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Use of Adolescent Problems and Risk Behaviours Inventory (IPERI) to Predict the Influence of Personal Problems on Risky Behaviour among Adolescent in Sarawak, Malaysia

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ABSTRACT

This study explores the use of Adolescent Problems and Risk Behaviours Inventory (IPERI) to predict the relationship of personal problems on risky behaviour among adolescence aged 14 to 17. The objective of this research is to analyse the influence of personal problems such as study problems, family support, financial problems, career indecision, peer influence, spiritual management and health condition on the development of risky behaviours among adolescents. The risky behaviours comprise of eight (8) behaviours which include discipline problems, physical bulling, suicidal thoughts, free sex, tobacco consumption, alcohol abuse, drug abuse and media influence. A survey using Adolescent Problems and Risk Behaviours Inventory (IPERI) is administered to three hundred and seventy-nine (379) respondents, age between 14 to 17. The analysis of Pearson Correlation Coefficient and Standard Multiple Regression showed the existence of significance between all the problem variables, study problems (r = .316), family support (r = .256), financial problems (r = .240), health condition (r = .134), peer influence (r = .189), career indecision (r = .185) and spiritual management (r = .242), with the risky behaviour variables. This research contributes to the profiling of adolescents' risky behaviours which can guide the development of interventions in tackling adolescent's risky behaviours.

Keywords: Personal problem; risky behavior; adolescent; spiritual; sexual

INTRODUCTION

In 2010, the Malaysian adolescent population (10–19 years old) was estimated to be 5.5 million (UNICEF, 2010). Adolescence is defined as the second decade of life which is a period whereby an individual undergoes major physical and psychological changes (World Health Organization, 2009). The adolescent period of life comes along with changes and challenges in terms of physical and cognitive development and they may suffer more from various risk factors (Kuldas, Hashim & Ismail, 2015). Relying on the world report, 25% of the adolescent population is classified as at-risk (Kadir,

Rahim, Mustapha, Abdul Mutalib, Kee & Mohamed, 2012) and will become dissatisfied and unhappy teenagers and may lead to bad choices in life, including taking part in criminal and dreadful activities (Hashim, 2007). Starting with the negative activities such as truancy, bullying, fighting and carrying guns or knives. Then, the emergence of other misconducts and more serious activities involving smoking, drug addiction, the effects of alcohol and sex. According to Azyyati, Fariza & Salasiah (2013) risky adolescents are teenagers who are involved in a wide range of misconducts that departs and in contrary to the norms and values that are agreed upon by the community. Furthermore, the risk does not necessarily happen now but can be expected and predicted to occur in the absence of comprehensive interventions implemented.

Prior research has focused more on predicting of risk behaviour factor include social and cognitive factors. Different types of risky behaviour tend to have similar risk factors including family problems, financial problems, and peer influence and cognitive which is low intelligence quotient (IQ). Risky behaviour and social problems among adolescents are critical issues that can cause an imbalance between emotions and the daily life of individuals. At the same time, it affects the welfare and development of their own families, communities and governments. Therefore, the call for this study is to examine the relationship and dominant factor that influences risky behaviour among adolescents.

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METHODOLOGY

This research has utilized quantitative research design in examining the influence of personal problems including study problems, family support, financial problems, career indecision, peer influence, spiritual management and health condition on the development of risky behaviours among adolescents. The research instrument for this study is Adolescent Problems and Risk Behaviours Inventory (IPERI) also known as Inventori Permasalahan dan Tingkahlaku Berisiko Remaja which was developed by researchers based on modifications of 2013 National Youth Risk Behaviour Survey by Centers for Disease Control and Prevention (2014). The instrument comprises three sections. Section A is about the demographic profile questions consisting of name, gender, age, years of school, race, religion, parents' relationship status, the number of siblings, parental occupation, address and phone number.

Section B is related to the personal problems faced by adolescents. There are seven personal problems consisting of study problems, family support, financial problems, career indecision, peer influence, spiritual management and health condition and each personal problem answerable by five Likert scale (5-point Likert scale) ranging from 1 to 5 (1= Not Relevant, 2 =Not Critical, 3 = Less Critical, 4 = Critical, 5 = Very Critical).

Section C focuses on risky behaviour comprising of eight elements including discipline problems, physical bulling, suicidal thoughts, free sex, tobacco consumption, alcohol abuse, drug abuse and media influence. Cronbach Alpha Coefficient of IPERI was calculated at 0.88 in the present study, 0.93 for personal problems and 0.79 for risky behaviour.

