



**IMPACT OF RISK-TAKING BEHAVIOR ON MENTAL WELL – BEING &
MINDFULNESS OF COLLEGE STUDENTS**

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ABSTRACT

The concept of risk has been a concern of human beings from the earliest days of recorded history and most likely even before that. The concept of risk described so far largely refers to insuring oneself against possible loss, and the most accurate calculation of the costs and benefits involve. Mindfulness is a practice that involves increasing awareness of the present moment by focusing on thoughts, feelings, and sensations. It can also refer to focusing on one task at a time without distraction, mental well- being. The terms mental wellbeing and mental health are important concepts that are difficult to define. The aim of the study is to find the impact

of risk-taking behavior on mental wellbeing and mindfulness of college students. The total participants selected for the study was 200 participants. Convenience sampling was used for the study. The study was also conducted with the help of questionnaire method. According to the results of the study, the correlation was found to be weak.

Keywords: *Risk taking behavior, mental well-being, mindfulness, college students*

INTRODUCTION

The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Mental disorders and psychoactive substance-related disorders are highly prevalent throughout the world and are major contributors to morbidity, disability, and premature mortality. However, the resources allocated by countries to tackle this burden are insufficient, are inequitably distributed, and, at times, inefficiently used. Together, this has led to a treatment gap that, in many countries, is more than 70%. The stigma, social exclusion, and discrimination that occur around people with mental disorders compound the situation. A person in good mental health can manage daily stresses and problems with ease and has a positive self- perception. If someone has trouble with common situations, it may indicate that they have a mental health condition, which must be addressed right so that treatment may begin.

Challenges to Mental Health

Many mental diseases, including attention-deficit/hyperactivity disorder (ADHD),

bipolar disorder, major depressive disorder (MDD), and schizophrenia, appear to run in families, according to research. Increased levels of stress, anxiety, and depression are associated with low income. Insufficient funds might also impede an individual's ability to obtain essential mental health. Illnesses can cause psychological anguish, especially if they are persistent and require lifestyle. Positive long-term health outcomes are associated with access to health services. On the other hand, people's physical and emotional well-being may deteriorate if they are unable to obtain the necessary medical care.

Low self-esteem frequently indicates that one thinks one doesn't deserve to be happy or to be in fulfilling relationships. Individuals who have poor self-esteem are more likely to have anxiety, depression, and drug use problems. Low social skills are associated with physical health decline, loneliness, and elevated stress levels. Depression risk may rise if you are unable to obtain products and services in society because of personal traits such as age, gender, color, religion, handicap, or another social category. A person's mental well-being may assist them in realizing their greatest potential in all facets of their lives. There is a connection between greater physical and mental wellness. Positive mental health has been shown in studies to lower the risk of heart attacks and strokes. Problems such as increased stress, sleep disturbances, drug abuse, and smoking are all associated with poor mental health. You may find it easier to feel overwhelmed, struggle to maintain relationships, and have poor self-esteem if your mental health is failing.

Care for people with mental health conditions has changed dramatically over time. In pre-Industrial Britain, families often cared for mentally ill relatives at home, a system that failed when family members were unable or unwilling to provide this care. As a result, mentally ill people often ended up in prisons and workhouses. Attitudes to mental illness

started to change from the late 1700s onwards, with an increased recognition that the solution to mental illness was care and treatment rather than confinement. The 1800s saw the construction of large new mental institutions that offered a range of treatments. Many of these institutions were built by the local authorities and located on the outskirts of major towns. The field of psychiatry changed after the First World War (1914-1918), when psychiatrists were called upon to treat troops with neuroses resulting from the stress and trauma.

Mental Well-Being

Mental wellbeing is an integral part of our overall health. Society often thinks of health as something biological and physical: the condition of our bodies, how healthy we eat, the physical exercise we do. A key component of health is missing from this, though. It's mental wellbeing, which encompasses our inner workings and the way we describe how we are in our lives.

