

Awareness of High School Students of Mizoram about Risky Adolescent Behaviour

Zothangpuui and B.B. Mishra

Department of Education, Mizoram University, Aizawl, India

Corresponding author: apuiilelhchhun@gmail.com \ bana.mishra55@gmail.com

ABSTRACT

Adolescence period is recognized as most critical period of life. It is at this stage that habits, attitude and practices developed and adopted by the individuals used to be relatively stable. In the present time, children are exposed to many positive as well as negative habits and activities through different agencies at very early stage. When they reach adolescent stage and get scope and freedom, they want to gratify their curiosity for which many of them develop and adopt bad habits that not only distract them from healthy behavior but also put them in risk and endanger their lives. This is resulting in high rate of premature death in every society. Consuming tobacco, alcohol and drugs; being involved in sexuality; and being infected by HIV/AIDS are very common among the adolescents, which are considered as the risky behavior of the adolescents. In Mizoram, some parents and guardians usually give freedom to children to decide about their carrier and activities and have less interference in their activities, more particularly from adolescent period onwards. Taking advantage of the freedom, many adolescents adopt risky behavior and become victims of their behavior. Question arises whether such adolescents are aware of the serious impacts of the risk behavior? In the present study, the awareness of 600 high school male and female students, both from rural and urban areas, was assessed. The study revealed that there was high level of awareness among the high school students of Mizoram about the impacts of risky adolescent behavior such as consuming tobacco, alcohol and drugs; being involved in sexuality; and being infected by HIV/AIDS.

Keywords: Awareness, Risky Adolescent Behavior, Healthy Adolescent Behavior, Tobacco, Alcohol, Drugs, Sexuality, and HIV/AIDS

Adolescence period is considered to be the most difficult stage of all the stages of human development. It is the distinctive stage in transition from childhood to adulthood. The chronological age range from 10–19 years has been generally accepted as a rough indicator of adolescent period (WHO, 1995). Adolescence is commonly associated with physical and psychological changes occurring with the progression from appearance of secondary sexual characteristics (puberty) to sexual and reproductive maturity. Adolescents are generally perceived as a homogeneous group. Yet, they can be stratified on the basis of gender (Male/ Female) and

geographical location (urban/rural). Adolescents also include a whole gamut of categories - school and non-school going boys and girls and out of school boys and girls of the age group of 10-19 years. The only universal definition of adolescence is to mark it as a period in which a person is no longer a child, and not yet an adult.

Adolescent is a period of rapid growth and is apparent from the prevalence of new factors, new capacities being faced with new situations, new types of behavior, all of which not only signify opportunities for growth and development, but

also risks to health and well being. The period is characterized by a combination of physical changes, behavioral changes and shifts in social grouping (Bezbarua and Janeja, 2000).

Adolescence in all cultures can be described as a time of transition in the bio-social status of the individual. It is a period during which marked changes occur in an adolescent's duties, responsibilities, privileges, social and economic roles and relationships with others. It is marked by the initiation of adult biological and social sex roles and of a cluster of personality traits that the culture deems appropriate for the mature adult of each sex. It includes the individual's reaction to being swept into a transitional period of development and to being confronted with a new set of social demands and expectations. Under such conditions, change in attitudes toward self, parents, peers and elders become inevitable. New aspirations are generated; better standards of behaviors are incorporated; and newer ways of learning are adopted. In short, adolescence is a time of extensive personality reorganization. (Ousubel, 1954).

Because of changes in physique, psychology, social associations, family, school and other social environment the adolescents become victims of their undesired habits and practices. High voltage advertisements in the electronic media along with online face book chatting, instagram, twitter etc. tempt the adolescents to satisfy their curiosity and temptations about tobacco, cigarettes, alcohol, sex, drugs etc. for which at times they become vulnerable to many serious health problems. These negative behaviors of the adolescents are perceived to be the risk behavior.

According to Segen's Medical Dictionary (2012) "High Risk Behavior is a lifestyle activity that places a person at increased risk of suffering a particular condition, illness or injury."

Mizoram is a small state having a total population of 10, 97,206 with female population of 5, 41,867 and male population of 5, 55,339 according to 2011 Census of Mizoram. The literacy rate of the state stood at 91.33%. In the year 2015-2016 there were 614 high schools in all the eight district of the state.

As mentioned in the Statistical Handbook Mizoram 2016, there were 41,534 students in secondary schools (classes IX and X) with the gross enrolment ratio were 103.79 for boys and 107.23 for girls. This indicates that Mizoram has a better structure of secondary education in comparison to other states of India. However, the state has serious health problems which are mostly due to the adoption of risky behavior at the adolescent stage. It has been noticed that the secondary school students, who are at adolescent stage, consume tobacco, alcohol and drugs, and indulge in sexuality. Such activity at this stage makes them vulnerable to HIV/AIDS at a later stage.

