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Original Research Article

Understanding perspectives of college going youths: insights into social behavior and reproductive health needs

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ABSTRACT

Background: College-going youth face significant psychological and reproductive health challenges due to academic pressures, social relationships, and personal development. Social support, including counseling, is essential in addressing these concerns. The objectives were to examine the social restrictions and reactions to family conflicts among college going youths and to explore the perceived benefits, barriers and perceptions related to social behavior and reproductive health needs of youths.
Methods: A cross sectional study was done among 265 college going youth aged 17-30 years who were selected by convenience sampling. Their psychosocial stressors and accessibility to reproductive health information were explored.
Results: The study involved 265 participants' majority of whom (76.6%) faced social restrictions, and 68.3% reacted, mostly by understanding their parents' views (75.1%). Family conflicts were reported by 15.1%. Major barriers to seek counseling for psychological stressors included fear of judgment (54.3%) and being labeled as a mental health sufferer (23.8%). Despite 55.8% recognizing counseling benefits, access to mental health support was inconsistent, with only 37% having access to counselors. Internet (53.2%) was the primary source for reproductive health information and 43% of the participants agreed that counseling improves reproductive health status.
Conclusions: Addressing social and reproductive health issues requires an understanding of perceptions and needs of youths providing them trustworthy information and support system. Efforts should be made to establish supportive settings at college levels for reducing barriers in communication to improve their social behavior and reproductive health.

Keywords: Counselling, Reproductive health, Social restrictions, Youth

INTRODUCTION

Youth is a crucial and dynamic segment of the population, representing both the demographic backbone and the social fabric of nations. Globally, the importance of youth development is emphasized in the 2030 Agenda for sustainable development, which highlights the empowerment, participation, and well-being of young people. Nearly half of the sustainable development goals (SDGs) directly or indirectly address youth, recognizing their potential as key drivers of social change, economic growth, and technological innovation.[1]

In India, individuals aged 15-29 are categorized as youth, positioning the country at a unique point in its demographic transition. With the largest cohort of young people in its history, India holds a significant opportunity to leverage its demographic dividend for sustained economic growth. This demographic advantage can fuel transformative progress if investments are made in

education, health, skill development, and employment opportunities for young people. Youth empowerment is seen not only as a developmental priority but also as a strategic necessity for building a resilient and progressive society.[2]

The current generation of youth is navigating a world vastly different from previous generations, shaped by rapid globalization, urbanization, technological advancements, migration trends, and economic challenges. These interconnected forces are reshaping the youth experience, presenting both opportunities and complexities. Young people today face a range of challenges, from social injustices and economic inequalities to health-related difficulties.[3] The developmental stage of youth is marked by significant physical, cognitive, emotional, and social changes. It involves the achievement of sexual maturity, the exploration of social roles, and the transition to socio-economic independence. Many young people experience struggles related to home, school, work, and relationships, which, without proper support, can lead to problematic behaviors and poor decision-making. Economic instability, parental conflict, inadequate school resources, and a lack of recreational opportunities are common factors contributing to maladjustment, often resulting in psychosocial problems that disrupt relationships and social functioning.[4]

Health-related issues among youth, particularly mental health challenges such as stress, anxiety, and depression, are a growing concern. These issues are exacerbated by academic pressures, societal expectations, and isolation. Financial struggles, such as unemployment, underemployment, and student debt, further contribute to their stress. Educational pressures to excel, combined with limited access to quality education, particularly for marginalized groups, increase the burden on youth. Peer pressures and social media-related issues, such as bullying and unrealistic standards, also add to their emotional strain, leaving many young people feeling overwhelmed and unsupported.[5] The prevalence of common psychological health disorders, including depression and anxiety, begins to increase during childhood and tends to peak during adolescence and early adulthood, particularly in the 10–29 age group. This period is critical as it encompasses significant developmental, educational, and social transitions, which can contribute to heightened vulnerability.[6,7]

Reproductive health awareness is crucial for youth in India, especially considering the challenges posed by early pregnancies, sexually transmitted infections (STIs), and unsafe abortions. According to the National Family Health Survey-5 (2019-21), 23.3% of women aged 20-24 were married before the legal age of 18, leading to adolescent pregnancies with significant health risks.[8] Furthermore, a lack of knowledge about contraception and reproductive rights contributes to high rates of unintended pregnancies and unsafe abortions. Awareness programs focusing on menstrual hygiene, contraception, and STI prevention can significantly reduce stigma, foster informed decision-making, and improve maternal and child health outcomes. These efforts are vital for achieving national public health goals.[9,10]

