



**INFLUENCE OF PARENTING STYLES ON RISK-TAKING BEHAVIOUR AMONG
FIRST YEAR ADOLESCENT STUDENTS ON THE MAFIKENG CAMPUS OF THE
NORTH-WEST UNIVERSITY**

Lefa Maine

orcid.org/0000-0002-4892-4988

Mini-dissertation submitted in partial fulfilment of requirements for the degree *Master of
Social Sciences in Clinical Psychology* at the Mafikeng Campus of the North-West
University

Supervisor: Dr M. Maepa

Student number: 24420565



DECLARATION

I, Lefa Maine, declare that the mini-dissertation entitled **“Influence of parenting styles on risk-taking behaviour among first year adolescent students on the Mafikeng Campus of the North-West University”**, hereby submitted for the degree of Master of Social Sciences in Clinical Psychology at the North-West University, has not previously been submitted by me for a degree at this or any other institution. I further declare that this is my own work in design and execution and that all materials contained herein have been duly acknowledged by means of complete references.

Lefa Maine Digitally signed by
Lefa Maine Date:
2019.03.06

06 September 2019

Maine, L.

Date

DEDICATION

This study is dedicated to my caring, supportive and loving parents, Mr M. R. Maine
and Mrs N. K. Maine.

ACKNOWLEDGEMENTS

I am grateful to God Almighty, for guiding me through this journey. Without Him, I would not have made it. Thank you for everything. To God be the Glory.

I wish to thank my supervisor, Dr M. Maepa, for her effort and guidance during my studies. May the Gracious Lord continue to bless you, and give you more wisdom and strength to do more.

I am sincerely grateful to all the members of my family, for their endless support during and prayers my studies. I wish to thank my father, Mr Richard Maine, my mother, Mrs Khale Maine, my brothers, Dichaba Collen 'DC' Maine and Mafika 'Fikas' Maine and my younger sister, Ayanda 'Yaya' Tshabalala. Thank you all for believing in me. May the Great Lord richly bless you and grant you all your heart's desires.

I extend gratitude to the North-West University, Mafikeng Campus, and the staff of Ipelegeng Child and Family Centre (Department of Psychology) for their support during my studies. Thank you for giving me the opportunity to study at this Institution.

I also wish to thank all my friends, for being there for me. Thank you for your understanding and support.

Last but not the least, I wish to appreciate and acknowledge myself for this great achievement. I wish to thank myself for being able to complete this journey. It has not been an easy journey for me since 2013, but I have proved to myself that everything is doable.

ABSTRACT

Aim: The aim of the study was to investigate the influence of parenting styles and gender differences on risk-taking behaviour among first year adolescent students enrolled at the North-West University, Mafikeng Campus.

Method: Using a cross sectional research design, 300 respondents (147 males and 153 females) were conveniently sampled to participate in the study. The age of respondents ranged between 16 and 19 years with a mean age of 23.47 (males) and 18.55 (females). A questionnaire divided into three sections was used to collect data from respondents. Section A focused on the demographic characteristics of respondents, Section B focused on the Parental Authority Questionnaire, while Section C was based on the RTSHIA scale.

Three hypotheses were tested in the study as follows: The first hypothesis was tested using multiple regression; the second was tested using T-test; and third tested using 2x3 ANOVA.

Results: The results revealed significant statistical influence between authoritative and permissive parenting styles and risk-taking behaviour. There were gender differences on risk-taking behaviour ($t = 298$; $DF = 7.53$; $p < .001$). The results further revealed main and interaction effects of gender and parenting styles on risk-taking behaviour.

It is, therefore, concluded that parenting styles significantly influence risk-taking behaviour. Thus, there is need to formulate intervention strategies to enhance parental and adolescent awareness on different styles of parenting and the effects of risk-taking behaviours.

TABLE OF CONTENTS

Declaration.....	i
Dedication.....	ii
Acknowledgements	iii
Abstract	iv
Chapter 1	1
1.1 General introduction.....	1
1.2 Background to the study	4
1.3 Problem statement	6
1.4 Aim of the study.....	9
1.5 Objectives of the study	9
1.6 Scope of the study	9
1.7 Significance of the study	9
1.7.1 Theoretical significance	9
1.7.2 Methodological significance	10
1.7.3 Practical significance	10
1.8 Definition of terms	10
Chapter 2	12
Theoretical framework and perspectives.....	12
2.1 Theoretical framework	12
2.1.1 Bronfenbrenner’s Ecological Systems Theory	12
2.2 Theoretical perspectives	16
2.2.1 Parenting styles	16
2.2.2 Problem Behaviour Theory (PBT).....	19
2.2.3 Gender schema theory (Ben, 1981)	20
Chapter 3	21
Literature review	21
3.1 Introduction	21

3.2 Parenting styles.....	21
3.3 Risk-taking behaviour among adolescents.....	22
3.4 Parenting styles and risk-taking behaviours.....	25
3.5 Gender differences and risk-taking behaviours.....	26
3.6 Interaction effect of parenting styles and gender on risk-taking behaviours	27
3.7 Summary of the studies conducted in South Africa and gaps identified	30
3.8 Hypotheses	31
Chapter 4	32
Methodology.....	32
4.1. Research design	32
4.2 Sampling technique and respondents.....	32
4.3 Instrumentation.....	34
4.4 Ethical considerations and procedures.....	36
4.5 Data analysis.....	36
Chapter 5	37
Results	37
Hypothesis one: Parenting styles (permissive authoritarian, authoritative) have a significant statistical influence on risk-taking behaviours among adolescents	37
Hypothesis two: There are gender differences in risk-taking behaviours among university students	38
Hypothesis three: There is a significant main interaction effect between gender and parenting styles on risk-taking behaviours.	38
Chapter 6	40
Discussion.....	40
6.1 Parenting styles and risk-taking behaviours.....	40
6.2 Gender and risk-taking behaviours.....	42
6.3 Gender and parenting styles on risk-taking behaviours.....	44
6.4 Conclusion.....	45
6.5 Limitations of the study	46
6.6 Strengths of the study.....	46
6.7 Recommendations.....	46
6.8 Areas for future research.....	47

References	48
List of appendices	65
Appendix A.....	65
Bibliographical questionnaire	65
Appendix B.....	66
Parental authority questionnaire	66
Appendix C.....	73
The risk-taking and self-harm inventory for adolescents measure (RTSHIA)	73
Appendix D.....	79
Information letter.....	79
Appendix E	81
Ethics approval.....	81
Certificate of study	81
Appendix F	88
Language editing certificate.....	88
Appendix G.....	89
Informed consent	89

CHAPTER 1

1.1 GENERAL INTRODUCTION

Different authors (Mohammadi, Samavi, & Azadi, 2013) have postulated that parenting styles play a critical role in the behaviour of children. Parenting styles have been identified as one of the methods responsible for influencing children's risk-taking behaviours within different social settings (Turner, Chandler, & Heffer, 2009). According to Newman, Harrison, Dashiff, and Davies (2008), there is a relationship between parenting styles and risk-taking behaviour as parenting styles influence risk-taking behaviours of children.

Parenting style is understood as the way in which parents raise their children (Newman, Harrison, Dashiff, & Davies, 2008). This refers to the level of parents' expectations, performance demands and attentiveness to rules by their children (Baumrind, 1991). It is also understood as a pattern of discipline, which parents typically use to accomplish their expectations. Authoritative parental style is manifested when parents engage in discussions and debates with their children, even though they (parents) are the ones who have the ultimate responsibility (Baumrind, Larzelere, & Owens, 2010). Authoritarian parenting style is characterised by high demands and low responsiveness by parents. Authoritarian parents tend to punish their children harshly when they make mistakes (Baumrind, 1971).

Permissive parental style involves parents who are very warm and undemanding. Permissive parents are not active participants in shaping their children's behaviours but they see themselves as a support for their children if they seek their advice (Baumrind, 1991). Uninvolved parenting style involves parents who are not generally warm and do not place any demands on their children. These parents tend to minimise interaction with their children (Barnhart, Raval, & Jansavari, 2013).

Schuster, Mermelstein, and Wakschlag (2013) moot that the most important setting of development for most people is the family unit as this is where children are nurtured and develop their sense of being, learning different behaviours. Thus, parenting styles play a fundamental role in the socialisation of children, and the nature of parenting style results in different behaviours among adolescents (Schuster, Mermelstein, & Wakschlag, 2013). Parenting forms, which are characterised by supportiveness, management and harshness, are considered the most important impetus of determining if the child engages in different forms of risky behaviours (Landor, Simons, Simons, Brody, & Gibbons, 2011).

Risk-taking behaviour is understood as a lifestyle behaviour that exposes the individual to increased risk of suffering a particular condition or injury (Australian Institute of Health and Welfare, 2013). These behaviours are made up of various comportments considered unhealthy, such as drug and alcohol use, use of tobacco, alcohol, illicit substances, violence and risky sexual behaviour. The performances outlined above are the most common types of risk-taking that adolescents engage in (Australian Institute of Health and Welfare, 2013). Risk-taking involves engaging in behaviours that could result in harm to oneself or other people. For the purpose of this study, risk-taking behaviours entail violence, substance abuse, risky sexual behaviours, suicidal inclinations, and self-harming behaviour.

Wang, Stanton, Deveau, Li, and Lunn (2015) argue that there is generally lower parental monitoring in males than in females. This general pattern could help explain why males are more likely to engage in risk-taking behaviours than females. In addition, most studies on gender effect reveal that males participate in more risky online behaviours such as cyber-bullying and sexual self-disclosure compared to females (Chiou & Wan, 2006; Fantasia, Sutherland & Weeder, 2012). According to Wight, Williamson and Henderson (2006), when parents closely monitor their male adolescents, they have a low number of sexual partners, and when parents closely monitor their female adolescents, they are more likely to engage in little or no sexual conduct. In addition, they are more likely to engage in safe sex by using condoms and contraceptives (Wight, Williamson, & Henderson, 2006).

Adolescence is defined as a stage where an individual grows from a stage of childhood into adulthood (Whitmire, 2000). The World Health Organisation (WHO) (2015) defines this stage of adolescence as one of development between childhood and adulthood, between the ages of 10 and 19 years. According to Louw, Louw and Ferns (2007), adolescence is a phase of life that begins when puberty starts and ends when a person takes in the social tasks of becoming an adult. During this stage, individuals start to develop cognitively and their behaviours start to mature.

According to Piaget (1980), adolescents are in the formal operational stage, wherein they start to think about situations abstractly. Adolescents in this formal operational stage increase their logic, which enables them to recognise various potential solutions to problems and to systematically plan for the future and reason about situations they encounter. In addition, adolescents also experience physical changes of puberty, which could predispose them to risk-taking behaviours. There are hormonal changes that take place during adolescence comprising height, weight, body composition, and circulatory and respiratory systems. These changes lead to sexual maturation wherein, adolescents develop secondary sex characteristics, which are regarded as the physical signs of sexual maturation. Thus, adolescents are likely to engage in risky behaviours. This is due to their poor social or cognitive reasoning, which impedes their understanding of the consequences of their risky behaviours as they are cognitively still developing, particularly their frontal lobe, which is responsible for impulse control, judgment and planning (Casey, Tottenham, Liston, & Durston, 2005). This means an adolescent's body may be ready to engage in sex, but cognitively, they might not understand the consequences. Hardman, Jansen, Moletsane, Neves, Soudien, Stroud, and Wild (2012) report that individuals may experience this stage in different ways, based on their exclusive physical, emotional and cognitive development (Hardman *et al.*, 2012). That is when parenting styles come in to shape and develop the contingent development in and beyond adolescence. For uninvolved parents, their adolescents may be at a higher risk of engaging in risk-taking behaviours since they are not readily available to guide them regarding their experiences.

During adolescence, peer influence is also regarded as a boundless factor that promotes risky behaviours such as use of substances, delinquency, risky sexual behaviour, particularly in uninvolved and permissive parenting styles (Buhi & Goodson, 2007). According to Lashbrook (2000), peer pressure is highly regarded as an etiological factor to adolescent risk-taking as a way of conforming or need of being accepted in a peer social group. Additionally, Brady, Dolcini, Harper, and Pollack (2009) report that the adolescent social support from their peers contributes to risky sexual behaviour and adolescents with low social support from peers are more likely to engage in risky sexual behaviour and self-harm behaviour in coping with stress, whereas those with high social support from their peers participate in risky sexual behaviour due to peer socialisation of risk.

Adolescents are more likely to engage in intimate relationships during their teenage years (Otwombe, Janan, Coetzee, Hopkins, Laher & Gray, 2015). Sexual activity is likely to lead to unplanned pregnancy and exposes individuals to sexually transmitted infections (STIs). Research conducted among high school learners in Australia revealed that students are sexually active and most of them are not consistent in using condoms. A significant number was also under the influence of substances in most of their sexual encounters (Australian Institute of Health and Welfare, 2011; Steinmetz, 2013).

1.2 BACKGROUND TO THE STUDY

According to the Youth Risk Behaviour Survey (Centre for Disease Control and Prevention, 2007-2017), 39.5% of students have had sex. There is a significant high percentage of male students (41.4%) who ever had sex than female students (37.7%). Furthermore, in 2017, it was established that 9.7% of students were having sex with four or more partners in their lives. There is a significant high percentage of male students (11.6%) who have had sex with four or more partners compared to female students (7.9%). Furthermore, it was established that in 2017, 14.0% of students had ever used selected illicit drugs, and there was no difference between the percentage of male and female students who had ever used substances before. However, there is a significant gender difference on injectable illegal drugs, with an alarming 1.5% of students

who had ever used injectable illegal drugs. There is also a high percentage of male students (2.0%) compared to female students (0.8%) who had used injectable illegal drugs before. In 2017, 6.0% of students were subjected to violence, either threatened or injured with a weapon. A significantly higher percentage of male students (7.8%) were threatened or injured with a weapon at school compared to female students (4.1%) (Centre for Disease Control and Prevention, 2007- 2017).

In South Africa, the estimated youth population is 9 747 000. Out of this number, 70% are between the ages of 16 and 20 years (Reddy, James, Sewpaul, Koopman, Funani, Sifunda, Omdien, 2010). The adolescent population in South Africa often participates in different high-risk activities. According to Reddy *et al.* (2010), the percentage of violence is significantly higher in South Africa compared to the United States of America. The study by Reddy *et al.* (2010) revealed that a total number of 31.3% of learners in South Africa were involved in one or more physical fights within six months, with males showing more prevalence compared to females.

With regard to substance use, 29.5% of South African adolescents have smoked cigarettes in their lifetime, even though only 5.8% of them are frequent smokers. A staggering 49.6% of adolescents have taken at least one bottle of alcohol in their lifetime, while 28.5% have engaged in binge drinking. It is reported that 9.7% of adolescents use dagga on one or more days in a month (Reddy *et al.*, 2010). In addition, 37.5% of adolescents South Africa have engaged in sexual intercourse in their lifetime, with a shocking 12.6% of them having sex before the age of 14 years (Reddy *et al.*, 2010). The statistics in South Africa show that 17% of deaths among adolescents are due to self-harm (Matzopoulos, Prinsloo, & Bradshaw, 2013). It was further revealed that 7.2% of adolescents in South Africa reported suicidal ideation while 3.2% were admitted in hospitals due to suicide attempts (Cluver, Orkin, Boyes, & Sherr, 2015).

