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RESEARCH ARTICLE

A STUDY TO ASSESS THE RISK TAKING BEHAVIOUR AND PERCEIVED HEALTH STATUS AMONG ADOLESCENT BOYS IN SELECTED ARTS COLLEGES AT PUDUCHERRY

*Mr. Lenin, R. M.Sc and Dr. Sujatha, S. M.Sc (N), Ph.D(N)

Dept. of Child Health Nursing, College of Nursing, Pondicherry Institute of Medical Sciences, Puducherry, India

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ABSTRACT

Purpose of the study: Adolescent is a period of biological, psychological and economic transition. This period bridges childhood to adulthood. Adolescence faces many challenges in the development in today's world. Risk taking is a common characteristic among adolescents and is initiated in early adolescents to late adolescents. Risk taking behaviour shapes future adults of the nation. 50% of school students itself engage in risk taking behaviour. Negative risk behaviour of adolescents brings challenges to legislative and policy responses. **Statement of the Problem:** A study to assess the risk taking behaviour and perceived health status among adolescent boys in Tagore arts college at Puducherry.

Objectives

- 1.To assess the risk taking behaviour of the adolescents
- 2.To determine perceived health status among adolescents
- 3.To associate the perceived health status and risk taking behaviour among adolescents

Method: An Quantitative approach with Non Experimental Descriptive Research Design was used and the study was conducted in Tagore arts college, Puducherry. The sampling technique used was Simple Random Technique. Data collection was done using a Self administered questionnaire with 5point likert scale for assessing risk taking behaviour and perceived health status. Pilot study was conducted with 20 samples of adolescents, at vivekanandha community college, puducherry to assess the feasibility for conducting the study. Prior to data collection permission was obtained from Principal, Tagore arts college for conducting the main study. The main study data collection was conducted among 110 adolescents by using Self administered questionnaire with 5point likert scale for assessing risk taking behaviour and perceived health status. The data collected was compiled for data analysis. **Results:** Frequency and percentage distribution risk taking behaviour among adolescent reveals that 36(32.7%)of participants were not having risk taking behaviour, 70(63.6%) of participants were having mild risk taking behaviour and 4(3.6%) of participants were having high risk taking behaviour. Frequency and percentage distribution of participants according to perceived health status reveals that 1(0.9%) of participant had fair level of perceived health status, 37(33.6%) of participants had good level of perceived health status, 65(59.1%) of participants had very good level of perceived health status and 7(6.4%) of participants had excellent level of perceived health status.

Conclusion: The finding of the study reveals that there is no relationship between risk taking behaviour and perceived health status of the adolescents. There was no significant association between risk taking behaviour and perceived health status of the adolescents.

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INTRODUCTION

Adolescent is a period of biological, psychological and economic transition. This period bridges childhood to adulthood. Adolescence faces many challenges in the development in today's world. Risk taking is a common

characteristic among adolescents and is initiated in early adolescents to late adolescents. Adolescence is a time of many changes, some of which are subtle and some are apparent. Several changes take place simultaneously during the adolescence phase, some impacting there thinking, emotions and behaviour more than others. Risk taking behaviour shapes future adults of the nation. 50% of school students itself engage in risk taking behaviour. Negative risk behaviour of adolescents brings challenges to legislative and policy responses. Alcohol use is also on the rise in India. Due to rapid changes in media exposure and lifestyle.

*Corresponding author: Mr. Lenin, R. M.Sc,

Dept. of Child Health Nursing, College of Nursing, Pondicherry Institute of Medical Sciences, Puducherry, India.

During adolescence, peer group are the most important one in their lives and typically replace family as the center of social and leisure activities. These results into many risk taking activities such as smoking, aggressive behaviour or indulging into sexual activities due to peer pressure. Alcohol drinking is becoming rampant among the youths. Although, health impacts of alcohol consumption are not as straightforward as that of tobacco smoking, there is enough evidence to suggest that heavy drinking leads to liver damage and other health problems, as well as a host of social, physical, emotional, and financial problems for the family. There is evidence that alcohol consumption and other substance abuse lead to increased sexual risk-taking. Tobacco use remains the number one cause of preventable deaths among adolescents. In 2017, only one in 25 high school seniors identified as a daily smoker, and fewer than one in 10 had smoked within the past 30 days. Furthermore, adolescents' use of smoking products is evolving. The first time in history on 2014, more teenagers used electronic cigarettes (or e-cigarettes) than smoked tobacco cigarettes. This trend continued in 2017, as more high school students used e-cigarettes than smoked tobacco cigarettes. These products pose a set of new challenges, as they are known to be harmful but their health impact is not yet fully understood

Global: Nearly 10-30% of adolescents are suffered from health due to behaviour and conditions that need to be urgent attention of policy makers and public health professionals. In world widely, the vast majority of tobacco users begin the use of tobacco during adolescence. Recently more than 150 million adolescents use tobacco and this number is increasing globally⁽¹⁾. NHFS-3 revealed that 40% of males 15 to 24 years consumed tobacco. Globally 1% women and 11% men aged 15-19 years consuming alcohol and in India 21.4% men aged 12 to 18 years using alcohol. A study from Noida city revealed that 11.2% of adolescents aged 11 to 19 years were users of any kind of tobacco⁽⁴⁾.