Given that 67% of India's population is under the age of 35, addressing the mental well-being of individuals aged 15-30 through counselling is essential for their personal and professional growth, as well as the nation's overall development.[11] The National Mental Health Survey of India (2015-16) found that 7.3% of young adults suffer from mental disorders, with the prevalence increasing during young adulthood due to academic pressure, workplace stress, social expectations, and financial instability.[12] Workplace stress often leads to burnout among youth, emphasizing the need for accessible mental health counselling services.[13] Hence, there is an urgent need to strengthen school and college counselling services to mitigate anxiety, depression, and substance abuse among young adults.[14]

The focus of this study is to explore how social restrictions and reactions to family conflicts impact the behavioral attitudes of youth. It examines how societal pressures, social norms, and external reactions to these family situations contribute to or exacerbate reproductive and social health challenges. Additionally, it seeks to delve into the challenges and perceptions that prevent these young individuals from seeking counselling services, providing insights into their attitudes and barriers to accessing counselling services as support system.

METHODS

Study area

Chandigarh, a progressive Union Territory in India and the shared capital of Punjab and Haryana, has experienced rapid population growth due to rising migration and evolving lifestyles. As per the 2011 census, the city had a youth population of 3,35,899. By 2019-20, the gross enrollment ratio for higher education among its youth rose to 52.1%, notably exceeding the national average. The region has 25 colleges, including government, government-aided, and private institutions.[15]

Study design and duration

This cross-sectional study was conducted among 265 participants using convenience sampling between May 2021 and April 2022.

Study population

The study focused on college-going youth in Chandigarh, specifically targeting students aged 17-29 years who were pursuing undergraduate or postgraduate programs in various disciplines and professional courses. 265 college going youths (149 boys and 116 girls) were selected by

convenience sampling in selected colleges and surveys was conducted through Google forms with open ended questions.

Sample size calculation

The sample size was estimated based on a preliminary study conducted among college students in Chandigarh, which revealed that 41% of participants recognized the need for support with psychosocial challenges. Using a 90% confidence level and a 5% margin of error, the minimum required sample size was calculated as 262. To ensure adequacy, 265 students were included in the study.

Data collection and analysis

Information was gathered through a self-administered, pretested, semi-structured questionnaire shared via Google forms. The questionnaire covered multiple areas such as socio-demographic details, social support systems, coping strategies, reasons for seeking assistance, barriers to accessing support, and suggestions to encourage help-seeking behaviors. The collected data was analyzed using statistical package for the social sciences (SPSS) version 26. Descriptive statistics, including means, standard deviations, and frequencies, were used, and the Chi-square test was applied to assess associations among different groups.

RESULTS

Table 1 summarizes the socio-demographic characteristics of the participants (n=265). The age distribution shows that 45.7% (n=121) were aged 20-21 years and 37.7% (n=100) were 17-19 years old. In terms of gender, 56.2% (n=149) were identified as male, while 43.8% (n=116) were females. The majority were educated in English medium (98.5%, n=261), with 64.2% (n=170) of all participants attending private colleges. Most participants were enrolled in co-educational institutions (89.4%, n=237).

Table 2 shows varying levels of understanding social behavior and support related issues. Only 200 (75.5%) youth responded to involvement in anti-social activities. Drinking and fighting received the most empathy (10.6% each), while gambling, sexual offenses, and physical harm received the least (1.9%, 1.1%, and 0.8% respectively). Smoking, bullying, and theft fell in between (5.3%, 3.8%, and 2.3%). Notably, 39.2% reported no involvement.

Total 203 (76.3%) youths faced familial/ social restrictions. A substantial majority of participants (76.6%, n=203) reported experiencing social restrictions from parents, relatives, neighbors, or others, while 23.3% (n=62) indicated that they did not face any such restrictions. Whereas, 181 (89.2%) of 203 youths reacted to familial/social restrictions. There were 148 (72.9%) respondents who reported increase familial/social restrictions during lockdown and there was significant association between lockdown and familial/social restrictions ($p<0.004$).

Table 1: Sociodemographic characteristics of the participants.