1.3 PROBLEM STATEMENT

South Africa's statistics on risky behaviours also mirror global trends. For example, Harrison, Young, Butow, Salkeld, and Soloman (2005) reported that 13.1% of male adolescents in KwaZulu Natal engaged in risky sexual behaviour before the age of 15 and were more likely to engage in unprotected sex. As a consequence, they were at risk of being infected compared to their counterparts who engaged in sex when they were older. In South Africa, it has been documented that there is increased prevalence of substance use by adolescents (Onya, Tessera, Myers, & Flisher, 2012). Furthermore, it is reported that in South Africa, there is great use of alcohol, ranging from 21.5% and 49.6% for lifetime use of alcohol, and between 14.0% and 40.0% for binge-drinking (Reddy, James, Sewpaul, Sifunda, Ellahebokus, Kambaran, & Omardien, 2008). Due to drug use, adolescents are more likely to participate in crime, violence and injuries, thus resulting in premature deaths (Lowinson, 2005).

Other studies have revealed that adolescents in South Africa reported high levels of engaging in risky sexual behaviours, thus exposing them to greater risks of STIs, including HIV (Christofides, Jewkes, Dunke, Nduna, Shai, & Sterk, 2014). According to Simbayi, Kalichman, Jooste, Cherry, Mfecane (as cited in Soon, Kaida, Nkala, Dietrich, Cescon, Gray & Miller, 2013), South Africa faces challenges related to the HIV/AIDS epidemic among adolescents. This burden of disease is costly on the socio-economic system. Unhealthy lifestyle behaviours such as smoking and immoderate alcohol consumption are linked to premature deaths, and have been linked with some chronic illnesses such as cancer, diabetes, and cardiovascular diseases. Moreover, it has been established that some students engage in such risk-taking behaviours (Thombson, Coronado, Chen, Thompson, Halperin, Jaffe, Meafee, & Zbikowski, 2007).

Risk-taking behaviour among adolescents is problematic and has become a global trend. According to Ashmed, Abu-Ras, Arfken (2014), the prevalence of risk-taking behaviour among US Muslim college students is 8 %. Risk-taking behaviours such as alcohol and substance use have a lifelong negative effect on their health and the public as well. The consistent use of drugs among university students has the potential to cause psychosocial problems for them and the

society as a whole, such as adolescents developing substance abuse disorders where they would require mental health care treatment, which is financially costly for their families and the government (Muritala, Godwin, Anyio, Muhammed, & Ajiboye, 2015). Students using substances tend to become mentally disturbed, maladjusted to academic expectations and ultimately drop-out (Muritala *et al.*, 2015). Moreover, substance use interferes with student's health and social functioning in that they may develop illnesses and engage in culturally and socially unacceptable behaviours, which are in conflict with the law (Muritala *et al.*, 2015). According to UNODC (as cited in Muritala *et al.*, 2015), students who resort to drugs are more likely to experience difficulties with interpersonal relationships, specifically with members of their families, and are more likely to engage in criminal acts, underperform in their studies and experience vocational challenges.

Due to students' dropout from school (as a result of risk-taking behaviours), the economy of the country has to pay for these socio-economic costs. Furthermore, the government and private companies are already paying for bursaries and some of them could lose their funding. It is challenging to find jobs without education, and such students are likely to depend on the government for assistance. Thus, such students are more likely to be subjected to poverty (Latif, Choudhary, & Hammayun, 2015). There is, therefore, a need to have a clear understanding of factors that contribute to this challenging phenomenon in society.

Self-harm behaviour may have an effect on the physical and emotional well-being of adolescents, which if unattended, could continue into adulthood. Self-harm behaviour does not only threaten an adolescent's physical health, but also has social and psychological consequences, which interferes with their achievement of normal developmental tasks of an expected age and social roles (Lauren *et al.*, 2004). Self-harm behaviour is one of the leading causes of deaths among adolescents (CARRS-Q, 2010). Burton (2014) found that adolescents who engage in self-harm behaviour are more likely to develop mental health problems and tendencies of substance abuse.

There are studies that show how parenting styles negatively contribute to risk-taking

behaviour (Paschall, Gonzalez, Mortensen, Barnett, & Mastergeorge, 2015). According to Azmawati, Hazariah and Shamsul (2015), parents are often blamed for the risk-taking behaviour of their children and, in some courts in other parts of the world, parents are even penalised for their children's behaviours that expose others and put them in danger (Azmawati, Hazariah, & Shamsul, 2015).

Some researchers have examined parenting styles and risk-taking behaviours among adolescents in South Africa. Henry (2010) conducted a study on the association between perceived parenting styles and substance use among adolescents. However, the different types of risk-taking behaviours were not examined in this study, thus the knowledge gap to be filled. De Jager (2015) and Ryan, Nicolette, Roman, and Auma Okwany (2015) also conducted a study on risk-taking behaviours among adolescents. The researchers did not explore the role of parenting styles, thus creating a knowledge gap, which constitutes the focus of this study. Mathibe (2015) and Hoskins (2014) conducted a study on parenting styles; however, their studies did not focus on risk-taking behaviours associated with different parenting styles. Ryan *et al.* (2015) examined the effects of parental styles and communication on substance use among adolescents and risky sexual activity but excluded other various types of risk-taking behaviours. Idemudia, Maepa, and Moamogwe (2016) also conducted a study on risk-taking behaviours. However, the study only focused on the involvement of fathers in the lives of children but did not involve both parental influences in risk-taking behaviours by adolescents. The researchers in the study mentioned above did not explore parenting styles and how they influence risk-taking behaviours among university students, thus the gap addressed in this study.

Very few studies have been conducted in the North West on this issue, and there is scant research on the relationship between parenting styles and risk-taking behaviour in the North West Province, South Africa. Additionally, researchers have paid relatively little attention to contextual factors of risk-taking behaviours in South Africa, particularly at university level. Very few studies have provided a comparison between sex and parenting styles in risk-taking behaviours. Thus, the purpose of this present study is to fill this gap by exploring the influence of

parenting styles on risk-taking behaviours among adolescent students (that is, different sexes and parenting styles).

1.4 AIM OF THE STUDY

The main aim of the study was to investigate the influence of parenting styles and gender differences on risk-taking behaviours among adolescents.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were to:

- Investigate the influence of parenting styles on risk-taking behaviours among adolescents;
- Explore gender differences in risk-taking behaviours among adolescents; and
- Investigate interactional effect of parenting styles and gender on risk-taking behaviours among adolescents.

1.6 SCOPE OF THE STUDY

Respondents involved in the study were university students (full time students), particularly first year students from the North-West University, Mafikeng Campus, aged between 17 and 19 years. An investigation of the experiences of university students with regard to parenting styles was to provide a broad and better understanding of triggers that push students to engage in risk-taking behaviours.

1.7 SIGNIFICANCE OF THE STUDY

The significance of the study is discussed in terms of theory, methodology practice.

1.7.1 Theoretical significance

Few studies have been conducted on parenting styles and risk-taking behaviour among adolescent students. Moreover, documented knowledge is limited in the North West Province since most of the studies have been conducted in other provinces of South Africa and beyond.

Thus, this study will contribute towards theoretical knowledge and subsequently add to the existing literature in the North West Province, South Africa.

1.7.2 Methodological significance

Previous studies conducted in the North West Province have focused on the evaluation of risk-taking behaviours among the youth in general and very few studies have focused on university students. Thus, this study is very useful as it provides an assessment of risk-taking behaviours within university settings; thus contributing in closing the knowledge gap in the field.

This research is one of the few studies that has made use of risk-taking and self-harm inventory for adolescent's scale (RTSHIA, Vrouva, Fonagy, Fearon, & Roussow, 2010) among university students in the North West Province. The current research will add to the body of knowledge in the field.

1.7.3 Practical significance

After collecting and analysing data, possible intervention programmes could be suggested in order to deal with risk-taking behaviours within university settings in South Africa. The results obtained could be used to better understand the behavioural problems of students. Those who stand to benefit from the study are students registered for studies in Psychology and Psychologists at tertiary institutions. The results obtained from the study could assist in better understanding the impact of parenting styles and sex on risky behaviours among students. The study will also assist adolescents to prevent risky behaviours through developing psycho-educative programmes. Additionally, possible interventions could be developed and implemented among students to address or reduce risk-taking behaviours.

1.8 DEFINITION OF TERMS

1.8.1 Parenting style

Parenting style is a psychological pattern, which represents a range of strategies used by parents in their parental skills (Baumrind, 1971).

For the purpose of this study, parenting styles refers to the ways in which parents contribute in their children's upbringing, in being involved as measured by the parenting authority questionnaire.

1.8.2 Risk-taking behaviours

Risk-taking behaviour is described as any behaviour which a person engages in and has potentially harmful consequences (Boyer, 2006).

For the purpose of this study, risk-taking behaviour refers to any kind of behaviour and acts that adolescents engage in, that typically puts their psychological, social, behavioural, physical and economic state in the way of harm. For the purpose of this study, risk-taking behaviours include substance use and abuse, sexual risky behaviours, violence, self-harm or suicide. This is measured by the risk-taking and self-harm inventory for adolescents.

1.8.3 Adolescence

Adolescence is defined as the stage where an individual grows from the stage of childhood to adulthood (Whitmire, 2000). For the purpose of this study, adolescence refers to the developmental stage where individuals develop from childhood to adulthood; those between the ages of fourteen and nineteen years.

CHAPTER 2

THEORETICAL FRAMEWORK AND PERSPECTIVES

2.1 THEORETICAL FRAMEWORK

2.1.1 Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's ecological systems theory is concerned with studying humans within their ecological environment (Friedman & Allen, 2011). Thus, it is important that in explaining an individual's behaviour within the interplay of the ecological systems, the historical and cultural factors of individuals should be taken into account (Friedman & Allen, 2011). The ecological systems theory proposes that how individuals are raised, their past experiences, and their personal belief systems are all likely to have a bearing and impact on their way of interpreting the experiences they encounter and develop a sense of self (Bronfenbrenner & Morris, 2006; Rosa & Tudge, 2013).

Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979) highlights the importance of parenting styles in promoting healthy behaviours among adolescents. This theory emphasises the significant impact that environmental interactions have on an adolescent's behaviour. The theory also suggests that experiences and events that occur within people's environments have a direct impact on them, even when they are absent (Rosa & Tudge, 2013). To study adolescent risky behaviour, it is important to explore the environment they find themselves in (Blanton, Gibbons, Gerrard, Conger, & Smith, 1997). Bronfenbrenner identified four different levels of the environment that influence the adolescent's behaviour. These are the microsystem, mesosystem, exosystem and macrosystem.

Microsystem

The microsystem consists of the immediate environment in which the adolescent lives, such as the adolescent's immediate family, friends, fellow students, lecturers, neighbours, the

university that the adolescent attends and other people with whom they have direct contact. This

system refers to all the processes, actions and relationships that exist in the person's immediate environment (Guhn & Goelman, 2011). It involves a child's parents or primary caregivers, or peers. The holistic development of a child occurs mostly within the family; thus, parents' beliefs and behaviours greatly influence a child's beliefs and behaviours (Bronfenbrenner, 2005). Parents are important role players in the microsystem for adolescents. The association of parents and adolescent's risky behaviours has focused on the role of parenting styles, monitoring and modelling (Bajjmrind, 1987). The adolescent's interpersonal environment could be regarded as a predisposing factor for adolescent risk-taking behaviour, such as peer influence, parental drinking, and if the communication between the parent and child is poor regarding sexual problems or the perceived dangers of alcohol (Ramsoomar, 2016). Additionally, Chan, Bhatti, Meader, Stockton, Evans, O'Connor, Kapur, and Kendall (2016) report that the interpersonal environment of an adolescent influences risk-taking such as self-harm among adolescents. Adolescents who are physically and emotionally neglected by parents, whose parents are divorced or separated, are likely to engage in self-harm behaviour (Chan *et al.*, 2016).

The adolescent's microsystem is regarded as one form of socialisation for adolescents. In the early stages of adolescence, the peer group starts to seek separation from parents' hold on their identities. Thus, this increased identification with other peers, which is also a weaning from parental control, has a relevance in explaining risk-taking behaviours since peer pressure is a predictor for the onset of risky behaviours, such as risky sexual behaviour and substance use. Peer pressure encourages adolescents to engage in dangerous actions involving risky sexual behaviours and violence-related behaviours in males such as fighting. Furthermore, Chan *et al.* (2016) moot that sex plays a role in the adoption of adolescent risky behaviour. The university environment in this study, for instance, makes adolescents become vulnerable to risk-taking behaviours since there is absence of parental supervision. As a result, adolescents find themselves engaging in activities that could cause potential harm to them due to lack of parental

care at the university. Since the university environment is a place where adolescents interact and socialise with their peers, they could end up doing away with the teachings of their parents and adopt their peers' ways that might put them at higher risks of engaging in risk-taking behaviours.

Mesosystem

According to Bronfenbrenner (1979), the mesosystem involves the relations among two or more environments, where the adolescent individual who is developing, actively participates. In the current study, the mesosystem comprises the adolescent's family and the university environment. That is, the mesosystem symbolises the inter-connection between parents and their adolescents (Bronfenbrenner, 2005). This mesosystem explains how different aspects of the adolescent's microsystem works in relation to influencing risk-taking behaviours among adolescents. Adolescents inter-relate with parents within their families as well as with their peers within the university environment, which can typically influence their behaviour. Laursen and Collins (1994) proposed that the positive influence of parents in adolescents is essential in reducing the chances of adolescents engaging with deviant peers. In this way, parenting plays a very essential part in choosing peers during adolescence. Thus, the mesosystem describes the relationship between parenting and deviant peer relations, which could result in adolescent risk-taking behaviours (Laursen & Collins, 1994). This system may contribute to adolescents' risk-taking behaviours, if their family experience is related to their university experience. For example, if adolescents are neglected by their parents, they may have low chances of developing positive attitudes towards their lecturers and resort to risk-taking behaviours. Therefore, the adolescent's family and the university environment might serve as factors contributing to risk-taking behaviour when there are inter-connected problems between the family environment and the university environment. For example, the family environment might have taught the adolescent what is expected of him or her, but the university environment might promote what is prohibited by the family environment, such as engaging in substance-related behaviour, violent-related behaviour and risky sexual behaviour.

Exosystem

Exosystems are composed of the social environment, which typically influences adolescent behaviour. The exosystem involves people and places that adolescents themselves may not interact with directly but still have the potential to make an impact on them, such as parent's workplaces, extended family members, and the neighbourhood communities (Johnson, 2008). Communities are important social contexts and environments, which typically influence the functioning of the family and individual functioning (Amoateng & Kalule-Sabiti, 2013). According to Schildkraut and Mustaine (2014), ineffective social control within communities is closely linked to communities that are greatly disadvantaged. Disadvantaged communities are subjected to high rates of poverty within families, unemployment within families and crime. Therefore, these communities become a risk factor for adolescents to engage in risk-taking behaviours such as violence, substance use and risky sexual behaviours (Swahn & Bossarte, 2009).

