# **Research Article**

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# Appraisal of risky behaviour of youth populace: a vulnerable venture

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#### **ABSTRACT**

**Background:** Effectiveness of the public health is determined by assessing the wellbeing of the general populace. The vulnerability to high risk behaviours during adolescence contributes to high prevalence of morbidity and mortality among the future generation. The sobriety of these vulnerable behaviours may even lead to early pregnancy due to sexual promiscuity, addiction to drugs ultimately leading to teenage delinquency. Main objective of the study is to assess the risk behaviours in relation to accident proneness, smoking habits, alcohol use, and sexual promiscuity among college going youth populace in southern part of Chennai, India.

**Methods:** A cross sectional study was conducted using an internationally standardized questionnaire - the youth risk behaviour scale among youth population by direct interview method. The colleges were randomly selected using simple random sampling method and the partakers were interviewed after getting assent from the concerned institutions. The sample size was calculated as 100 from WHO global health observatory data prevalence of tobacco usage as 51%.

**Results:** The investigator had interviewed 127 study participants from various colleges of which majority 73% were males and 80% of them belonged to urban area. The behaviours like drunken drive, texting while driving, carrying a weapon, physical fight was seen among 12.5%, 40%, 4% and 4% respectively. Approximately 8.7% seriously thought of committing suicide of which 1.6% of them attempted suicide more than 2 times. The smoking and alcohol drinking habits were present among 22% and 26% respectively. Around 4.8% had multiple sex partners of which 5.5% of them do not use condoms and 1.6% had gay relationship.

**Conclusion:** The results of this survey are alarming that the college going youth population fail to understand the devastating consequences of high - risk behaviours. Hence, interventions must be designed to prevent high risk behaviours among the vulnerable population.

Key words: Accident proneness, Alcoholism, Delinquency, Sexual behaviour, Smoking, Suicidal tendency, Youth risk behaviour

## **INTRODUCTION**

World Health Organization (WHO) defines adolescence as age spanning 10 to 19 year, youth as those in 15-24 year age group and these two overlapping age groups as young people covering the age group of 10-24 year. The

transformation period of adolescence to youth is intricate with emotions that make them susceptible to high-risk behaviors like smoking, alcoholism, emotional adjustment, sexual promiscuity and addiction to drugs. Peer pressure, depression and other problems increases the risk of vulnerability. Individuals undergo critical developmental process during adolescent period where

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they tend to act independent and tend to experiment without understanding further sequel. Parents and other concerned adults need to be aware of these behaviors, the factors that increase their likelihood, and what can be done to abate or prevent those risks. They make up 1/5<sup>th</sup> of total world population.<sup>2</sup> 85% of them live in Developing Countries and 28% of them are in Indian population<sup>2</sup>. India has world's largest youth population of 1.8 billion despite having a smaller population than China.<sup>2</sup> Prevention efforts have to be designed to keep the future generation away from risk taking behaviors. The association between sexual promiscuity and early pregnancy, addiction to drugs and psychiatric morbidities, alcoholism and teenage delinquency has become as a societal concern. Hence, this study was conducted among the youth populace to emphasize the devastating changes due to high risk behaviors and to create cognizance among the parents about the necessitate of cognitive, social and emotional assistance to surpass the pregnable factors that would negatively modulate an individual's quality of life.

Main objective of the study is to assess the risk behaviors in relation to accident proneness, smoking habits, alcohol use, sexual behaviors etc. among college going youth population in southern part of Chennai.

Our study excluded the students who were not interested in participating in the study. And early and midadolescent were excluded in the study.

#### **METHODS**

This study was a cross sectional study conducted at Chennai during October 2015 to December 2015 with the objectives of assessing the prevalence of Youth risk behaviour and its associated risk factors among youth population of age group 17-22 years. The investigator of the study solicited the officials of randomly selected institutions in southern part of Chennai to interpret the objectives of the study.

The colleges were determined using simple random sampling method. Out of 7 randomly selected colleges 4 managerial officials accepted to conduct the study in their revered institutions that includes medical, engineering and arts colleges. The scrutinizer of the research visited the respective institutions during the study period where youth populace were dispensed with questionnaire after getting their consent of contribution to the study.

