



Construction and Standardization of Unhealthy Risk Taking Behaviour Scale

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ABSTRACT

The study aimed at constructing and standardizing the Risk Taking Behaviour Scale to measure unhealthy risk taking behaviour. The scale consists of 80 items covering five dimensions viz: (A) Academic Risk, (B) Social Risk, (C) Future/Goals Risk, (D) Adventurous Risk and (E) Security/Peace Risk with 16 items in each dimension. The reliability coefficient of the scale has come out 0.67 and validity coefficient 0.63.

KEYWORDS :

Introduction

The 21st century is the age of competition, in which people are busy to keep themselves in a leading position. This competitive spirit bounds them to take risks. It is evident now that a risk-taker is more successful and position holder in the society (Sinha & Arora, 1982). Risk has been a concern of human beings from the earlier days of recorded history and most likely even before that. Risk is sometimes seen as the probability of an unwanted event occurring, but here risk is taken to mean the probability of an unwanted event occurring and severity of potential loss. Kogan and Wallach (1964) pointed out that, one can hardly afford to neglect the role that risk taking may play in thinking; it helps in some kind of decision making.

Risk as a layman understands, may be an act where an individual undertakes to earn his livelihood. Generally, the term risk means a dangerous element or factor, where an individual is put in willingly/unwillingly in that situation. Horbin (1974) is of the opinion that risk is a condition where there is possibility of loss as a result of deviation from the intended or expected situation. Kogan, et al (1967) are of the opinion that risk means the extent at which the decision maker is willing to expose himself to possible failure in the pursuit of a desirable goal. Risk is a condition where both the aspects of an act are clearer to individual and the outcome clearly defines the success and failure (Chaubey, 1974).

Risk taking means undertaking a task involving a challenge for achievement or a desirable goal in which there is a lack of certainty or a fear of failure. It may also include the exhibiting of certain behaviours whose outcomes may present a risk to the individual or to those associated with him or her (Medical dictionary). Risk-taking refers to the tendency to engage in behaviours that have the potential to be harmful or dangerous, yet at the same time provide the opportunity for some kind of outcome that can be perceived as positive (Matthew, 2009).

Risk-taking behaviour has changing scope. It can be healthy as well as unhealthy. Unhealthy risk takers generally have a socially negative outlook and repeatedly engage in activities that society perceives as abnormal. Granted, the skier might be perceived by some as abnormal in the sense that most people would never attempt such a dangerous exploit, but society will simultaneously reward him or her in various ways for pushing the envelope of human experience and endurance. Conversely, the unhealthy risk taker will usually receive only imprisonment, disease, divorce, or condemnation in response to his or her activities. Gambling, unsafe sex, crime, drug use: these rarely offer any sort of benefit to either the person who does them or to anyone else. Instead, they frequently lead to misery and destruction, whereas the more positive risk-taking behaviours could be regarded as having a spiritual aspect and an element of joy.

A vast array of research has been conducted in European countries

on risk taking behaviour. Many researchers have constructed tests to measure this aspect of personality i.e. 'Risk Taking Behaviour', but these are culture-specific and could not be used in Indian context. Chaubey (1974) and Yousuf (1974) in India constructed the Risk Taking Questionnaires based on the norms of Eastern U.P and Mysore respectively. Sinha & Arora (1982) constructed Risk Taking Questionnaire which is in Hindi language and cannot be used with the testees, who don't know Hindi language. The limitations of the tests already constructed motivated the authors to construct this Risk Taking Behaviour Scale which measures unhealthy risk taking behaviour of adolescents.

Development of Scale

1. Item pool

After consulting relevant literature fifteen (15) components (areas) were selected and 137 statements were prepared. The scale was modified in the light of views obtained from language experts, research experts, professors and research scholars of various universities on the basis of their suggestions.

2. Face validity

Initial screening of items and components was done by experts from the field of Psychology, Education and English language in order to determine the face validity as a result the scale was developed by reducing the number of components from 15 to 5 and number of statements from 137 to 112.

3. Content validity

After determining the face validity the panel of ten (10) judges with good experience in their relevant field was prepared to determine the content validity of the scale. These experts were contacted individually. The judges were requested to record their agreement or disagreement on any of the items of the scale. They were also requested to suggest the change in the items which they don't find feasible. The choice for categorization of each item was noted and the frequency of choice was calculated. Then the items on which there was the consensus of seven (07) judges and above were retained as such and even if they suggested some change, it was inserted. Thus the present form of scale has 0.7 as the content validity co-efficient. The number of items retained after this step was 98.

4. Item analysis

For the purpose of item analysis scale was administered on eighty (80) adolescents. The data was then tabulated and weighed score for each item and each subject was summed. The scores were arranged from lowest to highest for the purpose of determining upper and lower group. The t-values on each item between the upper and lower group were computed for retaining or rejecting the item in the scale with the objective of determining discriminatory power of the item. Only those items were retained whose t-value were significant at 0.05 or 0.01 level of significance. As a result only 80 items out of 98 were

retained and others were dropped. The 80 statements are covering five (5) dimensions which are described in Table 01 below:

Table 01: Major dimensions of Unhealthy Risk Taking Behaviour Scale

Sr. No.	Dimensions	No. of Items
A.	Academic Risk	16
B.	Social Risk	16
C.	Future/Goals Risk	16
D.	Adventurous Risk	16
E.	Security/Peace Risk	16