Macrosystem

The macrosystem includes the adolescent's pattern of values, belief systems, lifestyles, opportunities, customs and laws. Some adolescents who find themselves enrolled at the university, immediately do away with their family values and beliefs and start developing their own behaviours (Hoffman & Kruczek, 2011). A study by Hope and Cook (2001) revealed that religion and culture have an important role in the development of adolescents, and, as a result, also affects their risk-taking behaviour. Religion is frequently used as a way of coping with life experiences and individuals often use religion to create meaning about certain adverse experiences (Bakibinga, Vinje, & Mittelmark, 2014). It has been identified that adolescents who belong to religious groups are more likely to develop coping skills and also have more social support than those who do not subscribe to a religious fraternity (Frank & Kendall, 2001). Thus, when adolescents are involved in religious groups, this affiliation decreases the chances of them engaging in risky behaviours (Frank & Kendall, 2001). The socio-cultural environment, which involves factors such as community norms and laws, certainly exerts influence on risky

behaviour among adolescents through their acceptance of polygamy or multiple sexual partners, particularly among male counterparts (Ramsoomar, 2016). In addition, the macrosystem might promote risky behaviours in that within the university setting, there are no alcohol and dating regulation policies; there is no rule that says students are not supposed to drink alcohol. Some students at the university are able to buy alcohol and have sex and the university does not have policies that prohibit students from engaging in such behaviours. Therefore, this open-ended and non-restrictive system could contribute towards risk-taking behaviour among adolescents in a way that the norms and beliefs of the family might be different from those of the university environment. Adolescents from the family environment might have been prohibited from engaging in certain inappropriate behaviours and the university environment might neither endorse nor enforce behaviours that the family norms prohibits. As a consequence, adolescents might do away with their family norms and adopt those of the university as they are socialised into a permissive system.

2.2 THEORETICAL PERSPECTIVES

2.2.1 Parenting styles

Baumrind (1971, 1991) proposed four types of parenting styles typically based on two forms of parenting behaviour ranging from control to warmth. According to Baumrind (1971, 1991), a parental style is the extent to which parents take care of their children's ways of living that ranges from parents being too controlling to formulating rules and demands to which children should at all times adhere to. Parental warmth is the extent to which parents are more tolerant and receptive towards the behaviour of their children as opposed to not being receptive but rejecting. Furthermore, when these two forms of parenting behaviour are incorporated in various ways, the following four primary parenting styles emerge.

Authoritative parenting styles

Authoritative parents are considered to be generally warm but tough. Such parents often encourage their children to be more independent, at the same time, prescribing limits and

controls on their behaviours (Darling, 2014). Authoritative parents do not invoke rules on their children. However, they are willing to listen to their children's views and take them into consideration. This is the type of parenting style where parents are able to engage in discussions and debates with their children, even though parents wield the ultimate responsibility. As a result, adolescents are more likely to be socially competent, responsible and autonomous (Baumrind, Larzelere, & Owens, 2010). According to Gonzalez, Holbein and Quilter (2002), authoritative parenting style promotes adolescent's positive well-being. Adolescents raised by authoritative parents are less likely to take part in substance abuse as a risky behaviour (Gonzalez, Holbein & Quilter, 2002).

Authoritarian parenting styles

Authoritarian parenting style is typically characterised by high demands and low responsiveness. Authoritarian parents have high expectations of their children and provide very little in the way of feedback and nurturance. Moreover, when authoritarian parents give feedback to their children, they often give it negatively, in a manner that involves them yelling and sometimes employing corporal punishment. These types of parents tend to punish children harshly when they make mistakes. According to Bhana, Petersen, Mason, Mahintsho, Bell and McKay (2004), authoritarian parents are aggressive in their way of communicating with children and tend to use manipulation to get desired behaviour. Children raised by authoritarian parents are more likely to be aggressive outside the home, display extreme shyness and have poor self-esteem (Darling, 2014). Patock-Peckham and Morgan-Lopez (2006) posit that adolescents from authoritarian parenting households are more likely to experience an increased risk to drink, smoke and use drugs as such behaviours constitute substance-related behaviours. Additionally, Pearce, Martin and Wood (1995) found that authoritarian parenting styles are associated with suicidal ideation or self-harm among adolescents.

Permissive parenting styles

Permissive parenting styles involve parents who are very warm; however, such parents are

undemanding. They are considerate and passive in their way of parenting. Moreover, they believe that a good way to show love towards their children is to give in to their wishes (Baumrind, 1991). These are the types of parents who do not say no or disappoint their children. Thus, children are free to make important decisions without inputs from their parents. Permissive parents are not active participants in shaping their children's behaviour but see themselves as a support for their children if they seek their advice. Furthermore, research has revealed that adolescents from permissive parenting styles learn that there are little boundaries and rules and that consequences of any deviant behaviour are not likely to be serious (Barnhart, Raval & Jansavari, 2013). Thus, adolescents are more likely to have difficulties with self-control and present egocentric tendencies, which may impede their proper development of peer relationships (Barnhart, Raval, & Jansavari, 2013). According to Kopko (2007), adolescents of permissive parents struggle with self-control and exhibit egocentric behaviour. Bahr and Hoffmann (2010) found that adolescents raised from permissive parenting households often engage in substance-related behaviour. Furthermore, Miller, Dilorio, and Dudley (2003) found that adolescents whose parents are permissive were more likely to have tendencies of violent behaviour towards others.

Uninvolved parenting styles

Uninvolved parenting is considered as those who are not generally warm and do not place any demands on their children. They tend to minimise their interaction with children and could be uninvolved to the point of being neglectful and rarely consider their children's input in decisions. In addition, they generally do not want to be bothered by their children. Such parents may be overwhelmed by their circumstances and are more self-centred (Barnhart, Raval, & Jansavari, 2013).

Uninvolved parents do not engage in control with their children, thus, adolescents from uninvolved parenting styles are more likely to engage in more externalising behaviours. Studies have revealed that there is a relationship between uninvolved parenting styles and delinquent actions such as vandalism, petty theft, assault and rape. Furthermore, it has been revealed that adolescents with uninvolved parents usually engage in alcohol use and smoke twice as much as

their peers who live in authoritative households (Luyckx, Tildeley, Soenens, Andrews, Hampson, Peterson, & Duriez, 2011). In addition, there is a positive association between an uninvolved parenting style and risk-taking behaviour, ranging from vandalism and minor theft to rape and assault (Hoeve, Dubas, Eichelsheim, van der Laan, Smeenk, & Gerris, 2009). Further research has revealed that by grade twelve, adolescents with uninvolved parents drank alcohol and smoked more than their peers from authoritative households (Luyckx *et al.*, 2011).

2.2.2 Problem Behaviour Theory (PBT)

The problem behaviour theory was developed by Jessor in the 1960s. This theory explains problem behaviour. According to this theory, what makes university students engage in problem behaviour are the social environment system, such as parental influences, personality factors, such as values, expectations, beliefs, attitudes and the behaviour system. According to the theory, such risk-taking behaviours are socially and culturally not acceptable. Thus, adolescents tend to deviate from the social norms of the society and engage in risk-taking behaviours such as alcohol intoxication, substance usage, violence, delinquency and risky sexual activities (Jessor, 1991; Moller & Gregersen, 2008).

According to this theory, university students are involved in more than one kind of problem behaviour, leading to a problem behaviour syndrome (Moller & Gregersen, 2008). Studies that have adopted the problem behaviour approach have shown that risky behaviours of university students are highly related to other problem behaviours such as cigarette smoking, alcohol misuse, drug abuse, bullying behaviour, poor school performance and emotional difficulties (Bingham & Shope, 2004). This theory proposes that most determinants emanating from both an individual's personality and environment plays an effective part in risk-taking behaviours. The problem behaviour theory explains adolescent problem behaviours, which involves delinquency, alcohol use, and risky driving. Adolescents use problem behaviours, which also involves risky behaviours as a means of gaining acceptance and respect from peers (Diclemente, Hansen, & Panton, 1996). Such risky behaviours also contribute to adolescents acquiring independence from their parents, being able to cope with stress, and eliminating or reducing negativity and

pressure (Diclemente *et al.*, 1996).

2.2.3 Gender schema theory (Ben, 1981)

The gender schema theory proposes that individuals learn gender roles from the culture in which they are raised. According to the theory, students learn gender schemas from their social environment and, consequently, gender schemas become part of student's self-identity, and are likely to influence their preferences and behaviours since they are behaving in a culturally and socially acceptable way (Rudman and Glick, 2008). According to Ben (1981), university students are likely to adjust their behaviours as learned from the norms of their cultural background.

According to the gender schema theory (Ben, 1981), the relationship between adolescence, gender, parenting, and adolescent behaviour is more likely to be influenced by the gender-role stereotypes of parents. When parents attribute parenting styles based on traditional attitudes about gender roles, they are likely to display gender-differentiated parenting, which typically increases gender-role consistent risk-taking behaviour such as violence and aggression in males but not in females (Mandara *et al.*, 2012). According to Mandara, Murray, Telesford, Varner, and Richman (2012), gender differences in aggressive behaviours of adolescents may emerge due to parental differential treatment of males and females. This interpretation is consistent with gender norms about risk-taking, which causes males to engage in risk-taking behaviours compared to female adolescents (Yagil, 1998).

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

This chapter focuses on the literature review. The first section provides an explanation of the different parenting styles and risk-taking behaviours while the second section focuses on the link between parenting styles and gender on risk-taking behaviours.

3.2 Parenting styles

Diana Baumrind (1971) describes parenting styles as a psychological pattern, which represents strategies used by parents in their parenting of children. Parental styles can be defined as the extent to which parents care for their children's manner of living, ranging from parents being too controlling to formulating rules and demands that children should at all times adhere to (Baumrind, 1971, 1991). The quality of parenting is considered more important than the quantity of the time spent with children. Baumrind (1971) considers parental warmth as the degree to which parents can accept or be receptive to their children's behaviours. Baumrind (1991) proposed four types of parenting styles based on two types of behaviours used by parents on a continuum, ranging from parents being warm or too controlling on their children.

Authoritative parenting styles

Baumrind (1991) argues that parents who employ this type of parenting style are both demanding and responsive to their children. Parents who use authoritative parenting styles oversee and tend to communicate precise rules that children should at all times adhere to. Such parents are strict, consistent and loving towards their children, and are not rigid but flexible as they can accommodate their children's behaviours (Darling, 2014).

Authoritarian parenting styles

According to Baumrind (1991), authoritarian parents are more demanding and likely to be directive, but not responsive towards their children. Authoritarian parents provide their children

with well-ordered and structured environments characterised by clear rules. Such parents often have strict rules and expectations from their children; they are very demanding and not responsive, and usually do not express much warmth towards their children. Moreover, they tend to use punishment on their children with little or no explanation about the punishment. Children of such parents do not have choices (Barnhart, Raval, & Jansavari, 2013; Stassen Berger, 2011).

Permissive parenting styles

Permissive parenting style is characterised by low demands and high responsiveness of parents towards children (Baumrid, 1991). Permissive parents are more loving and tend to provide only few guidelines and rules. Such parents are also referred to as non-directive parents, since they are more responsive, lenient and not demanding. They have a few rules set for their children's behaviour, are often inconsistent in their rules, and have been associated with being very nurturing and loving towards their children (Kopko, 2007).

Uninvolved parenting styles

Uninvolved parents exhibit both less responsiveness and demanding traits. Such parents are both rejecting-neglecting and neglectful parents. Furthermore, uninvolved parents have only little emotional involvement with their children. They can provide basic care for their children, even though they remain uninvolved in their children's lives (Baumrid, 1991). However, the parents' extent of involvement may differ significantly. Uninvolved parents tend to offer no supervision, present no or little warmth, love, and affection towards their children, and mostly, do not have any demands for their children's behaviour. They also may avoid their children purposefully (Kopko, 2007).

3.3 Risk-taking behaviour among adolescents

Various authors (Arnett, 2005; Johnston, O'Malley, & Bachman, 2003) have identified that adolescents are more likely to engage in risky and hasty behaviours, which may pose some kind of danger to them. According to the National Centre in HIV Epidemiology and Clinical Research (2005), this age group is more likely to engage in risky sexual activities, eventually being

infected with sexually transmitted diseases. According to Byrnes (2003), there is a positive relationship between adolescent's substance intoxication, delinquent behaviours and risk sexual behaviour. Adolescents are likely to engage in risk-taking behaviours such as suicide, substance use, violence and risky sexual behaviours (Morojele, Myers, Townsend, Lombard, Pluddemann, Carney & Nkosi, 2013; Otjombe, Janan, Coetzee, Hopkins, Laher, & Gray, 2015).

Substance-related behaviour

Substance-related behaviour is understood as patterns of intoxication and the excessive use of psychoactive substances, which typically cause an impairment and interfere with a person's social, occupational, or academic functioning (Barlow & Durand, 2009). Substance abuse among adolescents is common and may interfere with their areas of functioning, resulting in fights with members of the family on the misuse of substances, legal issues that may culminate in arrests for drunk and driving, and may interfere with their academic performance (Sadock et al., 2007). Hingson, Edwards, Heeren, & Rosenbloom, (2009) argue that adolescents who engage in alcohol use are likely to experience alcohol abuse and alcohol dependence disorders in future. According to Van der Merwe and Dawes (2007), adolescents who demonstrate little remorse with substance history are more likely to engage in violent behaviours than the general population.

Risky sexual behaviour

Risky sexual behaviour entails engaging in sexual activity at a young age with no or inconsistent use of condoms or having multiple sexual partners (Irwin *et al.*, 2005). This type of sexual behaviour is risky due to the various health threats it exposes an individual to (Irwin *et al.*, 2005). Hall, Holmqvist, and Sherry (2004) posit that substance use and poor parental control contribute to risky sexual behaviour of adolescents. Additionally, Lang *et al.* (2003) posit that adolescents with a history of sexual abuse have an increased risk for engaging in risky sexual behaviour. Furthermore, peer pressure and the media are other contributory factors of increased risky sexual behaviour by adolescent (Louw *et al.*, 2007). According to a study conducted in Kwazulu-Natal, South Africa, adolescents who engage in substance abuse are more likely to be

involved in risky sexual behaviour compared to the general population (Jonas, Crutzen, van den Borne, Sewpaul, & Reddy, 2016).

Violence-related behaviour

The World Health Organisation (2002, p. 4.) defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, a group, or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation”. There are various factors that could lead to violent behaviour among adolescents. Individual factors associated with violence are hyperactivity, impulsivity and poor academic performance (Masseti *et al.*, 2011). The early onset of violence during childhood is often a predisposing factor of violence during adolescence. Adolescents who associate with deviant peers are likely to engage in violent behaviour themselves (Masseti *et al.*, 2011). Violent parents, particularly parents who use authoritarian parenting styles, are regarded as predisposing factors of violence during adolescence (Masseti *et al.*, 2011).

Self-harm-related behaviour

Self-harm behaviour is defined as the direct and intentional injuring of one’s own body manifest in the form of cutting, burning, or hitting oneself with the intention of decreasing distress and regulating one’s emotions with no intention of suicide (Nock & Favazza, 2009). Morey *et al.* (2016) found that adolescents use self-cutting and overdosing medication, scratch, pinch, burn, hit and bang themselves to hurt their bodies. Furthermore, self-harm behaviour is used as a way of coping with emotional distress the person experiences by means of physically inflicting pain on one’s body in order to avoid experiencing emotional pain but physical pain (Bubrick, Goodman & Whitlock, 2010).

