure 3). Interestingly, regardless of gender, the self-esteem scores for those with married parents ($M = 70.754$) and for participants with divorced parents ($M = 69.323$) were almost identical and not significantly different. The results of this design do not support the notion that adolescents with divorced parents possess significantly lower self-esteem than those with married parents. However, they do uphold the hypothesis that males possess significantly higher self-esteem than females. This finding, while not found to be common with the Adult Form of the Coopersmith inventory (e.g. Cowan, Altmann, & Pysh, 1978; Kokenes, 1978), has been shown to occur in previous research using another self-esteem instrument (Durm, Giddens, & Blankenship, 1997).

**Discussion**

It is undisputed that adolescents as a group continue to engage in a certain amount of behavior that puts them at risk for a variety of health-related problems. Where most people tend to disagree is when it comes to deciding what groups of adolescents engage in the most RTB. The focus of this study has been to examine the link between single-parent families and negative behaviors in adolescents. Previous research (e.g. Sokol-Katz & Ulbrich, 1992) suggests the reduction in structure, supervision, and discipline that often
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accompany single-parent families gives rise to risky behavior in the children exposed to these conditions.

Consistent with results of other studies (e.g. Kandel, Kessler, & Margulies, 1978; Sokil-Katz & Ulbrich, 1992; Tienda & Angel, 1982) this project did find, as predicted, that adolescents from divorced families do engage in more RTB than those from intact families even though this difference could not be interpreted as significant due to an interaction effect with gender. This leads us to believe that regardless of parental marital status, adolescents engage in similar amounts of RTB overall. Another finding of this study was that males engage in more RTB than females regardless of parental marital status. In fact, as previously mentioned, the mean risk-taking for males from divorced homes was lower than the mean risk-taking for males from intact homes. The results were just the opposite for females. So perhaps it is not the lack of a traditional family unit that contributes to young people’s risky behavior. Perhaps there is a predisposing factor specific to gender that plays more of a role that is yet to be established in the research. These results also suggest that divorce and the single-parent family structure may be more detrimental to female adolescents with regard to self-reported RTB. Of course, this is only one piece of work and much more evidence is necessary before such a statement could be declared and taken seriously.

Self-esteem, on the other hand, has been studied extensively over the years. Nevertheless, this research was inconclusive regarding differences in the trait as a function of gender or parental marital status. The results of this project do not support the idea that self-esteem differs for adolescents according to parental marital status. They do
however, support the consensus of self-esteem research according to gender. This study, as well as other research (e.g. Durm, Giddens, & Blankenship, 1997) have yielded results indicating that the male gender possesses significantly higher self-esteem than the female gender. Discussions about why males are found to score higher on self-esteem inventories have focused on many issues including confidence, society, and childhood home life with none of these emerging as extremely convincing. In light of these results, it is also important to point out that support also exists for the hypothesis that gender differences in self-esteem are non-existent (Emery, McDermott, Holcomb, & Marty, 1993).

As with any study, this one contains some limitations that must be addressed. First, the small sample size from a limited geographical area weakens the degree to which these findings can be generalized. Another limitation of this study pertains to the self-report method used to collect information. Even though this method has received much support in previous work, it is still preferred to directly measure something rather than to rely on participants’ memory and honesty. Another characteristic that weakens the generalizability of these results pertains to the sample being made up entirely of two and four-year college students. Although this project does provide useful information that warrants consideration, these limitations force us to use caution when attempting to generalize these results to a broad spectrum of people. Future research in this area could definitely address these limitations and provide more insight into these variables and their relation to RTB. Perhaps a closer look at more specific variables pertaining to divorce and the single-parent families would allow for a more focused approach to the causes of increased risk-taking in the adolescent population. Data on variables such as parental
supervision, home rules, and parent/child quality time could likely contribute to some extent to the risk-taking of any adolescent. Along these same lines, various factors specific to gender could also possibly be examined such as extracurricular activities, locus of control, sensation seeking, and various personality traits.