Mental wellbeing, in general, is the state of thriving in various areas of life, such as in relationships, at work, play, and more, despite ups and downs. It's the knowledge that we are separate from our problems and the belief that we can handle those problems. Mental wellbeing is how we respond to life's ups and downs. In this simple mental wellbeing definition lies deeper meaning and implication for our lives. It includes how a person thinks, handles emotion (emotional wellness), and acts.

This is important part of who we are has multiple meanings. These traits—which are all skills we can practice and develop—are all part of mental wellbeing:

a) Self-acceptance

- b) Sense of self as part of something greater
- c) Sense of self as independent rather than dependent on others for identity or happiness
- d) Knowing and using our unique character strengths
- e) Accurate perception of reality, knowing that we can't mind-read and that our thoughts aren't always true
- f) Desire for continued growth
- g) Thriving in the face of adversity (emotional resilience)
- h) Having and pursuing interests
- i) Knowing and remaining true to values
- j) Maintaining emotionally healthy relationships
- k) Optimism (hope—the mindset that things can improve)
- l) Happiness that comes from within rather than being dependent on external conditions
- m) Determination
- n) Action (in contrast to a passive mindset and lifestyle, waiting for things to get better)

Mindfulness

Mindfulness, a term increasingly resonant in the realms of psychology and mental health, embodies a profound yet accessible approach to understanding and improving human well-being. Originating from ancient Eastern philosophies, particularly within Buddhist traditions, mindfulness has found a fertile ground for integration and evolution within

Western psychology. At its essence, mindfulness involves purposefully directing attention to the present moment, observing thoughts, emotions, bodily sensations, and the surrounding environment without judgment. This intentional awareness cultivates a profound shift in one's relationship with their experiences, fostering acceptance and allowing for a deeper understanding of the self and the world. In the clinical realm, mindfulness serves as a cornerstone in various therapeutic modalities, including Mindfulness-Based Stress Reduction (MBSR), Mindfulness- Based Cognitive Therapy (MBCT), and Acceptance and Commitment Therapy (ACT), among others.

Research underscores its multifaceted benefits, ranging from stress reduction and emotional regulation to increased empathy and enhanced cognitive functioning. Practical applications abound, with psychologists incorporating mindfulness practices into their work to address a myriad of mental health challenges, from anxiety and depression to trauma and addiction. As mindfulness continues to gain traction, it is essential to navigate its ethical considerations thoughtfully, ensuring cultural sensitivity and integrity in its application. Ultimately, mindfulness stands as a transformative tool, inviting individuals to cultivate a deeper connection with themselves and the world around them, fostering resilience, well-being, and a profound sense of presence in the journey of psychological exploration and healing.

Risk Taking Behavior

Risk-taking behavior is the propensity to partake in potentially hazardous or damaging activities. This might involve driving while intoxicated, abusing alcohol, abusing binges, using illegal substances, or having unprotected sex. There is risk involved in all

human endeavors. A person is exposed to hazards of varying degrees from the minute they get out of bed in the morning and drive or use public transit to travel to work or school until they go back to bed. The intriguing thing about studying risk is that, although taking some risks may not always be entirely voluntary, there are hazards that we actively seek out and find enjoyable. Even while some of these dangers might not seem like much, others have a big impact. It is astonishing how little agreement there is on the definition of risk, given the pervasiveness of risk in nearly all human endeavors. The contrast between subjective risk and danger that could be scientifically measured was the focus of the initial discussion. The human mind invented the concept of risk to help people deal with potentially harmful and dangerous situations. Risk is an inherently complex concept.

It is written extensively on how people interpret risk in different ways. "We enter the realm of subjectivity and emotion once we begin to characterize life events with the word 'risk,' and then attempt to quantify the level of risk."