3.4 Parenting styles and risk-taking behaviours

Authoritative parenting styles and risk-taking behaviours

According to Newman, Harrison, Dashiff, and Davies (2008), children from authoritative parents are less likely to engage in risk-taking behaviour compared to children from other parenting styles. Additionally, Newman *et al.* (2008) found that there is a decreased risk of drug usage among adolescents raised by parents who enforced an authoritative parenting style. Adolescents who reported that their parents used authoritative parenting styles were less likely to start or increase their rates of smoking over a period of two years (Newman *et al.*, 2008). Adolescents from families whose parents enforced authoritative parenting styles are likely to participate in delinquent behaviours and start using substances (Keane, Reoper-Reynolds, Williams & Wolfe, 2000-2006). This is an indication that this type of parenting style can serve as a protective factor for adolescents not to engage in risk-taking behaviours.

Permissive parenting styles and risk-taking behaviour

Adolescents who reported that their parents displayed and enacted permissive parenting styles, which typically involve higher levels of intimacy and freedom, are less likely to engage in smoking (O'Byrne, Haddock, & Poston, 2002). In contrast, Bahr and Hoffmann (2010) argue that permissive parenting styles often lead adolescents to engaging in risky behaviours. Miller, Dilorio, Dudley (2003) posit that adolescents whose parents used permissive parenting styles were more likely to have tendencies of violent behaviour towards others. Similarly, adolescents whose parents used permissive parenting styles were more likely to show a habit of anticipating more violent-related behaviour (Miller *et al.*, 2002).

Authoritarian parenting styles and risk-taking behaviour

Different studies (Patock-Peckham, Cheong, Balhorn, & Nagoshi, 2001; Patock-Peckham & Morgan-Lopez, 2006) have revealed that adolescents whose parents use authoritarian parenting styles are more likely to experience an increased risk to drink, smoke and use drugs. Pearce,

Martin, and Wood (1995) and Lai, McBride-Chang (2001) found that authoritarian parenting styles are associated with suicidal ideation or self-harm among adolescents. Similarly, Toumbourou and Gregg (2002) reported that adolescent students in Australia whose parents used authoritarian parenting styles, experienced suicidal ideation or deliberately engaged in self-harm behaviours. Adolescents from families whose parents used an authoritarian style have been found to be less stable emotionally, less self-reliant and confident, less curious and creative, increasing their likelihood of engaging in self-harm behaviour (Gouws, Kruger, and Burger, 2000). According to Buboltz, Griffith-Ross, Marsiglia, and Walczyk (2007), adolescents whose parents use authoritarian styles are likely to have low self-esteem, unsuccessful social skills, an external locus of control, and higher rates of depression, which typically leads to adolescent suicidal behaviour. Similarly, Lai and McBride-Chang (2001) found that adolescents with suicidal ideation perceived their parents to be significantly authoritarian. Adolescents raised in this type of parenting style might not develop appropriate coping skills to deal with life challenges. As such, they are more vulnerable to risk-taking behaviours as they might be using risk-taking behaviours as a coping mechanism.

3.5 Gender differences and risk-taking behaviours

Males are more likely to engage in risk-taking behaviours compared to females (Lavy, & Schlosser, 2011). Blais and Weber (2001) conducted a study on risks perceived by men and women in behaviours spanning five domains such as financial, health/safety, recreational, ethical, and social decisions. The authors found that males were more likely to engage in risky behaviours compared to females. In addition, Fantasia, Sutherland, and Weeder (2012) found that males are more likely to perform risk-taking behaviour compared to females from an early age. A South African study conducted in Soweto revealed that about 86 percent of males attempted suicide compared 14 percent of females involved in suicide-driven deaths (Morojele *et al.*, 2013). Contrary to this study, Andover, Pepper, Ryabchenko, Orrico, and Gibb (2005) found that females are more likely to engage in self-harming behaviours compared to males.

According to McAra and McVie (2010), there is gender difference in adolescent

engagement in violence. Most adolescents have been involved in violence, and it is reported that males outnumber females dramatically (Otwombe *et al.*, 2015). According to Ward, Artz, Berg, Boonzaier, Crawford-Browne, Dawes, & van der Spuy (2012), male adolescents living in poor urban areas are more likely to engage in interpersonal violence. Violence among male adolescents is closely associated with aspects such as impulsivity, partnering with violent peers and poor parental monitoring (McAra & McVie, 2010).

Studies have revealed that more males engage in risky sexual behaviour compared to females (Buttmann, Nielsen, Munk, Liaw, & Kjaer, 2011), and this happens for various reasons. Firstly, people who tend to participate in substance use, are more likely to engage in risky sexual behaviour (Buttmann *et al.*, 2011). Secondly, males are more prone to peer pressure and influence to engage in risky sexual behaviour compared to female adolescents (Eaton, Flisher, & Aaro, 2003). For females, being sexually active at a young age predisposes them to engagement in violent activities (McAra & McVie, 2010).

There are learned gender roles such as masculinity and femininity that could be contributing factors for adolescents to engage in risk-taking behaviour. For example, Elm, Kennedy, and Lawton (2001) found that because of too much masculinity in male adolescents, they are more likely to engage in violence, and female adolescents are less likely to engage in violence because of their femininity. A study by Nxumalo, Okeke, and Mammenb (2014) revealed that males are more likely to engage in risky sexual behaviour compared to females due to societal and cultural influences that promote polygamy, with female counterparts having to accept the practice (polygamy). Moreover, there is gender difference in self-harm behaviour due to coping mechanisms used by male and female adolescents; males are likely to avoid challenges through alcohol ingestion and suppressing unwanted feelings and experiences, while females are likely to engage in self-harm as coping mechanism (Nolen-Hoeksema, 2012).

3.6 Interaction effect of parenting styles and gender on risk-taking behaviours

According to Howard (2000), earliest experiences of parental influence on an adolescent

could lead to such adolescent engaging in risk-taking behaviours or not. Parents tend to have gender stereotypes about gender qualities of their children, and their way of parenting is different depending on gender specifications (Berger & Krahe, 2013). Male gender stereotypes of parents on adolescents is associated with willingness to take risks and masculinity while a female's gender stereotype is associated with gentleness and femininity. These stereotypes reflect the social and cultural beliefs that state what kind of behaviour is expected from male and female adolescents (Eagly *et al.*, 2000).

For instance, Kopko (2007) identified that authoritative parenting styles have a positive influence on risky behaviour of adolescents and specifically reported that it decreases the likelihood of adolescents engaging in risky behaviours. Moreover, studies have revealed that permissive parenting styles influence adolescents to resort to risky behaviours, such as alcohol use (Harakeh, Looze, Schrijvers, Van Dorsseelaer, & Vollebergh, 2012). Furthermore, adolescents from families with authoritarian parenting styles were less likely to engage in risky behaviours (Bahr & Hoffmann, 2010). Studies have also revealed that parents are biased in their parenting styles, depending on their child's gender. With authoritarian parenting styles, physical punishment is mostly used on males compared to females, leaving males to be more violent than females due to modeling of their parent's violent behaviour (McKee *et al.*, 2007).

Erol and Orth (2011) argue that male adolescents have high levels of risk-taking behaviour compared to females. Their study revealed that male adolescents tend to have high levels of alcohol abuse. Harakeh *et al.* (2012) and Patock-Peckham & Morgan-Lopez (2006) found that male adolescents from authoritarian parenting backgrounds mostly have significant challenges with alcohol, binge drinking, using and abusing substances, and are likely to engage in behaviours that put their health at risk compared to their female counterparts. However, other studies have clarified and confirmed that female adolescents with conduct disorders are more likely to engage in risky sexual behaviour compared to their male counterparts (Brooks Holliday, Ewing, Storholm, Parast, & D'Amico, 2017). Additionally, Morrongiello and Sedore (2005) and Bahr and Hoffmann (2010) found that boys raised by permissive parents typically engage in

riskier behaviours compared to girls.

Derlega, Jones & Winstead (2005) moot that the influence of gender on risk-taking behaviours by adolescent could be traced back to socialisation in line with parenting, where male adolescents are associated with more dangerous behaviours while females are associated with more cautious behaviours. Furthermore, Bennett *et al.* (2005) posit that parents raise up adolescents with gender specific roles and gender expectations, leaving adolescents with gender specific risk-taking behaviours. Males often participate in sports such as wrestling, play with toys such as guns, and associate with heroes who fight battles or win wars, thus increasing their predisposition to violent-related behaviour compared to females. To further demonstrate the socialisation of children, it has been reported that parents are less likely to have conflict in front of their female adolescents than in front of their male counterparts, and boys are more likely to get harsher discipline compared to girls, placing males in the risk of engaging in aggressiveness and violence tendencies (Bennett *et al.*, 2005).

Various studies have revealed that parenting and gender have the potential to influence risky behaviours in adolescents. For example, Schulte, Ramo, and Brown (2009) found that gender controls the relationship between parenting and substance usage by adolescents. Moreover, other studies have revealed gender differences and the degree to which parental monitoring influences adolescent drinking (Schinke, Fang, & Cole, 2008). Parenting is more likely to influence the usage of substances in both males and females (Schinke *et al.*, 2008) and it has proved to affect boys' alcohol use compared to girls (Barnes *et al.*, 2000). There is an evident association between parental monitoring action and alcohol use by females (Schinke *et al.*, 2008), which typically suggests that this monitoring action of parents could be a protective factor in girls than it is in boys. Additionally, Amaro, Amaro, Blake, Schwartz, and Flinchbaugh (2001) posit that poor attachment between children and parents is a great predisposing factor for alcohol use among females than among males. Similarly, low parental monitoring among females is associated more with substance use among females than males (Freshman & Leinwand, 2001). Hale, Valk, Engels, and Meeus (2005) found that females are more affected by

parenting styles than males with regard to engaging in risk-taking behaviour.

Further research has revealed that the relationship between permissive parenting styles and self-harm behaviour is stronger for females compared to males (Hale *et al.*, 2005). This is further supported by Helsen, Vollebergh, and Meeus (2000) who found a strong relationship between permissive parenting styles and self-harm behaviour for girls compared to boys. Wight, Willianson and Henderson (2006) found that greater parental monitoring reduces sexual partners in males while greater parental monitoring reduces sexual experience among females. Such children are likely to engage in sexual activities only when they are older, and have fewer sexual partners. Amato and Fowler (2002) argue that authoritative parenting styles have detrimental effects for both adolescent males and females in their engagement in violence-related and risky sexual behaviours.

3.7 Summary of the studies conducted in South Africa and gaps identified

The literature reveals that parenting styles influence risk-taking behaviours of adolescents. Permissive, authoritative, and authoritarian parenting styles, each has a role to play in adolescent risk-taking behaviours. In summary, parents who are not nurturing emotionally and physically and use psychological and physical control, and administer harsh punishment, have been found to have adolescents who are vulnerable to risk-taking behaviours. However, other studies have consistently shown that parenting styles do not influence adolescent risk-taking behaviours.

International and local studies confirm that gender plays a role in risk-taking behaviours by adolescents. In addition, most researchers have identified that male adolescents are more prone to risk-taking behaviours compared to their female counterparts. Furthermore, studies have revealed that parenting styles and gender influence risk-taking behaviours by adolescents.

Studies conducted in South Africa have focused on learners at schools or general populations and not among students at universities. This study focuses on parenting styles and gender as factors that influence risk-taking behaviours by adolescents. Although research on parenting styles and risk-taking behaviours by adolescents has been conducted in South Africa, it

has been deduced that most of the sources are now outdated. Available studies in South Africa have focused on risk-taking behaviours of adults than adolescents. Most of the studies on parenting styles and risk-taking behaviours have been conducted outside South Africa, leaving the country with little data on adolescent behaviour patterns. Furthermore, due to cultural differences between Western countries and South Africa, replication of intervention studies conducted internationally may be improbable in South Africa. Very few studies have focused on the interaction of parenting styles, gender and risk-taking behaviours of adolescents in South African. Furthermore, most of the studies have focused on substance use/abuse rather than other risk-taking behaviours.

3.8 HYPOTHESES

The following hypotheses were tested in the study:

- There is an influence of parenting styles on risk-taking behaviours among adolescents;
- There are gender differences in risk-taking behaviours; and
- There are interactional effects of parenting styles and gender on risk-taking behaviours.

CHAPTER 4

METHODOLOGY

4.1. Research design

A quantitative approach, using a cross-sectional survey design, was used in conducting this study. The design allows the researcher to compare different population groups between males and females. The independent variables measured in this study were parenting styles and gender while the dependent variable was are risk-taking behaviours.

4.2 Sampling technique and respondents

Three hundred (300) respondents (147 males and 153 females) aged 17 to 19 years, with a mean age of 18.45 years, were sampled to participate in the study. Respondents were selected from the North-West University, Mafikeng Campus, among a group of first year students. The researcher personally administered the questionnaires and data collected in English.

A convenience sampling method was used in selecting students to participate in the study. Convenience sampling is a non-probability sampling technique where participants are selected because of characteristics that the researcher is interested in. Furthermore, through this technique, the total population was divided into groups, 147 males and 153 females. The table below shows the respondents who took part in the study.

Table 4.1: Socio-demographic characteristics of respondents

<i>Variables</i>		<i>Frequency</i>	<i>Percentage</i>
<i>Age in years</i>	Mean = 18.45; Sd = .64		
	17 years	24	8.0
<i>Age group</i>	18 years	117	39.0
	19years	159	53.0
<i>Sex</i>	Male	147	49.0
	Female	153	51.0
<i>Race</i>	Black	189	63.0
	White	3	1.0
	Others	108	36.0
<i>Home language</i>	Setswana	164	54.7
	Sepedi	27	9.0
	Zulu	83	27.7
	Others	26	8.7
<i>Field of studies</i>	Humanities	205	68.3
	Science	70	23.3
	Agriculture	4	1.3
	Law	21	7.0
<i>Location</i>	Urban	118	39.3
	Rural	120	40.0
	Semi-rural	62	20.7
<i>Number of children in the household</i>	1	49	16.3
	2	60	20.0
	3	72	24.0
	4	69	23.0

5	25	8.3
6	9	3.0
7	8	2.7
8	3	1.0
9	3	1.0
10	1	.3
15	1	.3

4.3 Instrumentation

A questionnaire was used to collect data from respondents. The questionnaire was structured as follows:

Section A: Biographic information

This section requested demographic information of participants such as age, sex, race, home language, field of studies, location and number of children within the household.

Section B: Risk-Taking and Self-Harm Inventory for Adolescents (RTSHIA)

RTSHIA was developed by Vrouva, Fonagy, Fearon, and Rousow (2010). RTSHIA is a self-report measure, developed to assess risk-taking and self-harm behaviours of adolescents in community and clinical settings. The questionnaire comprises 38 items, such as: *“Have you ever taken chances while doing your hobbies (e.g. not wearing your helmet and other safety gear, riding risky stances on your skateboard, etc.)?”*; *“Have you ever stayed out late at night, without your parents knowing where you are?”*; and *“Have you ever participated in gang violence, physical fights or held a weapon?”* The items are set on a 4-point Likert scale where respondents indicate the frequency with which they engaged in a certain behaviour by making a mark under the correct answer (never, once, more than once and many times). The 12 risk-taking-related questions are arranged from mild behaviours such as smoking, taking risks when doing one’s hobbies, to more

severe risk-taking behaviours involving taking part in gang violence. The 22 self-harm-related items are related to self-injuring behaviours. The scale also includes open-ended questions about other additional risk-taking behaviours not mentioned in the inventory in which participants may engage in. According to Vrouva *et al.* (2010), the inter-item and test-retest reliability were high with a Cronbach's alpha of 0, 85 and 0, 93 (Vrouva *et al.*, 2010). In the current study, the Cronbach's alpha coefficient was 0, 779.