Objectives of the Study

The study was conducted with the following objectives:

- ⊙ To assess the awareness of urban and rural secondary school male and female students of Mizoram on the impacts of risky adolescent behavior.
- ⊙ To compare the awareness of male students studying in urban and rural secondary schools of Mizoram on the impacts of risky adolescent behavior.
- ⊙ To compare the awareness of female students studying in urban and rural secondary schools of Mizoram on the impacts of risky adolescent behavior.

Hypotheses of the Study

In connection with objectives 2 and 3 stated above the following Null-hypotheses were formulated.

- ⊙ There is no significant difference between male students studying in urban and rural secondary schools of Mizoram in their awareness on the impacts of risky adolescent behavior.
- ⊙ There is no significant difference between female students studying in urban and rural secondary schools of Mizoram in their awareness on the impacts of risky adolescent behavior.

Methodology

Population and sample of the study

The target population of the study was the secondary school students of Mizoram who were in the adolescents. As such, all the male and female secondary school students pursuing their studies in the urban and rural areas in the state of Mizoram constituted the target population of the study. To have a representative sample of students both from urban and rural areas multistage stratified cluster random sampling technique was used. Initially, out of 8 districts of Mizoram, 2 districts were selected randomly. At the 2nd stage, schools from rural and urban areas were randomly selected. From the selected schools, all the students present on the day of visit of the researchers studying in classes IX and X were included in the sample. The total sample comprised of 300 boys and 300 girls among which 150 were from rural and urban secondary schools in both categories.

Tools used

An awareness scale was developed by the investigators for assessing the awareness of the secondary school students on the effects of consuming tobacco, alcohol and drugs, and involving in sexuality. Further, awareness on the effects of HIV/AIDS infection was also included. The tool had 28 items, 7 on each of the four risky behavior i.e. tobacco, alcohol and drugs, sexuality and HIV/AIDS. All the items were in shape of positive statements of alternative response type i.e. Yes / No. The scoring procedure followed was 1 for 'Yes' and 0 for 'No' responses.

Data Collection

Data were collected through personal visits to the selected schools by the researchers. With the permission of the Head Masters/ Principals of the schools, the scale used to be administered in normal classroom situation.

Analysis of Data

As already mentioned, the awareness scale had

four areas of risky behavior with maximum possible score of 7 in each of the four areas. The data relating to the six hundred subjects were organized according to their locale and gender on the four areas. The data were analyzed with the help of mean, standard deviation and percentage as descriptive statistics and 't' test was used to test the null hypotheses. The mean scores along with percentage and the standard deviation of the scores of different groups on their awareness about the four components of risky adolescence behavior are presented in Table 1. The results of 't' tests are presented in Table 2. The mean scores of different groups converted to percentage have been depicted graphically in Fig. 1.

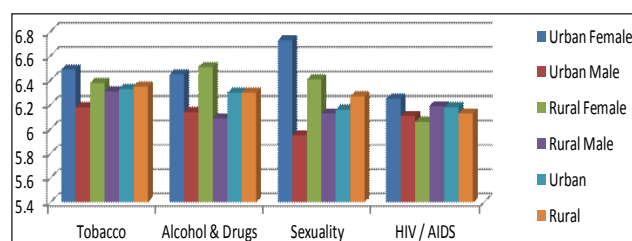


Fig. 1: The Mean scores of different groups converted to percentage on four components of Risky Adolescence Behavior

Findings

- ⊙ Awareness on Use of Tobacco:** On the risks of consumption of tobacco, it was found that all groups of students had high level of awareness as the mean awareness scores converted to percentage ranged from 88.28% to 92.66%. The result indicates that all the secondary school students of Mizoram have basic knowledge on the risks of use of tobacco i.e. consumption of tobacco products like cigarette, gutkha etc. is injurious to health, consumption of any kind of tobacco products during adolescence period is harmful, experimenting on tobacco products during adolescence leads to habit formation, use of tobacco causes the deadly diseases like cancer, kidney failure, nervous disorder etc, consumption of tobacco kills the potency of becoming a parent (father/ mother), it is difficult to give up the habit of taking tobacco

Table 1: Mean Scores along with Percentage and Standard Deviations of Urban and Rural Secondary School Male and Female Students of Mizoram on their Awareness about four components of Risky Adolescence Behavior

Groups	N	Components							
		Tobacco (7)		Alcohol & Drugs (7)		Sexuality(7)		HIV/AIDS(7)	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Urban Male	150	6.18 (88.28%)	0.81	6.14 (87.71%)	1.09	5.95 (85.05%)	1.11	6.11 (87.33%)	1.07
Rural Male	150	6.31 (90.19%)	0.94	6.09 (87.05%)	1.30	6.13 (87.52%)	1.14	6.19 (88.47%)	1.10
Urban Female	150	6.49 (92.66%)	0.70	6.45 (92.19%)	0.87	6.37 (90.95%)	0.93	6.25 (89.05%)	0.83
Rural Female	150	6.38 (91.14%)	0.86	6.51 (92.95%)	0.93	6.41 (91.62%)	0.78	6.06 (86.57%)	0.91
Male	300	6.25 (89.23%)	0.88	6.12 (87.38%)	1.20	6.04 (86.28%)	1.13	6.15 (87.90%)	1.08
Female	300	6.43 (91.90%)	0.78	6.48 (92.57%)	0.90	6.39 (91.28%)	0.86	6.15 (87.90%)	0.88
Urban	300	6.33 (90.47%)	0.77	6.30 (89.95%)	1.00	6.16 (88.00%)	1.04	6.18 (88.28%)	0.96
Rural	300	6.35 (90.66%)	0.90	6.30 (90.00%)	1.15	6.27 (89.57%)	0.99	6.13 (87.52%)	0.01

*Figure in the Parentheses indicates percentage.