National: In India 13.7 to 14.6 % of adolescents aged 13 to 15 years were current users of any form of tobacco and 3.8 to 4.4 % were current users of cigarette from 2006 to 2009⁽²⁾. In 2016, the National Survey on Drug use and Health revealed that 20.7 million people aged 16 or older drove under the influence of alcohol.⁽¹²⁾

Regional: A study from Karnataka showed that adolescents aged 13 to 15 years were 4.9% point prevalence and 5.1% life time prevalence of tobacco use.⁽³⁾ Other studies have shown that adolescents were 9.8 to 20.3% life time prevalence of any tobacco products.⁽⁵⁾ Drinking alcohol is a major problem among young people in many countries and leads to nearly 60 health conditions.

NEED FOR THE STUDY

The development of healthy behaviors, attitudes and lifestyles during adolescence can contribute significantly to a person's current and future physical well-being. According to the World Health Organization (WHO), 67% of premature deaths and 33% of the disease burden among adults is due to behavioural patterns that emerge during adolescence.⁽¹¹⁾ A Study was done on Risk Taking Behaviour among Adolescents and Their Attachment with Parents and Peers. The participants were 100 undergraduate students that comprise of 50 males and 50 females.

The results showed that females were more attached with their parents and peers in comparison to males. Risk taking behaviour and sexual activities were found to be higher among males than females. It was found that in females the desire of indulging in substance use and sexual activity was low as compared to males. First time indulgence in such behaviour was reported in presence of peers and due to peer pressure. Males reported that they faced ridicule because of not engaging in sexual activities and substance use. Thus positive peer pressure was found helpful in keeping females away from risk taking behaviour. (The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 3, Issue 4, No. 59, DIP: 18.01.063/20160304 ISBN: 978-1-365-26307-1 <http://www.ijip.in> | July-September, 2016)

Behaviours which put the adolescent at risk usually coexist with other risk behaviours; however, very few studies have attempted to investigate all of the identified risk factors together on a large scale. Despite the link between health and behaviour, there is a lack of studies on the basic prevalence of risky behaviours in the Indian youth population. To this end, the present study investigated risky behaviours among adolescents of Puducherry as well as to understand the underlying factors determining these behaviours.

Statement of problem: A study to assess the risk taking behaviour and perceived health status among adolescent boys in selected arts colleges at Puducherry.

RESEARCH QUESTIONS

Does the risk taking behaviour have effect on their perceived health status among adolescent boys?

OBJECTIVES

- To assess the risk taking behaviour of the adolescents
- To determine perceived health status among adolescents
- To associate the perceived health status and risk taking behaviour among adolescents

Operational Definition

Assess: It refers to identification of risk taking behaviour and the level of understanding among adolescents using a self-administered questionnaire

Risk taking behaviour: In the present study it indicates the unfavorable activities of adolescent boys which include consumption of faulty diet, lack of physical activities, consumption of alcohol, consumption of tobacco and reckless driving.

Adolescents: It refers to boys aged between 18-19 years

Perceived health status: It refers to assumption of their own level of health status by adolescents in terms of their general physical and emotional wellbeing which is measured by using 5 point likert scale.

Hypothesis

H₁: There is significant relationship between the risk taking behaviour and perceived health status among adolescents aged between 18-19 years.

METHODOLOGY

A quantitative approach was used for this study, to assess risk taking behaviour and perceived health status among adolescents boys. The study design adopted for the present study was non experimental descriptive research design. Socio demographic variables in this study includes Age, Birth order, Family income, Area of residence, Type of family, Occupation of father, Occupation of mother, How much pocket money you are getting for a day, Are you doing any part time jobs, Do you have own mobile, Do you have own bike, Height, Weight, BMI. Independent variable refers to risk taking behaviour of the adolescent boys. Dependent variable refers to perceived health status of the adolescent boys. The study was conducted in the Tagore Arts College, Puducherry. Target population of the study includes adolescent boys aged between 18-19 years. Sample for this study comprised of 110 adolescent boys aged between 18-19 years. Sampling technique adopted was Simple Random Technique.