Section C: The Parenting Authority Questionnaire (PAQ)

The Parenting Authority Questionnaire (PAQ) was developed by Buri (1991) to assess parental authority from the perspectives of children. The original questionnaire consisted of 48 PAQ three subscales as follows: permissive (P: items 1, 6, 10, 13, 14, 17, 19, 21, 24 and 28); authoritarian (A: items 2, 3, 7, 9, 12, 16, 18, 25, 26 and 29); and the authoritative (F: items 4, 5, 8, 11, 15, 20, 22, 23, 27, and 30). It includes items such as *“While I was growing up, my parents felt that in a well-run home, the children should have their way in the family as often as the parents do”*; *“Whenever my parents told me to do something as I was growing up, they expected me to do it immediately without asking any questions”*. The items on this scale are on a 5-point Likert scale and were answered by selecting “strongly disagree”, “disagree”, “neither agree nor disagree”, “agree”, “strongly agree.” Previous research by Ditsela and Van Dyk (2011) conducted in South Africa revealed Cronbach alpha values of 0.80 in authoritative, 0.73 in authoritarian and 0.63 in permissive styles, respectively. Kritzas and Grobler (2005) also conducted research in Bloemfontein/Mangaung with PAQ, and all subscales had a Cronbach alpha coefficient of 0.74 and higher. In the current study, the Cronbach alpha coefficient was 0.61 in permissive, 0.77 in authoritarian and 0.51 in authoritative subscales. This could be because English was used as the language of administration of the questionnaire and most respondents use English as their second language. The difference in the geographic catchment area of the current study and the area where the scale was developed could have contributed to the Cronbach alpha coefficient. In PAQ, scores differ from 10 to 50, with the belief that the higher the score, the greater the parental style measured (Buri, 1991).

4.4 Ethical considerations and procedures

Permission to conduct the study was requested and obtained from the Department of Psychology, North-West University, Mafikeng Campus and the Human Resource Research Ethics Committee (HRREC), with approval number NWU-HS-2017-0178. Permission was also granted by the supervisor, whose period for research was appropriated for the purpose of data collection. Students willing to participate in the study and, who could read and write, were considered in the study. Respondents were given guidelines regarding voluntary participation and confidentiality. First year students, aged 17 years were also given the opportunity to participate in the study. Respondents completed consent forms in line with the guidelines of The National Health Act of 2003, which states that a minor can consent to participate in non-therapeutic research if such minor is capable of understanding the processes.

Respondents were guided on how to complete the questionnaire. The researcher explained the aim and objectives of the study to respondents. Questionnaires were completed by students in the presence of the researcher in a lecture hall and in their halls of residence. Each student took between 25 and 30 minutes to complete the questionnaire.

4.5 Data analysis

Statistical analyses were done using the Statistical Package for the Social Sciences (SPSS) Version 25. Data analysis was conducted in accordance with the following steps: descriptive statistics to apportion demographic information of respondents in terms of percentages, means and standard deviations; multiple regression analysis was used to assess the influence of parenting styles on risk-taking behaviour; T-test was used to assess gender differences on variables and 2X3 ANOVA used to measure interaction between parenting styles, gender and risk-taking behaviours.

CHAPTER 5

RESULTS

Hypothesis one: Parenting styles (permissive authoritarian, authoritative) have a significant statistical influence on risk-taking behaviours among adolescents.

Table 5.1: Multiple regression analysis for parenting styles predicting risk-taking behaviours

Variable	B	SEB	Beta	R ²	R	F
Permissive styles	.175	.006	.165	.042	.205	2.556
Authoritarian style	.041	.004	.047			
Authoritative style	-.165	.008	-.157			

**p <.01; *p<.05

Hypothesis one stated that parenting styles (permissive, authoritarian and authoritative parental styles) have a statistical influence on risk-taking behaviours among students. A multiple regression analysis was conducted in order to test this hypothesis (See Table 5.1). All the three parental styles were entered into the regression equation and the results are presented in Table 5.1. The results show that only permissive parental and authoritative parental styles significantly and independently predicted risk-taking behaviours among adolescents. Permissive styles ($\beta = .165$, $p < .05$), Authoritative parental styles ($\beta = -.157$, $p < .05$) and authoritarian parental styles ($\beta = .047$, $p > .05$) did not have independent influence on risk-taking behaviours among students. However, permissive and authoritative parenting styles jointly predicted risky behaviours $R^2 = .042$, $F = 2.566$, $p < .01$. This implies that 42% of risk-taking behaviour is influenced by parenting styles. Thus, the hypothesis was accepted.

Hypothesis two: There are gender differences in risk-taking behaviours among university students

Hypothesis two stated that there are gender differences in risk-taking behaviours among university students. This hypothesis was tested using t-test of independent samples and the results are summarized in Table 5.2.

Table 5.2: T-test of independent samples analysis showing gender influence on risk-taking behaviours

	<i>N</i>	<i>MEAN</i>	<i>SD</i>	<i>DF</i>	<i>T</i>	<i>P</i>
<i>Independent variables</i>						
<i>Male</i>	147	23.47	6.54	298	7.53	.001
<i>Female</i>	153	18.55	4.69			

The results (Table 5.2) show statistically significant gender differences in risk-taking behaviours among university student $t(298) = 7.53$; $p < .001$ with males scoring high ($X = 23.47$, $SD = 6.54$) compared to female students ($X = 18.55$; $SD = 4.69$) on risk-taking behaviours. Thus, the hypothesis was accepted.

Hypothesis three: There is a significant main interaction effect between gender and parenting styles on risk-taking behaviours.

Hypothesis three assumed there is a significant main interaction between gender and parenting styles on risk-taking behaviours. The hypothesis was tested with 2 X 3 Analysis of Variance (ANOVA). The results are shown in Table 5.3.

Table 5.3: 2x3 Analysis of Variance (ANOVA) showing the main and interaction effects of gender and parenting styles on risk-taking behaviours

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected model	2466.20	5	493.24	16.19	.000
Intercept	132101.42	1	132101.42	4335.80	.000
Gender	2050.15	1	2050.15	67.29	.01
Parenting styles	369.81	2	184.91	6.07	.01
Gender*parenting styles	337.95	2	168.98	5.45	.01
Error	8957.47	294	30.47		
Total	143304.00	300			
Corrected total	11423.67	299			

Table 5.3 shows a significant main effect of gender on risk-taking behaviour $F(1, 299) = 67.29$, $p > 0.01$. Additionally, the results show significant main effects of parenting styles on risk-taking behaviours $F(2, 294) = 6.07$, $p > 0.01$. Further analysis revealed statistically significant interaction effects between gender and parenting styles on risk-taking behaviours $F(1, 299) = 5.45$, $p > 0.01$. Thus, the hypothesis was accepted.

CHAPTER 6

DISCUSSION

The aim of this study was to examine the influence of parenting styles and gender differences on risk-taking behaviours among adolescent students. The objectives of the study were to: investigate the influence of parenting styles on risk-taking behaviour among adolescents; explore gender difference on risk-taking behaviour among adolescents; and investigate interactional effect of parenting styles and gender on risk-taking behaviours. This chapter focuses on the discussion of results, conclusions drawn, limitations of the study and recommendations.

6.1 Parenting styles and risk-taking behaviours

Hypothesis one stated that parenting styles influence risk-taking behaviours among adolescents. The results showed a significant statistical influence of permissive and authoritative parenting styles on risk-taking behaviours among adolescents while authoritarian parenting styles did not yield any significant results.

These results are in line with the literature, which revealed that permissive parenting styles lead to risky behaviours among students (Bahr & Hoffmann, 2010). This result is also confirmed by Patock-Peckham and Morgan-Lopez, (2006), who reported that permissive parenting styles are associated with increased alcohol and tobacco use by adolescents. Keane *et al.* (2000-2006) also found that adolescents from families that did not enforce rules and had no meaningful interaction with parents had a strong likelihood of experiencing delinquent behaviours and using substances. In the same vein, Miller *et al.* (2002) also reported that adolescents from permissive parenting households are more likely to engage in violent-related behaviours. Contrary to the current study, O'Byrne *et al.* (2002) found that adolescents raised under permissive parenting styles are less likely to engage in substance abuse. This result could be justified by the fact that parents who use permissive parenting styles do not set rules for their children and have no expectations from their children. As such, adolescents are free to explore life without proper

guidance and boundaries and end up engaging in risky behaviours.

The current study also revealed that authoritative parenting styles have a significant influence on risk taking behaviours of adolescents. These results are consistent with the findings of Keane *et al.* (2006) who found that adolescents from families where parents enforced authoritative parenting styles are likely to participate in delinquent behaviours and start abusing substances. However, the results in the current study differ from those of Newman *et al.* (2008) who found a decreased risk of drug usage among adolescents raised by parents who enforced an authoritative parenting style. This result is unusual as the literature revealed authoritative parenting styles serve as protective factors against engaging in risk taking behaviours.

The results of the current study could contradict the findings of previous studies. Such contradictions could be due to the fact that previous studies focused on adolescents in high school rather than those at the university. Furthermore, in the current study, some respondents live in residences at the university without any parental supervision, which is different from high school students, who are generally under parental supervision. Moreover, this could be because such adolescents have moved away from their immediate environments such as their immediate family environment and, as a result, abandoned their parent's rules, thus making them more vulnerable to risky behaviours. In addition, adolescents experience increased identification with their peers, ultimately resulting in their adoption of risky behaviours from peers (Chan *et al.*, 2016). While being vulnerable to peer pressure, the university environment could promote risky behaviours in adolescents in that within the university setting, there are no alcohol and dating regulation policies, thus leaving adolescents free to experiment. Additionally, due to age, some students aged 18 years or older, are legally allowed to buy alcohol and have sex. This can happen both at the university residence and within communities since the university does not have policies that prohibit students from engaging in such behaviours.

The results further revealed that authoritarian parenting styles do not influence risk-taking behaviours. The results are inconsistent with the findings of Newman *et al.* (2008) who found a decreased risk of drug use among adolescents raised by parents who enforced an authoritarian

parenting style, since they were less likely to start or increase their rates of smoking over a period of two years. Gouws *et al.* (2000) also found that adolescents from families whose parents use authoritarian parenting styles are likely to engage in self-harm behaviours. These results differ from those of Patock-Peckham *et al.* (2001), and Patock-Peckham and Morgan-Lopez (2006) who found that adolescents whose parents used authoritarian parenting styles were more likely to experience an increased risk for drinking alcohol, smoking and using drugs.

According to Bronfenbrenner's ecological theory, the mesosystem is about the relationship between parents and adolescents, and the relationship between parenting and deviant peer relations could lead to the adolescent engaging in risk-taking behaviours (Laursen & Collins, 1994). In the exosystem, communities from which adolescents come from are important social backgrounds that influence their functioning. This could be a contributing factor to peer pressure, which could lead to adolescents at universities experimenting with drugs and sex. It is clear that disadvantaged communities constitute a risk factor for adolescents engaging in risky behaviours (Amoateng & Kalule-Sabiti, 2013; Swahn & Bossarte, 2009). This is because, in those communities, there are limited resources such as recreational activities yet, with excess availability of substances such as alcohol. Some of these university students might have learned to experiment with substances and sex even prior enrollment at the university.

6.2 Gender and risk-taking behaviours

Hypothesis two stated that there are gender differences in risk-taking behaviours among adolescents. The results revealed a significant statistical gender difference in risk-taking behaviours among adolescents, with male adolescents reporting riskier behaviours compared to their female counterparts. These results are consistent with the work of Lavy and Schlosser (2011), who found that males are more likely to engage in risk-taking behaviours compared to females. These results are further supported by the work of Fantasia *et al.* (2012) who found that males are more likely to perform risk-taking behaviour such as substance-related behaviour compared to females. The literature also revealed that males are more likely to perform risk-taking behaviours compared to females from an early age, and are less likely to perceive

activities as being dangerous to hurt them when engaging in them (Fantasia *et al.*, 2012). Otwombe *et al.* (2015) found that male adolescents are likely to be involved in violence-related behaviour compared to their female counterparts. Contrary to the current study, McAra and McVie (2010) found that female adolescents are more likely to engage in violence-related behaviour than their male counterparts. The most common type of risk-taking behaviour among women is self-harm (Andover *et al.*, 2005).

In the current study, a significant statistical gender difference in risk-taking behaviours was established regardless of the unequal sample size between males and females, with females having a high number of respondents compared to males. This is an indication that male adolescents generally engage in risky behaviours compared to their female counterparts. A possible explanation of these results could be understood from gender schema theory, which states that adolescents learn gender roles from their culture. Ben (1981) found that adolescents adjust their behaviours as learned from the norms of their cultural backgrounds. Mandara *et al.* (2012) found that gender differences in violent-related behaviours of adolescents emerge as a result of parental differential treatment of males and females. When parents attribute parenting styles based on traditional attitudes about gender roles, they are likely to display gender-differentiated parenting, which typically increases gender-role consistent risk-taking behaviours such as violence and aggression in males but not in females (Mandara *et al.*, 2012). This interpretation is consistent with gender norms about risk-taking, which causes males to engage in risk-taking behaviours more consistently than female adolescents (Yagil, 1998).

Even though the results are statistically significant, this does not mean that females do not engage in risk-taking behaviours. For instance, the Youth Risk Behaviour Survey (Centre for Disease Control and Prevention, 2007-2017) revealed that 37.7% of female students had engaged in sex. Furthermore, a report by the Centre for Disease Control revealed that 7.9% of female students had sex with four or more partners. In addition, 0.8% of female students (0.8%) had used injectable illegal drugs and 4.1 % of female students had engaged in violent-related behaviours (Centre for Disease Control and Prevention, 2007-2017). Moreover, it is socially

acceptable nowadays for females to engage in risk-taking behaviours such as substance use, risky sexual behaviours and self-harm compared to males who mainly engage in harsh types of risks such as drinking and driving. This recognition of an emerging pattern is also cognisant of the fact that they might be engaging in risk-taking behaviours at a lesser rate compared to their male counterparts.

6.3 Gender and parenting styles on risk-taking behaviours

Hypothesis three stated that there are main interaction effects of gender and parenting styles on risk-taking behaviours. The results revealed a significant statistical effect of the interaction of gender and parenting styles on risk-taking behaviours. The results are consistent with those of Schulte *et al.* (2009) who found that the interaction of gender and parenting styles influences risk-taking behaviours among adolescents. These results are further supported by those of Hale *et al.* (2005) and Helsen *et al.* (2000), who found that the influence of permissive parenting styles on self-harm behaviours was more prominent among females compared to males. Mckee *at al.* (2007) also found that parenting styles, particularly authoritarian parenting style, was mostly used among male adolescents, leaving them to engage more on violence-related behaviours than female adolescents (Mckee *at al.*, 2007).

The results of this study further confirm those of Schinke *et al.* (2008) which revealed there is an evident association between parental monitoring action and gender. This argument is in line with the work of Hale *et al.* (2005) which revealed that females are more affected by parenting styles compared to males in the likelihood of engaging in risk-taking behaviours. The results of this study are different from those of Freshman and Leinwand (2001) which revealed that low parental monitoring among females was associated more with substance use among females than males.