Mapping the ways in which risk-taking rates alter at different stages of development has been one of the objectives of developmental, child, and adolescent psychology professionals. Adolescence is the time when many traditional risk-taking behaviors peak, including consuming alcohol, smoking cigarettes, driving carelessly, committing crimes, and having unprotected sex. It is crucial to comprehend the onset of these behaviors as they are linked to teenage morbidity and death. Steinberg, and Gardner (2005) perhaps none more so than sex differences, demographic characteristics have also been considered in the examination of risk-taking behaviors. While studies have usually shown that men take greater risks than women, there are topic-specific variances in sex differences and a small overall effect size for sex differences (Byrnes et al. 1999). Furthermore, research examining

more focused variations of risk-taking has shown a lower propensity for consistent sex differences, suggesting that sex differences are restricted to only a subset of hazardous activities (Byrnes et al., 1999). According to Boyer and Byrnes (2009), teenagers who tend to participate in hazardous activities could be more likely than risk-averse teens to take advantage of chances when they are provided with them. On the other hand, teenagers who don't usually take chances.

REVIEW OF LITERATURE

Research on youth, sexual risk-taking behavior, and mental health among Ugandan university students was carried out in 2011 by Anette A. and Elizabeth. In sub-Saharan Africa, the importance of youth mental health in preventing HIV and engaging in hazardous sexual activity has received little attention. The purpose of this research was to look at the connection between hazardous sexual conduct and poor mental health in a Ugandan university student population. High numbers of sexual partners and depression scores among both men, Men who had many sexual partners and irregular condom usage also scored higher on anxiety tests. Psychoticism showed a strong correlation as well. Men's high numbers of sexual partners (OR 1.9, 95% CI 1.1–3.3) and irregular condom usage were linked to elevated anxiety levels. A strong correlation was also found between psychoticism and men's high sexual partner count.

Robin (2016) looked at research on the trauma experiences, substance abuse, mental health, and sexual risk of homeless children active in gangs. This study looked at the relationships between different degrees of gang engagement and sexual risk

behaviors, drug abuse, mental health issues, and trauma in a sample of homeless teens in Los Angeles. 505 homeless kids provided information on their health and whether they had ever identified as members of a gang or been closely associated with one. The relationships between lifetime gang participation and risk-taking behaviors and adverse health outcomes were evaluated using multivariable logistic regression. According to the results, 46% of young people said they were linked with a gang, and 17% said they had ever been a member. Gang members and affiliates were more likely to report using cocaine, methamphetamine, marijuana regularly, and having sex recently, when drunk, as well as signs of post-traumatic stress disorder and melancholy. They were also more likely to have witnessed familial violence and been sexually abused as children. Throughout development, earlier risk-taking behaviors have been linked to more serious mental health issues. However, there is still a lack of research on the variations between the sexes in risk-outcome correlations, and mental health outcomes that fall on either end of the internalizing or externalizing spectrum are seldom considered in the same sample. This study looked at the relationships between symptoms of internalizing, externalizing, depression, and self-harm in men and women, as well as the age at which they first used alcohol, illegal drugs, and had sex. In this study, self-report survey data from 2,950 Australia—a nationally representative sample were evaluated.

Davidson and Mansion (2007) carried out research on “Accepting challenges: The prevalence of mental health and illness issues in children and adolescents” around the world was reviewed, with a focus on three key areas: indicators of changes in prevalence, the impact of time on prevalence and the comparatively higher risk status for

adolescents, and the level of mental health service utilization in Canada. Data from the Canadian Mental Health and Illness Survey were presented to analyze the Canadian viewpoint on juvenile mental health. This study assessed the knowledge, attitudes, and behaviors of "mainstream" adolescents on mental health and disease, as well as their self-perceptions of their functioning and coping strategies, service use patterns, and perceived obstacles to using and gaining access to the current mental health system. The findings indicated that Canadian teenagers are going through major degrees of discomfort, with older adolescents and females being more vulnerable. Youth indicated little dependence on conventional mental health services despite these challenges. There was discussion about new conceptualization models for juvenile mental health care.