The population of the study consisted of students aged 14 to 17 from SMK Datuk Patinggi Kedit, SMK Spaoh and SMK Pusa. The total population from these schools is approximately 1,457 students. The selected respondents of this study were 434 high risk students. 434 sets of questionnaires were distributed to respondents, but the researcher managed to collect back only 379 sets of questionnaires. The total number of respondents is 379, aged between 14 to 17. 144 (38.0%) of the respondents were male, and 235 (62.0%) were female. The sample was selected based on Cohen's (1992) formula with the statistical analysis of multiple regressions for seven independent variables with medium size effect, 0.8 power analysis, and 0.05 significance level. Respondents were selected using purposive sampling technique. In addition, in terms of estimation of sample size, according to Krejcie & Morgan (1970) this study needed approximately 306 respondents when the population size was 1 500.

Analysis of data was done by using IBM SPSS version 21 where Pearson's correlation, Hierarchical Multiple Regression Analysis and Relative Weight Analysis was conducted to obtain p-value, correlation value and the most influential factor for risky behaviour among adolescents. Pearson correlation measures the existence (given by a p-value) and strength (given by the coefficient r between -1 and +1) of a linear relationship between two variables (Samuels, & Gilchrist, 2015). The significant outcome means that a correlation exists where an absolute value of r of 0.1 is classified as small, an absolute value of 0.3 is classified as medium and of 0.5 is classified as large (Cohen, 1988).

FINDINGS AND DISCUSSION

Correlational analyses were performed using the Pearson Product-Moment Correlation Coefficient to determine the nature and strength of the relationships between risky behaviour and all theoretically-related study variables. Results presented in Table 1 showed that the risky behaviour significantly correlated with all of the predictor variables. All the correlations were in the expected directions with most of the relationships moderately correlated. The highest correlation value is between study problem factor and risky behaviour with r=0.316, followed by family support (r=0.256), spiritual management (r=0.242), financial management (r=0.240), peer influence (r=0.189), career indecision (r=0.185) and health condition (r=0.134).

An investigation of the standardized beta coefficients (β) for the MRA model was scrutinized using Multiple Regression Analysis and Relative Weight Analysis to investigate which variables were making a significant contribution in explaining the variance in risky behaviour across individuals. Table 2 showed the summarizes the results of Multiple Regression Analysis and Relative Weight Analysis. In the final model, only

Table 1: Pearson's Correlation between Personal Problems and presence of Risky Behaviour

	Measures	1	2	3	4	5	6	7	8
1	Study Problem	-							
2	Family Support	.551**	-						
3	Financial Problem	.349**	.384**	-					
4	Health Condition	.330**	.266**	.430**	-				
5	Peer Influence	.454**	.452**	.431**	.455**	-			
6	Career Indecision	.485**	.483**	.322**	.412**	.524**	-		
7	Spiritual Management	.429**	.469**	.261**	.351**	.441**	.480**	-	
8	Risky Behaviour	.316**	.256**	.240	.134**	.189*	.185*	.242**	-

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

four predictors were statistically significant in explaining the level of risky behaviour, with study problem recording the highest beta value (beta = .316, p = .000), followed by financial problem (beta = .130, p = .015) and spiritual management (beta = .119, p = .048), and family support (beta = .118, p= .48) Hence, the findings revealed that high level of problem in study, family, financial and spiritual significantly predicted the high level of risky behaviour. The obtained results also showed that study problems are

Table 2: Summarizes the results of Multiple Regression Analysis and Relative Weight Analysis

Predictors	Coefficient		
	β	ρ	Relative weight (%)
Step 1			
Study problem	.316	.0005	36.16
Step 2			
Family support	.118	.044	15.08
Step 3			
Financial problem	.130	.015	19.63
Step 4			
Health condition	-.023	.681	2.33
Step 5			
Peer influence	-.003	.960	5.07
Step 6			
Career indecision	-.002	.976	4.91
Step 7			
Spiritual management	.119	.048	16.81

the best factor for risky behaviour. Results of the relative weight analysis revealed that study problems were the strongest predictor of risky behaviour as it explained 36.16% of the variance in risky behaviour. This was followed by financial problems which explained 19.63%, spiritual management 16.81%, family support 15.08%, peer influence 5.07%, career indecision 4.91% and health condition which explained 2.33% of the outcome variable.