Variables (n=265)	Frequency	Percentage
Age (years)		
17-19	100	37.7
20-21	121	45.7
22-25	40	15.1
26-30	4	1.5
Gender		
Male	149	56.2
Female	116	43.8
Medium of education		
English	261	98.5
Hindi	4	1.5
College		
Government	95	35.8
Private	170	64.2
Type of institution		
Boys	12	4.5
Co-ed	237	89.4
Girls	16	6.0
Number of brothers		
0	86	32.5
1	165	62.3
2	10	3.8
4	3	1.1
5	1	0.4
Number of sisters		
0	151	57.0
1	95	35.8
2	14	5.3
3	3	1.1
6	1	0.4
9	1	0.4

Among those who affirmed reacting to restrictions, 75.1% (n=136) held the view of understanding the perspective behind those restrictions. 24.9% (n=45) felt that their parents have outdated thinking, while 17.1% (n=31) admitted to impulsively fighting with their parents. Furthermore, 16.6% (n=30) indicated that they feel lonely and resort to recreational substances as a response.84.9% of respondents (n=225) reported no conflicts or disputes with their family, while 15.1% (n=40) indicated that they do experience family conflicts. Among the 40 respondents who reported experiencing family conflicts, 30% (n=12) adopted to engage in more outdoor and fun activities as resilience/coping mechanisms. Another 27.5% (n=11) would like to introduce their family to new societal ideas in an effort to improve understanding and communication. 22.5% (n=9) feel that having more conversations could help resolve conflicts, while 20% (n=8) believe spending more time together would foster better relationships. Also,

17.5% (n=7) suggested addressing specific concerns directly while resorting to recreational substances to manage remaining issues.

The lockdown adversely affected reproductive health, as reported by 52.4% of respondents. The most common source from which participants obtained reproductive health-related information was internet, which was utilized by 53.2% (n=141) of respondents followed by those who turned to friends (46.0%, n=122) for information. Doctors or health staff was similarly relied upon by 44.5%, and teachers or school curricula provided information to 38.5% of participants. Mass media, such as television and radio, played a role for 30.2% while siblings were less frequently cited as a source of reproductive health information, merely by 6.4% of respondents.

39.6% (105) of the participants expressed a need for support with reproductive health issues. Participants' views on whether counseling improves the reproductive health status of students have also been depicted in Table 3. A total of 43.0% (n=114) agreed with this statement, while 19.6% (n=52) strongly agreed. In contrast, 8.3% (n=22) disagreed, and 4.5% (n=12) strongly disagreed whereas 24.5% (n=65) remained neutral on the issue.

When asked if they would encourage their friends to seek counseling for reproductive health, 59.6% (n=158) of participants responded positively, indicating a willingness to promote such support. In contrast, 14.4% (n=38) stated they would not encourage counseling, while 26.0% (n=69) expressed uncertainty.

Among the 265 students surveyed, 81.1% (n=215) expressed a felt need for counseling Students facing restrictions (n=181) were significantly more likely to feel the need for counseling (87.8%) compared to those not facing restrictions (66.7%, P=0.009). Additionally, 95.3% of students in government schools (N=95) and 78.8% in private schools (n=170) favored counseling, with a significant difference (p<0.001). In response to whether they have access to a counselor or psychologist in their college, 37.0% (n=98) of participants indicated yes, while 38.8% (n=103) responded negatively, and 24.2% (n=64) were uncertain, highlighting a lack of consistent access to such support in educational settings.

When asked about the benefits of counseling sessions, the majority, 37.7% (n=100), believed that counseling increases self-confidence, while 24.9% (n=66) thought it leads to increased social support. 16.2% (n=43) perceived improved health access as a benefit, and 13.9% (n=37) felt it enhances relationships with family planning. Career satisfaction was cited by 13.5% (n=36) of respondents, and 9.0% (n=24) pointed to cultural enrichment as a perceived benefit of counseling.

Table 3 also highlights the factors preventing participants from seeking help or counselling from a counsellor or psychologist. The most significant barrier identified was the fear of being judged, reported by 54.3% (n=144) of respondents. Additionally, 23.8% (n=63) feared being labelled as a "mental health sufferer," while 14.3% (n=38) were concerned that their friends might tease them. There were also concerns about trust in the healthcare system. Furthermore, 5.7% of participants expressed fear of being isolated from their friends.

Table 2: How does the youth?