In their study, "Model of Sexual Risk Behaviors Among Young Gay and Bisexual Men: Longitudinal Associations of Mental Health, Substance Abuse, Sexual Abuse, and the Coming- Out Process," Margaret and Joyce (2006) state that in order to fully understand the sexual risk behaviors of young gay and bisexual men, it is important to consider a number of other health concerns, such as anxiety and substance abuse, as well as population -specific factors, such as the coming-out process and gay-related stress, childhood sexual abuse, and other theoretical ideas, like safer-sex intentions. In the current study, a model of risk variables for future sexual risk behaviors among young homosexual and bisexual males in New York City is proposed and longitudinally examined. As predicted, there were more anti-homosexual sentiments, more signs of drug misuse, and less sincere desire to have safer sex. Additionally, there was an indirect relationship between higher unprotected anal intercourse.

A study on numerous risk behaviors among youth living with HIV in five U.S. cities was carried out by Mary et al. (2010). The research discusses a variety of risk behaviors (drug use, sexual risk, and medication adherence) in a multi-site sample of young people in five U.S. cities who are HIV positive. For an intervention trial, youth (N = 352) were tested for several problem behaviors after being recruited from four Adolescent Trials Network (ATN) sites—Philadelphia, Fort Lauderdale, Baltimore, and Los Angeles—and one non-ATN site—Detroit. A six-item teenage screener called the CRAFFT was used to identify a drug addiction issue. Single questions were utilized to screen for HIV drug adherence issues and current sexual risk. According to the screener, 239 (68%) of the young people had at least one of the three risk behavior issues. Longer, more detailed questionnaires were completed by 186 people (52.8%) for each issue behavior. Out of the 352 young people who underwent screening, 42% had a sexual risk issue and 60% had drug abuse problems. 165 (47%) of those who were prescribed 91 (55%) of the drugs had adherence issues. One hundred and twenty (6%), twenty (27%), ninety-five (27%), and eleven² (32%) reported no issue behavior at all, one problem behavior, and three problem behaviors altogether. The likelihood of having a drug use issue was higher in men. younger people with HIV/AIDS.

Rationale of the Study

Studies have indicated that teenagers may or may not take risks, despite the paucity of controlled trials in this area. Risk-taking activities among adolescents may raise their risk of mental health issues, which may result in a less healthy life. The study will assist in

measuring the degree to which risk-taking behavior affects teenagers' mental health, as well as in identifying solutions and promoting balance in daily life.

METHODOLOGY

Aim

The aim of the study was to find the impact of Risk-taking behavior on Mental well-being and mindfulness of college students.

Research Objectives

1. To find the impact of risk-taking behavior on mental well-being and mindfulness of college students.
2. To find the impact of Risk-taking behavior on the mental well-being and mindfulness of female college students.
3. To find the impact of Risk-taking behavior on mental wellbeing and mindfulness of male college students.

Hypotheses

1. There will be no significant impact of risk-taking behavior on mental well-being and mindfulness of college students.
2. There will be no significant impact of risk-taking behavior on mental well-being and mindfulness of college students.
3. There will be no significant impact of risk-taking behavior on the mental well-being and mindfulness of college students.

Sample

A total of 200 participants were selected for the study; the participants are from age group of 19- 24 years who are presently studying in the University.

Inclusion Criteria

- Participants who can read and are able to understand Hindi/English language.

Exclusion Criteria

- Students with learning disabilities
- Students with organic illness

Tools Used

- ***Risk Taking Behavior Questionnaire***

There will be a spoken risk-taking assessment administered by N.P. Chaubey. A measure of taking risks in a rural setting is described in the questionnaire. It has eight components in total. A person is given two options in each scenario: one that is safer but less satisfying, and another that is riskier but also more gratifying. For odd even items, the Spearman-Brown split-half technique was used to get the reliability coefficient. Between 0.66 and 0.82 is the dependability coefficient for samples that span three age groups. Total scores were calculated to ensure the validity of the test product moment correlation between item scores and criteria measure.