Regardless of the limitations of this study, adolescents continue to engage in a number of high risk behaviors that put them at-risk for a variety of untimely health problems (e.g. STDs, overdose, pregnancy, death). According to these results, parental marital status may not be the best predictor of a child’s future risk-taking behavior. But we are not likely to find one single reliable indicator of this type of behavior. It is probably a combination of factors that predisposes certain adolescents to engage in elevated levels of RTB. The best way to combat this type of behavior in our adolescents is likely prevention through teaching. Adolescents need to be aware of the specific dangers associated with certain activities in order for them to be able to make their own adult decisions about engaging in these types of behaviors. Providing alternatives to sex, drugs, and alcohol would also allow for certain adolescents, who would normally succumb to peer pressure, to feel more confident in their decision-making ability. This is not a problem that can be fixed right away, if it truly can be fixed at all. The high risk behavior of adolescents in our society must be dealt with through education which will help in the formation of more healthy habits to replace some of the more traditional, risky ones. Efforts directed at these things, along with action from the parent(s), could very well prevent some very serious consequences in the future if the proper emphasis is give to this subject.
References


Appendix A

QUESTIONNAIRE

Gender: _____ (M=male, F=female)

Age: ______

Race/Ethnicity: Caucasian, African-Amer., Hispanic/Latino, Native Amer., Asian Amer., other (circle one)

How would you describe your family’s socio-economic status?

lower, lower-middle, upper-middle, upper (circle one)

Year in College: freshman, sophomore, junior, senior, graduate/other (circle one)

College Major: ______________________

Current Overall College GPA: __________

For the following three questions please respond by circling one of the four choices to indicate how important each is to you.

<table>
<thead>
<tr>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>At All</td>
<td>Unimportant</td>
<td>Important</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

How important is school to you? 0 1 2 3

How important are your grades to you? 0 1 2 3

How important do you consider education to be to your future? 0 1 2 3

1.) Are your biological or adoptive parents divorced? _______ (Y=yes, N=no)

2.) How many years did you live in a single-parent household? _______
## Appendix B

For each of the following, please circle the number that corresponds to your involvement in that behavior.

<table>
<thead>
<tr>
<th></th>
<th>Never (0)</th>
<th>Rarely (2-3 times/year)</th>
<th>Occasionally (2-3 times/month)</th>
<th>Often (2-3 times/week)</th>
<th>Daily or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>having sex</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>riding with a drunk driver</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>drinking alcohol</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>walking alone at night</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>getting drunk</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>binge eating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>riding a motorcycle</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>smoking marijuana</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>driving a car</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>taking speed</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>having sex without a condom</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>shoplifting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>driving after drinking</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>taking prescription drugs</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>riding without a seatbelt</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>contact sports</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>taking cocaine/crack</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>smoking cigarettes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>sunbathing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
INFORMED CONSENT

Thank you for taking the time to participate in this study. This is an investigation into late adolescent risk-taking and certain variables that may predict risk-taking involvement. The packet you will be receiving contains three brief questionnaires. Please take the time to read through and answer the questions on each. Please do not put your name or any other identifying information anywhere in the packet except on this form and the credit sheet. Responses to the questions in the packet will be kept completely confidential so please fill out each questionnaire completely and honestly. Participation in this project is completely voluntary. You are free to withdraw your participation at any time without penalty. If there are any questions about any of the items please direct them to me by raising your hand. If you are interested in the results or any other part of this study please feel free to contact me through the Psychology office. Once again, thanks for your cooperation. Please sign below to indicate that you have read this form and consent to participate.

____________________________________
Participant’s Signature
Figure 1

Risk-Taking 33
Figure 2

![Graph showing the relationship between self-esteem and parental marital status (married vs. divorced) for male and female participants. The graph indicates a decrease in self-esteem for divorced individuals compared to married individuals, with a distinction between males and females.]
Figure 3

Self-Esteem

74

72

70

68

66

64

male

female

Gender