Options	Responses	Percentage
Involvement in antisocial activities (n=265)		
Responded (n=200)	200	75.5
Not responded (65)	65	24.5
If responded, which activity (n=200)		
Smoking	14	5.3
Drinking	28	10.6
Gambling	5	1.9
Bullying	10	3.8
Theft	6	2.3
Fighting	28	10.6
Hurting someday physically	2	0.8
No involvement	104	39.2
Sexual offences	3	1.1
Faced familial/social restrictions (n=265)		
Yes	203	76.3
No	62	24.7
React to social restrictions (n=203)	181	89.2
Reaction to social restrictions (n=181)		
Understand the perspective behind the restrictions	136	75.1
Impulsively fight with parents	31	17.1

Continued.

Options	Responses	Percentage
Think that they have an outdated thinking	45	24.9
Feel lonely and resort to recreational substances	30	16.6
Lockdown increased familial/ social restrictions (n=203)	148	72.9
Adopted some resilience/coping mechanism to social restrictions (n=181)	40	22.1
Family conflicts (n=265)		
Yes	40	15.1
No	225	84.9
Resilience/coping mechanism adopted (n=40)		
Engage in more conversations	9	22.5
Try to introduce them to the new ideas of society	11	27.5
Try to spend more time with them	8	20
Engage in outdoor and fun activities	12	30
Tell them selected topics of concern and resort to recreational substances for the remaining	7	17.5

Table 3: Source of reproductive health related information and opinions regarding counselling (n=265).

Options	Responses	Percentage
Reproductive health was adversely affected by lockdown	139	52.4
Source of reproductive health related information		
Friends	122	46.0
Doctors/health staff	118	44.5
Teachers/school curriculum	102	38.5
Mass media	80	30.2
Internet	141	53.2
Siblings	17	6.4
Other	3	1.1
Felt need of support for reproductive health issues		
Yes	105	39.6
No	160	60.4
Opinion regarding counseling for improving reproductive health		
Agree	114	43.0
Disagree	22	8.3
Neutral	65	24.5
Strongly agree	52	19.6
Strongly disagree	12	4.5
Would you like to encourage your friends to have counselling on reproductive health		
Yes	158	59.6
No	38	14.4
Maybe	69	26
Felt need of counseling (n=265)	215	81.1
Felt need of counseling by gender (n=215)		
Male (n=149)	113	75.8
Female (n=116)	102	87.9
Felt need of counseling by restrictions faced		p=0.009
Restrictions faced (n=181)	159	87.8
Restrictions not faced (n=84)	56	66.7
Opinions of students in favor of counseling (n=215)		p<0.001
Government schools (n=95)	81	95.3
Private schools (n=170)	134	78.8
Counselor/psychologist in school/ college (n=265)		p=0.13
No	104	39.2
Not aware	63	23.8
Yes	98	37.0
Perceived benefits of counseling (n=265)		

Continued.

Options	Responses	Percentage
Increased social support	66	24.9
Increase in self confidence	100	37.7
Increased health access	43	16.2
Career satisfaction	36	13.5
Better relationships with family planning	37	13.9
Cultural enrichment	24	9.0
Others	51	19.2
Barriers in approaching for counseling (n=265)		
Fear of being judged	144	54.3
Fear of being labeled a “mental health sufferer”	63	23.8
Fear of being teased by friends	38	14.3
Have no trust in the support system	38	14.3
Fear of isolation from friends	15	5.7

DISCUSSION

The findings of this study provide a comprehensive understanding about the importance of addressing impact of social restrictions on youth, reproductive health awareness and utilization of counseling services among the college going youths.

The predominance of younger students aged 17–21 (83.4%) in the study mirrors the demographic composition of higher education institutions in India. This aligns with previous research suggesting that the majority of college students fall within this age bracket, making them particularly susceptible to psychosocial stressors due to academic pressures, social expectations, and transitional life stages.[6,7] A notable proportion of respondents (76.6%) in this study reported experiencing social restrictions, predominantly imposed by family or societal expectations. Similar findings have been observed in other studies, where traditional societal norms often conflict with the aspirations of youth, leading to stress and rebellion.[16-18] Most participants in our study reacted to the restrictions by understanding the rationale behind them (75.1%). However, a smaller yet concerning percentage (16.6%) resorted to recreational substances as a coping mechanism, which underscores the need for early intervention and counseling. This is in alignment with another study, in which the prevalence of substance uses among college students ranged from 17.15% to 60.26%.[19,20]