Description of the Tool

Part 1: Socio demographic variables

Socio demographic variables included were 14 items such as Age, Birth order, Family income, Area of residence, Type of family, Occupation of father, Occupation of mother, How much pocket money you are getting for a day, Are you doing any part time jobs, Do you have own mobile, Do you have own bike, Height, Weight, BMI.

Part 2: Self administered questionnaire to assess the risk taking behavior

It consists of 35 questions regarding Nutrition/Diet, Exercise, Driving, Tobacco Consumption, Alcohol Consumption. Each question were scored either 0 or 1 based on the type of question. The scores range from 0 – 35

The score was categorized arbitrarily as follows

Risk Behaviour	Score
Mild risk Behaviour	0 – 7
Moderate risk Behaviour	8 – 14
High risk Behaviour	15 – 21

Part 3: 5point Likert scale to assess the perceived health status

It consists of 10 statements which was measured 5point Likertscale, which consists of basic statements regarding perceived health status. It consists of 5 positive and 5 negative statements. The positive statements were scored from 5 to 1, the negative statements were scored from 1 to 5. The maximum score was 50 and the minimum score was 10.

The score was categorized arbitrarily as follows

Perceived Health status	Score
Poor	10
Fair	11 – 20
Good	21 – 30
Very Good	31 – 40
Excellent	41 – 50

Data collection procedure

- The data collection was conducted in Tagore arts college, puducherry
- Formal permission was obtained from the Director – principal and Dean, College of Nursing and also from the Principal, Tagore arts college, puducherry to conduct the study among adolescent boys.
- The study includes only Adolescent boys aged between 18-19 years
- 110 participants were selected using simple random technique
- Written consent obtained from all the study participants
- The data was collected for 4 weeks. Self-administered questionnaire was used to assess the risk taking behaviour and 5 point Likert scale was used to assess the perceived health status among 110 adolescent boys.
- The collected data was compiled for data analysis.
- Analysis was done to find out the association between prevalence of risk taking behaviour and perceived health status

Plan for data analysis

- The data obtained in this study was analyzed by both inferential and descriptive statistics.
- Socio demographic variables and self-administered questionnaire were described in terms of frequency and percentage.
- The association between risk taking behaviour and perceived health status was analyzed by using chi – square test.

RESULTS

Table 1 reveals the overall distribution of participants according to risk taking behaviour. 36(32.7%) of participants were not having risk taking behaviour, 70(63.6%) of participants were having mild risk taking behaviour and 4(3.6%) of participants were having high risk taking behaviour.

Table 1. Distribution of participants according to overall risk taking behavior

n=110			
S.no	Classification of risk taking behaviour	Frequency	Percentage (%)
1.	No risk ($\leq 34\%$)	36	32.7
2.	Mild risk (35-69%)	70	63.6
3.	High risk ($\geq 70\%$)	4	3.6

Table 2 reveals the overall distribution of participants according to perceived health status. 1(0.9%) of participant had fair level of perceived health status, 37(33.6%) of participants had good level of perceived health status, 65(59.1%) of participants had very good level of perceived health status and 7(6.4%) of participants had excellent level of perceived health status.

Table 03 shows association between risk taking behaviour and perceived health status of adolescents reveals that there is no association between risk taking behaviour and perceived health status of adolescents.

Table 2. Distribution of participants according to overall perceived health status

S.NO	CLASSIFICATION OF PERCEIVED HEALTH STATUS	FREQUENCY	PERCENTAGE (%)
1.	Fair ($\leq 40\%$)	1	0.9
2.	Good (41 - 60%)	37	33.6
3.	Very good (61 – 80%)	65	59.1
4.	Excellent ($> 80\%$)	7	6.4

Table 3. Association between risk taking behaviour and perceived health status of adolescents

S.No	Risk taking behaviour	Perceived health status				Chi square	Significance
		Fair	Good	Very good	Excellent		
1.	No risk	0	10	23	3	5.719	NS*
	Mild risk	1	24	41	4		0.564
	High risk	0	3	1	0		

NS – Not statistically significant at 0.05 level of significance

Limitations

The limitation recognized in the study were,

- It was found difficult to find the participants in the college.
- Many participants lost interest.

Recommendations

On the basis of findings of the study, the following recommendations were made for the further research study:

- The research study can be replicated with a different groups like religion, age etc.
- A similar study can be conducted on a larger sample which may help to draw more definite conclusions and make generalizations.
- A similar comparative study can be conducted between rural and urban population.
- A similar study can be conducted to assess the knowledge and attitude of the nurses towards the risk taking behaviour among adolescents.

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