Table 2: 't' Values for Different Groups compared on four components of Risky Adolescence Behavior

Groups Compared	Components			
	Tobacco	Alcohol & Drugs	Sexuality	HIV/ AIDS
Urban Male Vs. Rural Male	1.30	0.35	1.58	0.66
Urban Female Vs. Rural Female	0.12	0.60	0.41	1.90
Male Vs. Female	2.68**	4.50**	4.40**	0.00
Urban Vs. Rural	0.29	0.00	1.37	1.00

** Significant at .01 level.

once it is formed, and many adolescents drop-out from schools because of tobacco addictions.

- ⊙ **Awareness on Use of Alcohol and drugs:** On the risks of consumption of alcohol and drugs, it was found that all groups of students had high level of awareness as the mean awareness scores converted to percentage ranged from 87.05% to 92.95%. The result indicates that all the secondary school students of Mizoram have basic knowledge on the risks of alcohol and drugs i.e. consumption of alcohol and/or drugs causes serious damage to health, addiction to alcohol and/or drugs among the adolescents creates temptation to have sex, consumption of any kind of alcohol and/or drugs during adolescence is very harmful, experimenting on alcohol and/or drugs during adolescence leads to habit formation, many ailments among the adolescents are due to the use of alcohol and/or drugs, adolescents' addiction to alcohol and/or drugs prompts them to commit different

crimes, and adolescents' addiction to alcohol and/or drugs leads to drop-out from school.

- ⊙ **Awareness on Sexuality:** On the risks of indulging in sexuality, it was found that all groups of students had high level of awareness as the mean awareness scores converted to percentage ranged from 85.05% to 91.62%. The result indicates that all the secondary school students of Mizoram have basic knowledge on the risks of indulging in sexuality i.e. though sexual capacity develops at an early age among the adolescents, the sex organs are not matured before the age of 18, to have sex before the age of 18 creates serious health problems, having casual sex can result in unwanted pregnancy and abortion, the unmarried mothers suffer for their whole life due to their mistake of indulging in sex before marriage, involvement in sexual activities among the adolescents seriously affects their emotion and studies, people look down to those adolescents who are

involved in sexual activities, and adolescents should avoid watching pornographic movies, dirty pictures, reading vulgar books and social networking sites (face book, twitter etc) since those activities make the students more prone to sexual activities.

- ◎ **Awareness on HIV/AIDS:** On the risks of being infected by HIV/AIDS, it was found that all groups of students had high level of awareness as the mean awareness scores converted to percentage ranged from 86.57% to 89.05%. The result indicates that all the secondary school students of Mizoram have basic knowledge on the risks of being infected by HIV/AIDS i.e. human Immunodeficiency Virus (HIV) infection causes the disease named Acquired Immune Deficiency Syndrome (AIDS); before receiving blood from any donor, the donated blood should be tested for HIV/AIDS; HIV/AIDS is not curable since medicine/vaccine is not yet invented for it; unsafe sexual behavior, sharing of needles and unsafe blood transfusion are primarily responsible for HIV/AIDS infection; anybody can get infected with HIV and ill with AIDS because of irresponsible behavior; and drug addicts sexual workers are more at risk from HIV/AIDS; and use of condoms while having sex with unknown partners reduces the risk of being infected with HIV.

- ◎ **Comparison of Awareness of Different Groups:** Comparison of awareness of various groups about the implications of risky behavior revealed that there was no significant difference between urban males and rural males, urban females and rural females, and urban secondary school students and rural secondary school students on all the four components. Thus, gender of the students and locale had no impact on their awareness. However, significant difference was found between male and female secondary school students on consumption of tobacco, alcohol and drugs and being involved in sexuality. No difference was found on the awareness about HIV/AIDS. The female students were found to have better awareness on the implications of the risk behavior.

CONCLUSION

The study revealed that the high school students of Mizoram, irrespective of their gender and locality, have high level of awareness about the consequences of adopting risky behavior. It may be due to the fact that they must have seen and heard about the victims who had succumbed to their risky habits in their locality and may be among their relatives. Moreover, being the active members of different voluntary organizations, they render their services in performing rituals as per their social customs and traditions which had made them aware of the consequences of risky behaviour. It is desired that their awareness must be reflected in their behavior. The adolescents must be guided not to adopt any negative habit which would endanger their lives. The parents and guardians and also the leaders of social organizations are required to have a vigilant eye on the behavior of the adolescents.

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