Regarding family conflicts, only 15.1% reported experiencing disputes, yet the responses for conflict resolution—such as engaging in outdoor activities and promoting open communication—highlight the importance of fostering positive family dynamics. This is also highlighted in other studies that emphasize the critical role of parent-child relationships in addressing psychological challenges within urban, educated families in India. Limited access to mental health professionals underscores the need for family-centered interventions. Strong familial bonds, open communication, and understanding generational expectations are key to fostering emotional well-being. In India’s collectivistic culture, families can either serve as a cornerstone of support or a source of stress, highlighting the importance of addressing these dynamics constructively.[21,22] Youth's preference for proactive solutions aligns with other researches suggesting that improving family relationships and social support can enhance mental well-being and reduce conflicts.[23,24]

The study underscores the significance of reproductive health awareness, with the internet being the primary source of information (53.2%), followed by friends (46.0%) and healthcare professionals (44.5%). This finding echoes the increasing reliance on digital platforms by Indian youth for health-related information as described in other studies as well.[25,26] However, the relatively lower reliance on formal education and healthcare systems for reproductive health knowledge in this study indicates a gap in structured, credible sources. Establishing strong linkages between educational institutions and healthcare services can ensure timely, appropriate, and effective referrals, promoting better health outcomes for adolescents.[27]

Barriers to counseling, such as fear of judgment (54.3%) and stigma associated with mental health labels (23.8%), as depicted in this study, are consistent with the existing literature on mental health in India. These fears often discourage young individuals from seeking professional help, perpetuating untreated psychosocial issues.[28-30] Similarly, trust issues with the healthcare system further emphasize the need for quality health services and counselor training, as shown in a similar study. Inadequate help-seeking behaviors, a shortage of trained professionals, and limited availability of services are challenges faced across the country, impacting access to essential mental health and healthcare support.[31]

Participants who supported counseling in this study highlighted benefits like increased self-confidence (37.7%) and improved social support (24.9%), reinforcing the role of counseling in fostering personal growth and resilience. These outcomes are in line with other studies, which have shown that psychological counseling can offer youth a private and supportive environment to address personal and professional concerns. This can enhance

mental well-being, lower stress levels, boost job satisfaction, and improve overall performance, thereby advocating for the integration of mental health counseling within educational institutions.[32,33] In this study, only 37.0% reported having access to counseling services in their colleges, revealing a significant gap in mental health infrastructure. This finding resonates with national data, which highlight the inadequacy of mental health professionals in India relative to the population, especially in educational settings.[34-36] A similar study also shows that India faces a critical shortage of trained mental health professionals, contributing to limited involvement in organized efforts to destigmatize mental health and promote preventive interventions. To address this, counselors and faculty members with an interest in mental health can be trained to establish campus-wide mental health promotion systems. This approach would encourage systemic change by broadening their roles beyond individual counseling sessions to include proactive strategies that foster awareness, reduce stigma, and promote well-being across student communities.[37]

Limitations

The use of Google Forms for data gathering is the main cause of the study's shortcomings, as direct, in-person encounters were not possible during the COVID-19 outbreak. This approach might have produced bias because the results' generalizability was limited by the sample's lack of representativeness. Furthermore, because to lockdown-related limitations, validated instruments that could have improved the study's reliability—such as the perceived social support, could not be used. Future research can address these limitations by incorporating more representative sampling methods and validated assessment tools to achieve more robust and generalizable results.

CONCLUSION

The study highlights critical insights into the psychosocial challenges, reproductive health awareness, and counselling needs among college-going youth in Chandigarh. The findings emphasize the significant impact of social restrictions and family dynamics on youth mental health, with the majority attempting to understand their parents' perspectives while others resorted to maladaptive coping mechanisms like substance use. Reproductive health knowledge, predominantly sourced from the internet, reflects a gap in formal education and healthcare systems. Counselling was identified as a valuable tool for improving self-confidence, social support, and overall well-being, though barriers like stigma, fear of judgment and limited access persist.

Recommendations

Health services for youths should be strengthened, family-centric treatments should be encouraged and social health and reproductive health services should be integrated into educational institutions. Furthermore, teaching educators and counsellors can play an important role in in the healthcare system providing social support for youths.

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