The association of parents and s risky behaviours has focused on the role of parenting styles, monitoring and modelling (Baijmrind, 1987). The mesosystem considers the relationship between parenting and deviant peer relations, and it is believed could result in adolescent risk-

taking behaviours (Laursen & Collins, 1994). The adolescent exosystem involves disadvantaged communities, that is, communities that are subjected to increased rates of poverty within families, unemployment within families, and crime. In such circumstances, parents are usually away due to socio-economic issues and children are left alone without parental guidance. As a result, such communities nurture a risk factor for adolescents to engage in risk-taking behaviours such as violence, substance use and risky sexual behaviours (Swahn & Bossarte, 2009).

The macrosystem includes patterns of values of adolescents, belief systems, lifestyles, opportunities, customs and the legal system (Hoffman & Kruczek, 2011). This socio-cultural environment, which involves factors such as community norms and laws, influences adolescent risky behaviours through acceptance of polygamy or multiple sexual partners, particularly among male adolescents (Ramsoomar, 2016), increasing chances of risk-taking behaviours. In this patriarchal society, often, women are seen as voiceless and are also abused. They end up bottling up their emotions, resulting in self-harm (Nxumalo *et al.*, 2014). Risk taking behaviours could be as a result of several factors, ranging from how adolescents were raised by their parents, to the environment in which they find themselves.

6.4 Conclusion

It is, therefore, concluded as follows:

- Parenting styles have an influence on risk-taking behaviours among adolescents, with permissive and authoritative parenting styles significantly influencing risk-taking behaviours among adolescents;
- There is significant gender difference in risk-taking behaviours among adolescents, with males scoring higher in risky behaviours than their female counterparts; and
- There is a significant interaction effect between gender and parenting styles on risk-taking behaviours.

6.5 Limitations of the study

The following limitations were encountered in the course of the study:

- The use of English, which is mainly a second language to most respondents, could have had a negative effect on some students with regard to understanding some items of the questionnaires. However, the researcher clarified such items to respondents for better understanding. This could have interfered with responses obtained from respondents;
- The number of respondents was not equal in terms of sex. More females participated in the study compared to males;
- The study only examined parenting styles and gender in relation to risk-taking behaviours. Many other factors could contribute to the risk-taking behaviours other than parenting styles and these were not considered in the current study;
- Socio-demographic factors were not explored in relation to risky behaviours of adolescents; and
- The Cronbach's alpha coefficient of the parental authority questionnaire was 0.51 in the authoritative subscale.

6.6 Strengths of the study

The strengths of this study rest on the fact that the results report on the influence of parenting styles on risk-taking behaviours measured using psychometrically reliable and valid measures. In addition, the inclusion of adolescent students from a university makes this study unique compared to other studies in South Africa, which focused mainly on high school adolescents (adding to the pool of knowledge). The use of RTSHIA enabled students to gain a better understanding of risk-taking behaviours, and the use of PAQ assisted students to understand parenting styles and how this affects their behaviours.

6.7 Recommendations

It is recommended as follows:

- There is need for parents to be psycho-educated on different parenting styles and their

effects on children and future behaviour.

- There is also a need for adolescents to be psycho-educated on risky behaviours and how such behaviours could affect their social, health, and academic functioning, and how they could influence the economy of the country.
- There is need for a health multi-disciplinary team, such as clinical psychologists, educational psychologists and other health professionals to initiate programmes that could assist adolescents avoid engaging in risky behaviours.
- There is a need for policies at universities that regulate substance use and intimate relationships.

6.8 Areas for future research

- Future studies could consider more background characteristics that predict risk-taking behaviours of adolescents, variables such as use or abuse of substances, birth order within a family and family structure.
- Moving beyond the scope of this study, it could be beneficial to explore systemic influences other than influences by parents and sex on risk-taking behaviours. Possible influences that could be explored are siblings, the media, religion, culture and laws in South Africa.

REFERENCES

- Amaro, H., Blake, S. M., Schwartz, P., & Flinchbaugh, L. J. (2001). Developing theory- based substance abuse prevention programs for adolescent girls. *Journal of Early Adolescent, 21*, 256-293.
- Amato, P. & Fowler, F. (2002). Parenting practices, child adjustment, and family diversity. *Journal of Marriage and Family, 64*(3), 703-716.
- Amoateng, A. Y., & Kalule-Sabiti, I. (2013). Social structure and sexual behaviour of black African adolescents in the North-West Province, South Africa. *South African Review of Sociology, 44*, 131–157.
- Andover, M. S., Pepper, C. M., Ryabchenko, K. A., Orrico, E. G. & Gibb, B. E. (2005). Self-mutilation and symptoms of depression, anxiety and borderline personality disorder. *Suicide and Life-Threatening Behaviour, 35*(5), 581-591.
- Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues, 35*, 235–253.
- Assadi, M. S., Smetana, J., Shahmansouri, N., & Mohammadi, M. (2011). Beliefs about parental authority, parenting styles and parent–adolescent conflict among Iranian mothers of middle adolescents. *International Journal of Behavioural Development 35*(5), 424–431.
- Australian Institute of Health and Welfare (2013). National drugs strategy household surveys (NDSHS). Australian Government.
- Australian Institute of Health and Welfare, (2011). Young Australians: their health and wellbeing. Cat. no. PHE 140. Canberra.

- Azmawati, M. N., Hazariah, A. H. S., Shamsul, A. S., Norfazilah, A., Azimatun, N. A., & Rozita, H. (2015). Risk-taking behaviour among urban and rural adolescents in two selected districts in Malaysia. *South African Family Practice*, 57(3), 160-165.
- Bahr, S. J., & Hoffmann, J. P. (2010). Parenting style, religiosity, peers and adolescent heavy drinking. *Journal of Studies on Alcohol and Drugs*, 71, 539–543.
- Baumrind, D. (1987). A developmental perspective on adolescent risk-taking in contemporary America. In *Adolescent Social Behaviour and Health. New Directions for Child Development*, C. E. Irwin, Jr., Ed.: 91-126. Jossey Bass. San Francisco.
- Bandura, A. (1977). *Social Learning Theory*. New York, NY: General Learning Press.
- Barnes, G. M., Reifman, A. S., Farrell, M. P., & Dintcheff, B. A. (2000). The effects of parenting on the development of adolescent alcohol misuse: A six-wave latent growth model. *Journal of Marriage and the Family*, 62, 175–186.
- Barnhart, C., Raval, V., Jansari, A., & Raval, H. P. (2013). Perceptions of parenting style among college students in India and the United States. *Springer*, 22, 684-693.
- Barnhart, C., Raval, V., Jansari, A., & Raval, H. P. (2013). Perceptions of parenting style among college students in India and the United States. *Springer*, 22, 684-693.
- Baumrind, D., Larzelere, R. E., & Owens, E. B. (2010). Effects of preschool parents' power: Assertive patterns and practices on adolescent development. *Parenting*, 10, 157–201.
- Bem, S. L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, 88, 354–364.
- Berger, A., & Krahe, B. (2013). Native attributes are gendered too: conceptualizing and measuring positive and negative facets of sex-role identity. *European journal of social sociology*.

- Blais, A. R., & Weber, E. U. (2001). Domain-specificity and gender differences in decision making. *Risk Decision and Policy*, 6, 47–69.
- Blanton, H., Gibbons, F. X., Gerrard, M., Conger, K. J., & Smith, G. E. (1997). Role of family and peers in the development of prototypes associated with substance use. *Journal of Family Psychology*, 11(3), 271.
- Blecher, M. S., Steinberg, M., Pick, W., Hennick, M., & Durcan, N. (1995). AIDS- knowledge, attitudes and practices among STD clinic attenders in the Cape Peninsula. *South African Medical Journal*, 18, 1281–1286.
- Bowlby, J. (1973). “Attachment and Loss: Separation” (Vol. 2) New York, Basic Books.
- Brady, S. S., Dolcini, M. M., Harper, G. W., & Pollack, L. M. (2009). Supportive friendships moderate the association between stressful life events and sexual risk-taking among African American adolescents. *Health Psychology*, 28(2), 238-248.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. (2005). Making human beings human: *Bioecological perspectives on human development*. Sage.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In R. M. Lerner (Eds.), *Handbook of child development: Theoretical models of human development*, 1, 793–828.
- Brooks Holliday, S., Ewing, B. A., Storholm, E. D., Parast, L., & D’Amico, E. J. (2017). Gender differences in the association between conduct disorder and risky sexual behaviour. *Journal of Adolescence*, 56, 75-83.

- Brown, B. B. (1989). The role of peer groups in adolescents' adjustment to secondary school. In *Peer Relationships in Child Development* in T. J. Berndt & G. W. Lad (Eds.), (pp. 188-216). Wiley. New York.
- Brown, B. B. (1990). Peer groups and peer culture. In *At the Threshold: The Developing Adolescent*. In S. S. Feldman & G. R. Elliott (Eds.), (pp. 171-196). Harvard University Press: Cambridge, Mass.
- Buboltz, W. C., Griffith-Ross, D. A., Marsiglia, C. S., & Walczyk, J. J. (2007). Impact of parenting styles and locus of control on emerging adults. *Journal of Education and Human Development*, 1(1), 34-50.
- Bubrick, K., Goodman, J. & Whitlock, J. (2010). *Non-suicidal self-injury in schools: Developing and implementing school protocol*. Cornell Research Program on Self- Injurious Behavior and recovery in Adolescents and Young Adults.
Retrieved from: <http://www.selfinjury.bctr.cornell.edu>.
- Buhi, E. R. & Goodson, P. (2007). Predictors of Adolescent Sexual Behaviour and Intention: A Theory-Guided Systematic Review. *Journal of Adolescent Health*, 40, 4-21.
- Burton, M. (2014). Self-harm: working with vulnerable adolescents. *Practice Nursing*, 25(5), 245-251.
- Buttmann, N., Nielsen, A., Munk, C., Liaw, K. L., & Kjaer, S. K. (2011). Sexual risk-taking behaviour: Prevalence and associated factors. A population-based study of 22 000 Danish men. *Bio Med Central Public Health*, 11(1), 764.

- Byrnes, J. P. (2003). Changing views on the nature and prevention of adolescent risk-taking. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach* (pp. 11– 17). Thousand Oaks, CA: Sage.
- Byrnes, J. P., Miller, D. C., & Schafer, W. D. (1999). Gender differences in risk taking: a meta-analysis. *Psychological Bulletin*, 125, 367–383.
- Cassimjee, N. (1998). *The role of gender in black adolescent sexuality: An ecosystemic approach*. Unpublished Master's dissertation, University of Pretoria.
- Center for Accident research & road safety- Queensland (CARRS-Q). (2010). *State of the Road: Adolescent Risk-taking*. Fact Sheet. Retrieved from www.carrsq.qut.edu.au
- Centers for Disease Control and Prevention (2007-2017). Diagnoses of HIV infection in the United States and dependent areas. *HIV Surveillance Report*, 28, 1-57. Retrieved from: <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>.
- Chan, M. K., Bhatti, H., Meader, N., Stockton, S., Evans, J., O'Connor, R. C., Kapur, N. & Kendall, T. (2016). Predicting suicide following self-harm: systematic review of risk factors and risk scales. *The British Journal of Psychiatry*, 209(4), 277-283.
- Chiou, W. B., & Wan, C. S. (2006). Sexual self-disclosure in cyberspace among Taiwanese adolescents: Gender differences and the interplay of cyberspace and real life. *CyberPsychology & Behaviour*, 9, 46–53.
- Christofides, N. J., Jewkes, R. K., Dunke, K. L., Nduna, M., Shai, N. J. & Sterk, C. (2014). Early adolescent pregnancy increases risk of incident HIV infection in the Eastern Cape, South Africa, a longitudinal study. *Journal of International AIDS Soc*, 19(17), 1858.
- Cluver, L., Orkin, M., Boyes, M. E., & Sherr, L. (2015). Child and adolescent suicide attempts, suicidal behaviour, and diverse childhood experiences in South Africa: A prospective study. *Journal of Adolescent Health*. 57, 52-59.

- Control disease Centre (CDC). (2016). Youth risk behavior surveillance system. 65(6); 1–174.
- Cornell, A., & Frick, P. J. (2007). The moderating effects of parenting styles in the association between behavioural inhibition and parent-reported guilt and empathy in preschool children. *Journal of clinical child and adolescent psychology*, 36(3), 305-318.
- Darling, N. (2014). There's a big difference between discipline and punishment. Published on September 18, 2014 by Nancy Darling, Ph.D. in Thinking About Kids.
- De Jager, M, (2015). The factors affecting risk-taking behaviour among middle and late adolescents: An ecological systems perspective. University of the Free State.
- Derlega, V. J., Jones, W. H., & Winstead, B. A. (2005). *Personality: Contemporary theory and research*. New York: Wadworths.
- DiClemente, R., Hansen, W., & Ponton, L. (1996). Adolescents at risk: A generation in jeopardy. In R. DiClemente, W. Hansen, & L. Ponton (Eds.), *Handbook of Adolescent Health Risk Behaviour*. (pp. 1–4). New York: Plenum.
- Ditsela, N., & Van Dyk, G. (2011). Risk factors associated with adolescent pregnancy: An exploratory study. *Journal of Psychology in Africa*, 21(4), 581-584. Retrieved from <http://web.b.ebscohost.com/wagtail.ufs.ac.za/ehost/pdfviewer/pdfviewer?vid=35&sid=dfb808f0-608b-46df-9c38-1001eacac28a%40sessionmgr110&hid=128>
- Eagly, A. H., Wood, W., & Diekmann, A. B. (2000). Social role theory of sex differences and similarities: a current appraisal. In T. Eckes & H. M. Trautner (Eds.). *The developmental social psychology of gender*. Mahwah, NJ: Lawrence Erlbaum associates, pp 123-174
- Eaton, L., Flisher, A. J., & Aaro, L. E. (2003). Unsafe sexual behaviour in South African youth. *Social Science & Medicine*, 56(1), 149–165.
- Elm, D.R., Kennedy, E.J. & Lawton, L. 2001. Determinants of moral reasoning: Sex role orientation, gender, and academic factors. *Business & Society*, 40(3):241-265.

Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine.

Science, 196(4286), 129-36.

Erol, R. Y., & Orth, U. (2011). Self-esteem development from age 14 to 30 years: A longitudinal study. *Journal of Personality and Social Psychology*, 3, 607-619.

Fantasia, H. C., Sutherland, M. A. & Weeder, S. K. (2012). Gender differences in risky sexual behavior among urban adolescents exposed to violence. *Journal of the American Academy of Nurse Practitioners*, 24, 436–442.

Frank, N. C., & Kendall, S. J. (2001). Religion, risk prevention and health promotion in adolescents: A community-based approach. *Mental Health, Religion & Culture*, 4(2), 133– 148.

Freshman, A. & Leinwand, C. (2001). The implications of female risk factors for substance use prevention in adolescent girls. *Intervention Community*, 21, 29-51.

Friedman, B. D., & Allen, K. N. (2011). Systems theory. In J. R. Brandell (Eds.), *Theory & practice in clinical social work* (2nd ed., pp. 3–21). Los Angeles, CA: Sage.