These findings were consistent with the previous research. For example, family support was found to be one of the important predictors of adolescent risky behaviour (Mohamad Faizal, 2014; Azzyati et. al,2013; Sharma, 2012). More specifically, in line with the existing literature, the present study indicated that adolescence with family support issues were more likely to engage with risky behaviour. Moreover, according to by Abdullah, Ortega, Ahmad & Ghazali (2015) in their study, family socioeconomic status can also influence the development of risky behaviour in adolescents. This may be construed as low socioeconomic status can contribute to risk behaviour. Spiritual management is significantly correlated with the risky behaviour of an adolescent. These results are also consistent with previous literature, where O'brien, Denny, Clark, Fleming, Teevale & Robinson (2013) found that young people who strongly identify with a religious community have lower rates of tobacco, alcohol and marijuana use. Higher levels of spirituality were associated with a significant reduction in the likelihood of engaging in many health risk behaviours.

CONCLUSION

The result of the study indicated that it significantly correlated all personal problems to risk behaviour among adolescent. The highest risk that contributes to risk behaviour among them were study problems, financial problems, family support and spiritual management. The findings provide a useful preliminary starting point for researchers in the exploration of adolescents' issues with the aim of creating prevention and interventions program. Several recommendations for future research based on the present study. First, the sample size in this study was relatively small and only focused on only a certain age group (14-17). This may lead to findings lacking in generalizability. Perhaps the extension and replication study with every age of adolescent and using a larger sample size, a more accurate correlation and results can be found. This study also only considered adolescent in the rural area. Therefore, the findings cannot be generalized to the adolescent in the urban area. In future research, it would be intriguing to compare the results of the same instrument between adolescent from the rural and the urban area, and different area and division. The findings from this study can also be used in the future to explore risky behaviour among adolescence who were not enrolled in school. There is a considerable amount literature on the relationship between study problem and risky behaviour. Bruce & Simons-Morton (1999) found that adolescence who were enrolled in school and had good attachment with school will be able to refrain from risky behaviour.

REFERENCES

Abdullah, H., Ortega, A., Ahmad, N., & Ghazali, S. (2015). Aggressive and Delinquent Behavior among High Risk Youth in Malaysia. *Asian Social Science*, 62-73.

Abdul Kadir, N. B., Rahim, S. A., Mustapha, Z., Abdul Mutalib, M. H., Kee, C. P., & Mohamed, R. H. (2012). External assets as predictors of positive emotions among at-risk youth in Malaysia. *Asian Social Work and Policy Review*, *6*, 203–217.

Azyyati Mohd Nazim, Fariza Md. Sham, Salasiah Hanim Hamjah. (2013). Ciri-ciri Remaja Berisiko: Kajian Literatur. *Islamiyyat,* 111-119

Bruce, G.,Simons-Morton, A. D. (1999). Student–school bonding and adolescent problem behavior. *Health Education Research*, 99–107.

Cohen, J. (1988), *Statistical Power Analysis for the Behavioral Sciences*, 2nd Edition. Hillsdale, N.J.: Lawrence Erlbaum.

Hashim, I. H. M. (2007). Stress, coping and social supports in the adolescent years. *Kajian Malaysia, 25*, 97–115.

O'brien, L.A., Denny, S., Clark, T., Fleming, T., Teevale, T., & Robinson, E. (2013). The impact of religion and spirituality on the risk behavior of young people in Aotearoa, New Zealand. *Youth Studies Australia*, 25-37

Samuels P., & Gilchrist M. (2015). *Pearson correlation*. Retrieved October 3, 2017 from

https://www.researchgate.net/publication/274635640_Pearson_Correlation

Seffetullah Kuldas, Shahabuddin Hashim & Hairul Nizam Ismail (2015) Malaysian adolescent students'needs for enhancing thinking skills, counteracting risk factors and demonstrating academic resilience, *International Journal of Adolescence and Youth*, 20:1, 32-47

Sharma, A. (2012). Correlates of juvenile delinquency: the role of family environment and self-esteem. *Advances in Asian Social Science (Pass)*, *4*(1)

UNICEF. (2010). Malaysia Statistics. Retrieved from

http://www.unicef.org/infobycountry/malaysia_statistics.html#96

World Health Organization. (2009). Strengthening the health sector response to adolescent health and development. Retrieved on October 28, 2017 from

http://www.who.int/maternal_child_adolescent/documents/cah_adh_flyer_2010_12_en.pdf