- ***Well-Being Scale***

The 14-item scale WEMWBS is very simple to score. The total score is obtained by summing the score for each of the 14 items. The scoring range for each item is from 1 – 5 and the total score is from 14-70. For more help with scoring WEMWBS please refer to the user guides available on the Resources Page of the website which is available once you have registered to use the scale. The 7-item scale SWEMWBS is more complicated to score, and it is important that it is scored correctly for comparisons to be made across different studies. SWEWMBS is a shortened version of WEMWBS which is Rasch compatible. This means the seven items have superior scaling properties to the 14 items, but to take advantage of this and to compare results with those of other studies using the 7-item scale SWEMWBS, raw scores need to be transformed.

- ***Freiburg Mindfulness Inventory***

The FMI is a useful, valid, and reliable questionnaire for measuring mindfulness. It is most suitable in generalized contexts, where knowledge of the Buddhist background of mindfulness cannot be expected. The 14 items cover all aspects of mindfulness. The purpose of this inventory is to characterize your experience of mindfulness.

Sampling Method and Research Design

- The Questionnaire Method was used for the study.
- Convenience Sampling was used for the study.

- The study is a correlational study.

Independent Variable

- Risk Taking Behavior

Dependent Variable

- Mental well-being
- Mindfulness

Procedure

Based on the inclusion and exclusion criteria, a total of 200 volunteers are chosen to work toward the study's goal. After being questioned about their consent, the respondents will get questionnaires and be required to mark their answers according to their preferences. Finally, the session will end, and the subject's presence will be acknowledged.

RESULTS

Table 1

Correlation of risk-taking behavior and mental health of young adolescents

TOTAL PARTICIPANTS	CORRELATION

200	-0.18
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Table 2

Correlation of risk-taking behavior and mental health of male adolescents

TOTAL PARTICIPANTS	MALE	CORRELATION
200	100	-0.13

Table 3*Correlation of risk-taking behavior and mental health of female adolescents*

TOTAL PARTICIPANTS	FEMALES	CORRELATION
200	100	-0.16

DISCUSSION

The study aimed to find the impact of Risk-taking behavior on the mental well-being and mindfulness of college students. In this study, I took a total of 200 participants, who are presently studying at university, which included an equal ratio of males and females, (100 and 100). According to the responses, the overall correlation is -0.135 which indicates a weak correlation. Thus, we can say the hypothesis is not accepted nor retained.

According to the hypothesis, that was there will be no significant impact of risk-taking behavior on the mental well-being and mindfulness of college students, according to the results the correlation is extremely weak and hence the hypothesis cannot be rejected nor retained.

The study was conducted at a university, offline and online mode and the participants were selected from the same university as sampling method Convenience sampling was used, Convenience sampling is a type of non-probability sampling that involves the sample being drawn from that part of the population that is close to hand. This type of sampling

is most useful for pilot testing. The material used in this study was the Risk-Taking Behavior Questionnaire, A verbal measure of Risk-taking developed by N.P. Chaubey was used. The questionnaire describes a measure of risk-taking in a rural context. It consists of 8 items. In each situation, a person is confronted with two alternative courses of action- one safe but less rewarding and the other riskier but more rewarding too. Also, Freiburg Mindfulness Inventory was used, The FMI is a useful, valid, and reliable questionnaire for measuring mindfulness. It is most suitable in generalized contexts, where knowledge of the Buddhist background of mindfulness cannot be expected. The 14 items cover all aspects of mindfulness. The purpose of this inventory is to characterize your experience of mindfulness.

CONCLUSION

The current study examined the impact of risk-taking behavior on mental well-being and mindfulness for university students. The findings suggest weak positive correlations between risk taking behavior, mindfulness, and mental well-being. This indicates that every individual has different perspective towards life and have opposite and way too different thinking process and opinion.

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