5. Internal consistency

For this purpose reliability was estimated by administering it on 80 adolescents at one occasion. It was estimated with a purpose of determining how well the items will yield same results. We computed correlation between each item. The correlation coefficient for each item is ranging from 0.26 to 0.67 which are significant at 0.01 level given in the table 02 below:

Table 02: Internal consistency of scale

Item	r	Item	r	Item	r	Item	r	Item	r
1.	0.42	17.	0.41	33.	0.44	49.	0.34	65.	0.34
2.	0.39	18.	0.64	34.	0.49	50.	0.32	66.	0.29
3.	0.33	19.	0.56	35.	0.29	51.	0.33	67.	0.32
4.	0.57	20.	0.63	36.	0.31	52.	0.46	68.	0.36
5.	0.32	21.	0.54	37.	0.26	53.	0.43	69.	0.32
6.	0.46	22.	0.61	38.	0.46	54.	0.37	70.	0.31
7.	0.52	23.	0.47	39.	0.39	55.	0.41	71.	0.58
8.	0.62	24.	0.43	40.	0.34	56.	0.29	72.	0.67
9.	0.38	25.	0.38	41.	0.43	57.	0.34	73.	0.59
10.	0.43	26.	0.32	42.	0.36	58.	0.28	74.	0.53
11.	0.38	27.	0.27	43.	0.34	59.	0.27	75.	0.49
12.	0.33	28.	0.53	44.	0.45	60.	0.33	76.	0.56
13.	0.37	29.	0.29	45.	0.37	61.	0.31	77.	0.53
14.	0.29	30.	0.31	46.	0.32	62.	0.26	78.	0.43
15.	0.38	31.	0.26	47.	0.41	63.	0.31	79.	0.47
16.	0.47	32.	0.33	48.	0.36	64.	0.37	80.	0.61

6. Concurrent validity

Concurrent validity was determined by computation of correlation with other standardized test namely Risk Taking Questionnaire developed by Virendra Sinha and Prem Nath Arora (1982). This Risk Taking Questionnaire was also administered on the same sample of 80 adolescents and correlation coefficient calculated was 0.63, significant at 0.01 level. Thus the final form of the scale with 80 items was found to be valid to measure unhealthy risk taking behaviour.

7. Reliability

The reliability of the Unhealthy Risk Taking Behaviour Scale was estimated through the split-half method of reliability and test-retest method.

a) Split-half reliability

The scale was administered on 80 adolescents selected randomly. Collected data was divided into two halves (on odd even basis). The correlation coefficient (for full scale) between two halves of the test was found as 0.67 which is significant at 0.01 level. The area wise reliability coefficient of scale was also worked out which is given in the table 03 below:

Table 03: Area wise reliability of scale (Split-half reliability)

Reliability Co-efficients	A	B	C	D	E
R	0.57*	0.62*	0.71*	0.69*	0.78*

*significant at 0.01 level

b) Test-retest reliability

The scale was administered on 80 adolescents selected randomly. After three weeks the scale was again administered on same subjects. Then coefficient of correlation computed between first and second

test was found to be 0.74 (for full scale) which is significant at 0.01 level. The area wise reliability coefficient was also computed through this method of scale which is given in the table 04 below:

Table 04: Area wise reliability of scale (Test-retest reliability)

Reliability Co-efficients	A	B	C	D	E
R	0.67*	0.72*	0.69*	0.73*	0.81*

*significant at 0.01 level

Thus the final form of the scale was found to be reliable.

Factors of Unhealthy Risk Taking Behaviour Scale

The face validity of the scale was determined and number of components was reduced from fifteen (15) to five (05) given above in table.01, the description of these is as under:

A. Academic Risk

When individuals are not serious about academics and when they come under pressure of academics, they take unhealthy risks by making use of unfair means etc. to pass the examination; this is labelled as academic risk in the scale.

B. Social Risk

Man is a social animal and is being protected by society. When one places one's life at stake to get fame in the society or challenges the social traditions or norms; he is taking social risk.

C. Future/Goals Risk

In this modern competitive world one needs to be careful about his/her secure future. When individuals don't care for future/goals, they invest money on less result prone ventures, select jobs with less security etc.

D. Adventurous Risk

In this dimension, items have been framed for seeking information related to adventurous acts like water rafting in dangerous waters, mountaineering, driving in hilly areas without following traffic rules etc.

E. Security/Peace Risk

Besides social man is an emotional being. Laws and rules have been framed from time to time for safety of people but whenever incident of human rights violation happens in the society, the people come on the streets, roads to protest against law abiding officers and have clashes with them without caring about law and order.

Administration of the Scale

The scale is meant for all literate adolescents. There is no time limit for completion of the scale. Proper instructions must be given to subjects that there is no right or wrong response. It measures the unhealthy risk taking behaviour, so please tick within the box which best expresses your level of agreement with the statement.

Scoring Procedure

There are 80 statements in this scale. Each statement has five modes of ratings, Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree. The subjects have to put tick mark on any of the option as per their level of agreement. All the items in the scale are favoring unhealthy risk taking behaviour, hence the items are scored as 5, 4, 3, 2 and 1 for the responses strongly agree, agree, undecided, disagree and strongly disagree respectively. The rationale for this scoring is that a high score will reveal maximum unhealthy risk taking behaviour and low score will reveal minimum unhealthy risk taking behaviour.

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