Gardner, M., & Steinberg, L. (2005). Peer influence on risk-taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology*, 41(4), 625–635. doi:10.1037/0012-1649.41.4.625

Gonzalez, A., Holbein, M., & Quilter, S. (2002). High school students' goal orientations and their relationship to perceived parenting styles. *Contemp. Educ. Psychol.* 27, 450–471.

Gouws, E. Kruger, N. and Burger, S. (2000). *The adolescent*. Cape Town: Heinemann Printers.

Guhn, M., & Goelman, H. (2011). Bioecological theory, early child development and the validation of the population-level early development instrument. *Social Indicators Research*, 103(2), 193–217.

Hale, W. W., Valk, I. V. D., Engels, R., & Meeus, W. (2005). Does perceived parental rejection

- make adolescents sad and mad? The association of perceived parental rejection with adolescent depression and aggression. *Journal of Adolescent Health*, 36, 466-474.
- Hall, P. A., Holmqvist, M., & Sherry, S. B. (2004). Risky adolescent sexual behaviour. *Advance Practice Nursing eJournal*, 4(1).
- Harakeh, Z., de Looze, M. E., Schrijvers, C. T. M., van Dorsselaer, S. A. F. M., & Vollebergh, W. A. M. (2012). Individual and environmental predictors of health risk behaviours among Dutch adolescents: The HBSC Study. *Public Health*, 126 (7), 566-573.
- Hardman, J., Jansen, J., Moletsane, M., Neves, D., Soudien, C., Stroud, I., Wild, L. (2012). *Child & adolescent development: A South African socio-cultural perspective*. Cape Town, South Africa: Oxford University Press.
- Harrison J. D., Young J. M., Butow P., Salkeld G., Soloman M. J., (2005). Is it worth the risk? A systematic review of instruments that measure risk propensity for use in the health setting. *Social Science & Medicine*. 60(6):1385-96.
- Helgeson, V. S. (2017). *Psychology of gender*. New York. Routledge
- Helsen, Vollebergh, Meeus (2000). Social Support from Parents and Friends and Emotional Problems in Adolescence. *Journal of Youth and Adolescence*, 29(3).
- Henry, R. (2010). The Association between Perceived Parenting Styles and Adolescent Substance Use. University of the Western Cape.
- Hillier, L. M., & Morrongiello, B. A. (1998). Age and gender differences in school-age children's appraisals of injury risk. *Journal of Paediatric Psychology*, 23, 229–238.
- Hingson, R. W., Edwards, E. M., Heeren, T. & Rosenbloom, D. (2009). Age of drinking onset and injuries, motor vehicle crashes, and physical fights after drinking and when not drinking. *Alcoholism: Clinical and Experimental Research*, 33(5), 783-790.

Hoeve, M., Dubas, J. S., Eichelsheim, V. I., van der Laan, P. H., Smeenk, W., & Gerris, J. R.

(2009). The relationship between parenting and delinquency. *Journal of Abnormal. Child Psychology* 37, 749–775.

Hoffman, M. A., & Kruczek, T. (2011). A bioecological model of mass trauma: individual, community, and societal effects. *The Counselling Psychologist*, 39(8), 1087–1127.

Hope, L. C., & Cook, C. C. H. (2001). The role of Christian commitment in predicting drug use amongst church affiliated young people. *Mental Health, Religion & Culture*, 4(2), 109–117.

Hoskins, D. H. (2014). Consequences of Parenting on Adolescent Outcomes. *Societies*, 1, 506–531

Howard, J. A. (2000). Social psychology identities. *Annual review of sociology*, 26, 367-393.

Idemudia, E., Moamogwe, K. & Maepa, M. 2016. Father involvement and demographic factors influencing anti-social behaviours of adolescent learners in South Africa. *Journal of Psychology*, 7(2):61-67.

Jewkes, R., Nduna, M., Levin J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *British Medical Journal*.

Johnson, E. S. (2008). Ecological systems and complexity theory: Toward an alternative model of accountability in education. *Complicity: An International Journal of Complexity and Education*, 5(1).

Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2003). Monitoring the future national results on adolescent drug use: Overview of key findings, 2002. Bethesda, MD: National Institute on Drug Abuse.

Jonas, K., Crutzen, R., van den Borne, B., Sewpaul, R. & Reddy, P. 2016. Teenage pregnancy rates and associations with other health risk behaviours: a three-wave cross-sectional study among South African school-going adolescents. *Reproductive health*, 13(1):50.

- Kaminer, D., Du Plessis, B., Hardy, A., & Benjamin, A. (2013). Exposure to violence across multiple sites among young South African adolescents. *Peace and Conflict: Journal of Peace Psychology*, 19(2), 112–124.
- Kausar, R., & Shafique, N. (2008). Gender differences in perceived parenting styles and socioemotional adjustment of adolescents. *Pakistan journal of psychological research*, 23 (3-4), 93-105.
- Kopko, K. (2007). Parenting styles and adolescents. New York: Cornell Cooperation Extension.
- Kritzas, N., & Grobler, A. A. (2005). The relationship between perceived parenting styles and resilience during adolescence. *Journal of Child & Adolescent Mental Health*, 17, 1- 12. doi: 10.2989/17280580509486586
- Lai, K. W., & McBride-Chang, C. (2001). Suicidal ideation, parenting style, and family climate among Hong Kong adolescents. *International Journal of Psychology*, 36, 81-7.
- Landor, A., Simons, L. G., Simons, R. L., Brody, G. H., & Gibbons, F. X. (2011). The influence of religion on African American adolescents' risky sexual behaviour. *Journal of Youth and Adolescence*, 40, 296–309.
- Lang, A. J., Rodgers, C. S., Laffaye, C., Satz, L. E., Dresselhaus, T. R., & Stein, M. B. (2003). Sexual trauma, posttraumatic stress disorder, and health behaviour. *Behavioural Medicine*, 28(4), 150–158.
- Lashbrook, J. T. (2000). Fitting in: Exploring the emotional dimension of adolescent pressure. *Adolescence*, 35, 140.
- Latif, A., Choudhary, A. I., & Hammayun, A. A. (2015). Economic Effects of Student Dropouts: A Comparative Study. *Journal of Global Economics*. 3, 317.
- Lauren, G. W., Flisher, A. J., Bhana, A. & Lombard, C. (2004). Associations among adolescent

- risk behaviours and self-esteem in six domains. *Journal of Child Psychology and Psychiatry*, 45(8), 1454–1467.
- Laursen, B., & Collins, W. A. (1994). Interpersonal conflict during adolescence. *Psychological Bulletin*, 115(2), 197.
- Lavy, V. and Schlosser, A. (2011). ‘Mechanisms and impacts of gender peer effects at school.’ *American Economic Journal: Applied Economics*, (3), 1–33.
- Lewis, C. E., & Lewis, M. A. (1984). Peer pressure and risk-taking behaviours in children. *Am. J. Public Health* 74: 580-584.
- Louw, D. A., Louw, A. E. & Ferns, I. (2007). Adolescence. In Louw, D. A., & Louw, A. E. (Eds.), *Child and adolescent development*. Bloemfontein, South Africa: Psychology Publications.
- Lowinson, J. H. (2005). *Substance Abuse: A Comprehensive Textbook*. Lippincott Williams & Wilkins.
- Luyckx, K., Tildeley, E. A., Soenens, B., Andrews, J. A., Hampson, S. E., Peterson, M., & Duriez, B. (2011). Parenting and trajectories of children’s maladaptive behaviours: A 12-year prospective community study. *Journal of Clinical Child and Adolescent Psychology*. 40, 468–478.
- Luyckx, K., Tildeley, E. A., Soenens, B., Andrews, J. A., Hampson, S. E., Peterson, M., & Duriez, B. (2011). Parenting and trajectories of children’s maladaptive behaviours: A 12-year prospective community study. *Journal of Clinical Child Adolescent Psychology*. 40, 468–478.
- Lytton, H., & Romney, D. (1991). Parents’ differential socialisation of boys and girl: A meta-analysis. *Psychological Bulletin*, 109(2), 267-296.
- Mandara, J., Murray, C. B., Telesford, J. M., Varner, F. A., & Richman, S. B. (2012). Observed

- gender differences in African American mother–child relationships and child behaviour. *Family Relations*, 61, 129–141.
- Mann, J. J. (1998). The neurobiology of suicide. *Nature Medicine*, 4, 25–30.
- Mann, J. J., Waternaux, C., Haas, G. L., & Malone, K. M. (1999). Toward a clinical model of suicidal behaviour in psychiatric patients. *American Journal of Psychiatry*, 156, 181–189.
- Matzopoulos, R., Prinsloo, M., & Bradshaw, D. (2013). The injury mortality survey: A National Study of Injury Mortality Levels and causes in South Africa, Cape Town. *Medical Research Council*.
- McAra, L., & McVie, S. (2010). Youth crime and justice: Key messages from the Edinburgh study of youth transitions and crime. *Criminology and Criminal Justice*, 10(2), 179–209.
- Mckee, L., Roland, E., Coffelt, N., Olsen, A. L., Forehand, R., Massari, C., & Zens, M. S. (2007). Harsh discipline and child problem behaviours: Role of positive parenting and gender: *Journal of family violence*, 22(4), 187-196.
- Miller, J. M., Dilorio, C., & Dudley, W. (2002). Parenting style and adolescent's reaction to conflict: Is there a relationship? *Journal of Adolescent Health*, 3, 464-8.
- Moller, M., Gregersen, N. P. (2008). Psychosocial Function of Driving as Predictor of Risk-taking Behavior. *Accident Analysis and Prevention*, 40, 209–215.
- Morey, Y., Mellon, D., Dailami, N., Verne, J. & Tapp, A. (2016). Adolescent self-harm in the community: an update on prevalence using a self-report survey of adolescents aged 13–18 in England. *Journal of Public Health. Press*.
- Morgan, E., & Huebner, A. (2009). Adolescent growth and development. Virginia Cooperative Extension, 350-380, 1–5. Retrieved from <https://vtechworks.lib.vt.edu/handle/10919/49531>.

- Morrongiello, B.A., & Sedore, L. (2005). The influence of child attributes and social- situational context on school-age children's risk-taking behaviours that can lead to injury. *Applied Developmental Psychology*, 26, 347- 361.
- Muritala, I, A., Godwin, A., Anyio, B, T., Muhammed, M., & Ajiboye, S, A. (2015). Impact of substance abuse on academic performance among adolescent students of colleges of education in Kawara State, Nigeria. *Journal of Education and Practice*. 6(28). 108- 111.
- National Centre in HIV Epidemiology and Clinical Research. (2005). Australian HIV surveillance report. 2004 HIV/AIDS, viral hepatitis and sexually transmissible infections. *Australia Annual Surveillance Report*, 21(1).
- National Health Act 2003
- Nock, M. K., & Favazza, A. (2009). Nonsuicidal self-injury: Definition and classification. In M. K. Nock (Ed.), *Understanding non-suicidal self-injury: Origins, assessment, and treatment* (pp. 9–18). Washington, DC: *American Psychological Association*
- Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual review of clinical psychology*, 8, 161-187.
- NPPHCN, (1996). Youth speak out for a healthy future: A study of youth sexuality. Johannesburg: National Progressive Primary Health Care Network (NPPHCN). Parent authority, parenting styles and parent-adolescent conflict among Iranian mothers of middle adolescents. *International Journal of Behavioural Development*, 35, 424-431.
- Nxumalo, K., Okekeb, C. & Mammenb, K. 2014. Cultural Beliefs and Practices towards HIV/AIDS amongst High School Learners in Swaziland
- Onya, H., Tessera, A., Myers, B., & Flisher, A. (2012). Community influences on adolescents' use of home-brewed alcohol in rural South Africa. *BMC Public Health*, 12(1). Retrieved from: <https://doi.org/10.1186/1471-2458-12-642>

- Paschall, K. W., Gonzalez, H., Mortensen, J. A., Barnett, M. A., & Mastergeorge, A. M. (2015). Children's negative emotionality moderates influence of parenting styles on preschool classroom adjustment. *Journal of Applied Developmental Psychology*, 39, 1-13.
- Pearce, C. M., Martin, G., Wood, K., (1995). Significance of touch for perceptions of parenting and psychological adjustment among adolescents. *Child Adolescent Psychiatry*, 34, 7-160.
- Ramsoomar, L. (2016). Risk and protection: Alcohol use among urban youth within the birth to twenty (BT20) cohort.
- Reddy, S. P., James, S., Sewpaul, R., Sifunda, S., Ellahebokus, A., Kambaran, N. S., & Omardien, R. G. (2008). Umthente uhlaba usamila: The 3rd South African National Youth Risk Behaviour Survey.
- Reddy, S., James, S., Sewpaul, R., Koopman, F., Funani, N., Sifunda, S., Omardien, R. (2010). The 2nd South African National Youth Risk Survey, 2008. Cape Town: *South African Medical Research Council*.
- Rosa, E. M., & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology: The evolution of Urie Bronfenbrenner's theory. *Journal of Family Theory & Review*, 5(4), 243–258.
- Rosenberg, M., Schooler, C., Schoenbach, C., & Rosenberg, F. (1995). Global Self-Esteem and Specific Self-Esteem: Different Concepts, Different Outcomes. *American Sociological Review*, 60, 141-156.
- Rudman, L. A., & Glick, P. (2008). The Social Psychology of Gender: How Power and Intimacy Shape Gender Relations. *Texts in Social Psychology*. Guilford press.
- Ryan, J., Roman, N. V., & Okwany, A. (2015). The Effects of Parental Monitoring and Communication on Adolescent Substance Use and Risky Sexual Activity: A Systematic Review. *The Open Family Studies Journal*, 7, 12-27.

- Sadock, B. J., & Sadock, V. A. (2007). Kaplan and Sadock Synopsis of Psychiatry: Behavioural Sciences/Clinical Psychiatry (10th Ed). Philadelphia, USA: Lippincott Williams & Wilkins.
- Schildkraut, J., & Mustaine, E. E. (2014). Movin', but not up to the east side: Foreclosures and social disorganization in Orange County, Florida. *Housing Studies*, 29(2), 177– 197.
- Schinke, S. P., Fang, L., & Cole, K. C. A. (2008). Substance use among early adolescent girls: Risk and protective factors. *Journal of Adolescent Health*, 43, 191–194.
- Schulte, M. T., Ramo, D., & Brown, S. (2009). Gender differences in factors influencing alcohol use and drinking progression among adolescents. *Clinical Review*, 29(6), 535-547
- Schuster, R. M., Mermelstein, R., & Wakschlag, L. (2013). Gender specific relationships between depressive symptoms, marijuana use, parental communication and risky sexual behaviour in adolescence. *Journal of Youth and Adolescence*, 42, 1194–1209
- Simbayi, L. C., Kalichman, S. C., Jooste, S., Cherry, C., Mfecane, S. & Cain, D. (2005). Risk factors for HIV-AIDS among youth in Cape Town, South Africa. *AIDS Behav*, 9(1), 53-61.
- Soon, C. N., Kaida, A., Miller, C. L., Nkala, B., Dietrich, J., Gray, G., & Cescon, A. (2013). Adolescent experiences of HIV and sexual health communication with parents and caregivers in Soweto. *Sahara: Journal of Social Aspects of HIV / AIDS Research Alliance South Africa*, 10, (3-4), 163 – 169.
- Stassen Berger, K. (2011). The Developing Person through the Lifespan. New York: Worth Publishers.
- Steinmetz, K. (2013). (NO) condoms culture, why teens are not practicing safe sex.
Retrieved from <http://www.healthland.time.com>
- Swahn, M. H., & Bossarte, R. M. (2009). Assessing and quantifying high risk: Comparing risky behaviours by youth in an urban, disadvantaged community with nationally

representative youth. *Public Health Reports*, 124(2), 224.

The World Health Organisation (Ed.). (2002). World report on violence and health: Summary. Geneva.

The World Health Organisation (2015). Adolescent development. Retrieved from [about:reader?url=http%3A%2F%2Fwww.who.int%2Fmaternal_child_adolescent%2Ftopics%2Fadolescence%2Fdev%2Fen%2F](http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/)

Thompson, B., Coronado, G., Chen, L., Thompson, A. A., Halperin, A., Jaffe, R., Meafee, T., Zbikowski, S. M. (2007). Prevalence and characteristics of smokers at 30 Pacific Northwest colleges and universities. *Nicotine Tob. Res.* 9, 429-438.

Toumbourou, J. W., & Gregg, M. E., (2002). Impact of an empowerment based parent education program on the reduction of youth suicide risk factors. *Journal of Adolescent Health*, 31,277-85.

Turner, E. A., Chandler, M., & Heffer, R. W. (2009). The Influence of Parenting Styles, Achievement Motivation, and Self-Efficacy. *Journal of College Student Development*, 50(3), 337.

Wang, B., Stanton, B., Deveau, L., Li, X., & Lunn, S. (2015). Dynamic Relationships between Parental Monitoring, Peer Risk Involvement and Sexual Risk Behaviour among Bahamian Mid-Adolescents. *International Perspectives on Sexual and Reproductive Health*. 41(2), 89-98.

Ward C. L., Artz L., Berg J., Boonzaier F., Crawford-Browne S., Dawes A., & van der Spuy

E. (2012) Violence, violence prevention, and safety: *A research agenda for South Africa*. *South African Medical Journal*, 102(4): 215-218.

Whitmire, K. A. (2000). Adolescence as a developmental phase: *A tutorial*. 20(2), 1–14.

- Winsler, A., Madigan, A., & Aquilini, S. (2005). Correspondence between maternal and paternal parenting styles in early childhood. *Early Childhood Research Quarterly*, 20, 1-12.
- Yagil, D. (1998). Gender and age-related differences in attitudes toward traffic laws and traffic violations. *Transportation Research Part F: Traffic Psychology and Behaviour*, 1, 123-135.

LIST OF APPENDICES

APPENDIX A

BIBLIOGRAPHICAL QUESTIONNAIRE

Age : _____

Sex : _____

Race : _____

Home language : _____

Field of study : _____

PLEASE TICK AT THE APPROPRIATE SPACE

My parents are : Married_____ Unmarried_____ Separated_____

Divorced_____

I live with the following caregivers : DAD & MOM (married)____DAD & MOM (unmarried)

—

DAD & MOM(adopted parents)____Grandpa & Grandma (grandparents)____Stepdad & mom

(Step parents)____Dad & Stepmom (Step parents)____Mom & life partner (same sex parents) ____

Dad & life partner (same sex parents)____Dad (only)____Mom (only)____Grandmom (only) __

Granddad (only)____

Aunt (only)____Uncle (only)____Man (any other adult)____Woman (any other adult)____On my

own ____

Others (please specify) _____

How long does your family structure exists: 1 - 6 months____ 6 -12 months____12 months or more____

APPENDIX B

PARENTAL AUTHORITY QUESTIONNAIRE

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly Agree

1. While I was growing up my mother felt that in a well-run home

the children should have their way in the family as often as the
parents do.

1 2 3 4 5

2. Even if her children didn't agree with her, my mother felt that it

was for our own good if we were forced to conform to what she
thought was right.

1 2 3 4 5

3. Whenever my mother told me to do something as I was growing
up, she expected me to do it immediately without asking any
questions.

1 2 3 4 5

4. As I was growing up, once family policy had been established, my
mother discussed the reasoning behind the policy with the children
in the family.

1 2 3 4 5

5. My mother has always encouraged verbal give-and-take
whenever I have felt that family rules and restrictions were
unreasonable.

1 2 3 4 5

6. My mother has always felt that what her children need is to be
free to make up their own minds and to do what they want to do,
even if this does not agree with what their parents might want.

1 2 3 4 5

7. As I was growing up my mother did not allow me to question any
decision she had made.

1 2 3 4 5

8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.

1 2 3 4 5

9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.

1 2 3 4 5

10. As I was growing up my mother did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.

1 2 3 4 5

11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.

1 2 3 4 5

12. My mother felt that wise parents should teach their children early just who is boss in the family.

1 2 3 4 5

13. As I was growing up, my mother seldom gave me expectations

and guidelines for my behaviour.

1 2 3 4 5

14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.

1 2 3 4 5

15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.

1 2 3 4 5

16. As I was growing up my mother would get very upset if I tried to disagree with her.

1 2 3 4 5

17. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.

1 2 3 4 5

18. As I was growing up my mother let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.

1 2 3 4 5

19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.

1 2 3 4 5

20. As I was growing up my mother took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.

1 2 3 4 5

21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.

1 2 3 4 5

22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.

1 2 3 4 5

23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.

1 2 3 4 5

24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.

1 2 3 4 5

25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.

1 2 3 4 5

26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.

1 2 3 4 5

27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.

1 2 3 4 5

28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.

1 2 3 4 5

29. As I was growing up I knew what my mother expected of me in

the family and she insisted that I conform to those expectations

simply out of respect for her authority.

1 2 3 4 5

**30. As I was growing up, if my mother made a decision in the family
that hurt me, she was willing to discuss that decision with me and to
admit it if she had made a mistake.**

1 2 3 4 5

APPENDIX C

THE RISK-TAKING AND SELF-HARM INVENTORY FOR ADOLESCENTS MEASURE (RTSHIA)

	NEVER	ONCE	MORE THAN ONCE	MANY TIMES
1. Have you ever taken chances while doing your hobbies (e.g. not wearing your helmet and other safety gear, riding risky stances on your skateboard, etc.)?				
2. Have you ever deliberately crossed the road dangerously or driven recklessly (e.g. raced, did not fasten your seatbelt, drove while intoxicated or drunk)?				
3. Have you ever put yourself in a risky situation (such as classroom cheating, traveling without a valid ticket, shoplifting etc.) knowing that you may get caught?				
4. Have you ever been suspended (i.e. punished with exclusion) or dropped out of school?				
5. Have you ever stayed out late at night, without your parents knowing where you are?				
6. Have you ever participated in gang violence,				

physical fights or held a weapon				
7. Have you ever been promiscuous (i.e. had many sexual partners within a short period of time)?				
8. Have you ever had sex avoiding precautions against sexually transmitted diseases or pregnancy?				
9. Have you ever put yourself at risk of sexual abuse?				
10. Have you ever had so much alcohol that you were really drunk?				
11. Have you ever used drugs (such as marijuana, cocaine, LSD etc.)?				
12. Have you ever smoked tobacco?				

Please say yes to the following questions only if you did the behavior intentionally, or on purpose, to hurt yourself. Circle *Never* if you did something only accidentally (e.g. you tripped and banged your head on accident).

YES NEVER

13. Have you ever intentionally cut your skin?		
14. Have you ever intentionally burned yourself with a hot object (such as a cigarette)?		

15. Have you ever intentionally bitten yourself, to the extent that you broke the skin?		
16. Have you ever intentionally banged your head against something, hit or punched yourself, to the extent that you caused a bruise to appear?		
17. Have you ever intentionally prevented wounds from healing or picked at areas of your body to the point of drawing blood?		
18. Have you ever intentionally scraped, scrubbed or Scratched your skin to the point of breaking your skin or drawing blood?		
19. Have you ever intentionally rubbed a sharp object (such as sandpaper) or dripped anything toxic (such as acid) onto your skin?		
20. Have you ever exercised an injured part of your body intending to hurt yourself?		
21. Have you ever deliberately broken a bone in your body either by making yourself fall or in another way?		

22. Please choose A or B

_____A. I have never deliberately injured myself

_____B. I have at least once deliberately injured myself

If you answered B, which body parts did you deliberately injure?

Please tick one (or more) of the following options.

..... Torso, belly, buttocks

..... Hands, arms, fingers, nails

..... ..Head

.....Legs, feet, toes

.....Face

.....Other (please write).....

.....Neck

YES NEVER

23. Have you ever intentionally pulled your hair out?		
24. Have you ever deliberately inhaled something harmful (excluding cigarette smoke or drugs) or swallowed something inedible?		
25. Have you ever starved yourself to hurt or punish yourself?		
26. Have you ever used laxatives to hurt or punish yourself? <i>Laxative: a drug that makes you go to the toilet</i>		

27. Have you ever forced yourself to eat too much to hurt or punish yourself?		
28. Have you ever stayed in a friendship or a relationship with somebody who repeatedly hurt your feelings on purpose?		
29. Have you ever tried to make yourself suffer by thinking horrible things about yourself?		
30. Have you ever taken an overdose? (i.e. taken an excessive amount of medication without having been prescribed this dosage)		
31. Have you ever seriously thought about harming a part of your body?		
32. Have you ever seriously thought about killing yourself?		
33. Have you ever intentionally hurt yourself in any of the above-mentioned ways so that it led to hospitalization or injury severe enough to require medical treatment?		

35. Have you engaged in any other self-destructive behaviors not asked about in this Questionnaire? If yes, please describe below

.....

.

36. Please choose A or B

.....A. I know no one well who has deliberately injured himself/herself

.....B. I know someone well who has deliberately injured himself/herself

37. If you answered B, why do you think he/she did this?

.....

....

38. If you answered A or B, why do you think some young people harm themselves?

.....

APPENDIX D

INFORMATION LETTER

North-West University (Mafikeng Campus)

Humanities & Social Sciences Research Ethics Committee

Postal address: North-West University, Private Bag X 2046 Mafikeng 2735

Physical address: Corner Albert Luthuli and University Drive, Mafikeng 2735

Telephone: +27 18 389-2111

Fax: +27 18 392-5775

Supervisor: Dr Maepa

Faculty of Human and Social Sciences

Department of Psychology

North-West University, Mafikeng Campus

Tel: 0183892828

Fax: 0183892424

Email: Mokoenamaepa@gmail.com

Dear respondent

My name is Lefa Maine, and I am conducting research for the purpose of obtaining a Master's degree of Social Sciences in Clinical Psychology (MA SOC SC) at the North-West University, Mafikeng Campus. The focus of my study is the influence of parenting styles on risk-taking

behaviour among first year adolescent students at the North-West University, Mafikeng Campus. I wish to request that you please complete some questionnaires for me. There are no wrong or right answers. Participation in this study is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not in this study. All responses will be kept confidential, and no information that could identify you would be included in the research report. You may withdraw from the study at any point.

Your participation in this study will be greatly appreciated.

Kind regards

.....

Lefa Maine

Student number: 24420565

APPENDIX E



Private Bag X6001, Potchefstroom,

South Africa, 2520

Tel: +27(18) 299-4900

Fax: (018) 299-4910

Web: <http://www.nwu.ac.za>

Research Ethics Regulatory Committee

Tel: 018 299 4849

Email: Ethics@nwu.ac.za

ETHICS APPROVAL

CERTIFICATE OF STUDY

Based on approval by the **Human Resources Research Ethics Committee (HRREC)** on **12-Sep-2017** after being reviewed at the meeting held on **12-Sep-2017**, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your study as indicated below. This implies that the NWU-RERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study Title: Influence of parenting styles on risk-taking behaviour among first year adolescents students in North-West University Mafikeng Campus

Study Leader/Supervisor: MS MOKOENA PATRONELLA MAEPA

Student: L MAINE - 24420565

Ethics Number:

NWU-HS-2017-0178

Application Type: Original Single Application

Commencement Date: 12-Sep-2017 **Expiry Date:** 11-Sep-2020

No risk (No contact with human participants)

Special conditions of the approval (if applicable):

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- 1 The study leader (principle investigator) must report in the prescribed format to the NWU-RERC via HRREC:
 - 1.1 annually (or as otherwise requested) on the progress of the study, and upon completion of the project
 - 1.2 without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - 1.3 Annually a number of projects may be randomly selected for an external audit.

2 The approval applies strictly to the proposal as stipulated in the application form. Would any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these changes at the HRREC. Would there be deviated from the study proposal without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.

3 The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC via HRREC and new approval received before or on the expiry date.

- 4 In the interest of ethical responsibility the NWU-RERC and HRREC retains the right to:
 - 4.1 request access to any information or data at any time during the course or after completion of the study;
 - 4.2 to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - 4.3 withdraw or postpone approval if:
 - 4.3.1 any unethical principles or practices of the project are revealed or suspected,
 - 4.3.2 it becomes apparent that any relevant information was withheld from the HRREC or that information has been false or misrepresented,
 - 4.3.3 the required annual report and reporting of adverse events was not done timely and accurately,
 - 4.3.4 new institutional rules, national legislation or international conventions deem it necessary.
- 5 HRREC can be contacted for further information or any report templates via Dalene.Vorster@nwu.ac.za or 10933468@nwu.ac.za

The NWU-RERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the NWU-RERC or HRREC for any further enquiries or requests for assistance.

Yours Sincerely

Prof. Refilwe Phaswana-Mafuya

Chair NWU Research Ethics Regulatory Committee (RERC)

APPENDIX F

LANGUAGE EDITING CERTIFICATE

19 Akasia Street
Golf View
Mafikeng, 2745
North West Province

05 September 2019

TO WHOM IT MAY CONCERN

CERTIFICATE OF LANGUAGE EDITING

I, Paul Nepapleh Nkamta, confirm and certify that I have read through and edited the mini-dissertation entitled: **“Influence of parenting styles on risk-taking behaviour among first year adolescent students on the Mafikeng Campus of the North-West University”** by **LEFA MAINE**, student number: 24420565.

LEFA MAINE was supervised by **Dr M. MAEPA** of the North-West University.

I hold a PhD in English Language and I am qualified to edit academic work of such nature for cohesion and coherence.

The views and research procedures detailed and expressed in the mini-dissertation remain those of the researcher/s.

Yours sincerely



Paul Nepapleh Nkamta (PhD; MA; PGCE; BA Hons)
Tel: 018 389 2895
Cell: 073 970 7514

APPENDIX G

INFORMED CONSENT

Enquiry : Lefa Maine

Cell 0636162534

Email Address: lefamaine7@gmail.com

Research title: INFLUENCE OF PARENTING STYLES ON RISK-TAKING BEHAVIOUR
AMONG FIRST YEAR ADOLESCENT STUDENTS ON THE MAFIKENG CAMPUS OF
THE NORTH-WEST UNIVERSITY

Dear respondent

My name is Lefa Maine (24420565), I am conducting a study for the purpose of obtaining a Master's degree of Social Sciences in Clinical Psychology at the North-West University, Mafikeng Campus. My area of interest is to research the "influence of parenting styles on risk-taking behaviour among first year adolescent students on the Mafikeng Campus of the North-West University". There will be questionnaires to be completed by you and there will be no wrong or right answers. Participation in this study is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not in this study. All your responses and identifying information will be kept confidential. You may withdraw from the study at any point with no questions asked.

If you choose to participate in the study, please sign below and kindly answer the questions attached.