The questionnaire includes socio-demographic data; Youth Risk Behavior Survey (YRBS) scale that contains questions based on risk behaviors like Smoking, Alcoholism, Violent Activities, Accident Proneness, Sexual behaviors. The goal of the research was completely explained to the partakers. The participants were assured that their identity will not be declared to anyone. The investigator maintained strict confidentiality throughout the study as ensured. Data collection was

done by questionnaire and direct interview method. Surprisingly all the volunteers who participated in this study were very supportive, especially by complying without hesitation or reluctance to our requests throughout the study. They also added that the questionnaire and YRBS scale would absolutely explore the high risk behaviour among the youth populace. The data were entered in MS excel sheet and results were experimented in terms of percentage and frequencies.

#### YRBS - youth risk behaviour scale

The youth risk behavior survey (YRBS) was developed in 1990 by the centers for disease control and prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS is widely used and accepted in countries across the world, including India. The Youth risk behavior surveillance system (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity.<sup>3</sup>

#### **RESULTS**

In sociodemographic profile out of 127 study participants, 73% (93) were male population and 27% (34) females as described in (Figure 1) and out of 127 participants, majority of them i.e 80% (101) were from urban population and 20% (26) were from rural areas.

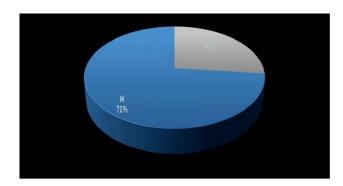


Figure 1: Gender distribution of study population.

The youth populations are more prone for accidents because they take risks in the journey of discovering joy of new adventures. The behaviors like drunken drive were seen among 12.5% (16) and texting while driving was seen among 40% (51).

Our study also explored that 25.2% (32) of the individuals never wore a helmet and 37% (47) never wore their seatbelt when driving/ riding in a car despite knowing their importance. This serves as the major cause for the unintentional injuries.

# Physical injuries

Conflicts or arguments culminate in physical fights. This is found more commonly among teen boys. Our study also states that 22% (28) of them were indulged in a physical fight in past 12 months. Astonishingly, 10.2% (13) of the study participants were carrying weapons to their college.

Weapons may be varying from small blades to knives. Weapons cause severe injuries sometimes even deaths. Among our partakers, 7.1% (9) of them were treated by a doctor after a physical fight.

#### Suicidal tendency

Lack of care and affection from their parents stand as the major cause of suicidal thoughts the teenagers. The desperate need of the youth populace would be nonjudgmental listening to their thought process and friendly guidance. The other causes may include relationship problems and social adjustment problems. 8.7% (11) of our study participants (Figure 2) seriously thought of committing suicide of which 1.6% (2) of them attempted suicide more than 2 times.

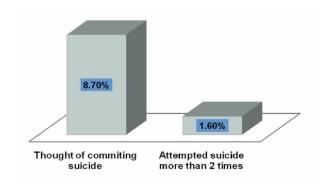


Figure 2: Prevalence of suicidal thoughts and tendency.

#### Smoking habits

The two major factors that contribute in inculcating the habit of smoking in the teenager would be peer pressure or parents smoking create the inquisitiveness to explore the adventure behind smoking.

In our study, 40% (51) of the college going youth have tried smoking cigarette at least one or two puff and of

that 22% (28) of them smoke 1-2 cigarettes almost daily. 5.5% (7) smoke almost 2-5 cigarettes/day and 15.7% (20) of them have tried to quit smoking (Figure 3).

#### Alcoholism

Excessive drinking is perilous that affects personal and social life simultaneously. College students indulging in fights, prone for accidents and having unprotected sex are all results of consumption of alcohol. Nearly 26% (33) of the college going population have the habit of drinking alcohol.13% (17) of them started to drink alcohol during their age of 19 because they believe it as a socializing norm at parties.

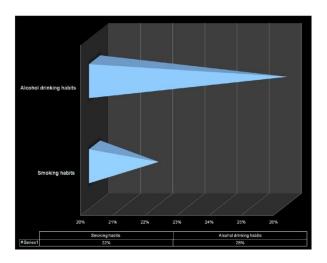


Figure 3: Perilous habits among the college going students.

## Marijuana

Though marijuana is found to be illegal in many countries the usage of marijuana among the youth is found to be on the rising trend due to the easy availability of the dried shredded leaves from the peddlers. We were really shocked to report that 17.3% (22) of the individuals have tried marijuana once in their life time and 4.7% (6) of them have used marijuana for 3-9 times in past 30 days.

#### Sexual behaviors

The statistics of our study in relation to sexual behaviors is alarming to know that around 4.8% (6) of the study participants have had multiple sex partners of which 5.5% (7) of them did not use condoms which have probabilities of pregnancy and contracting sexually transmitted diseases and 1.6% (2) had gay relationship (Figure 4).

# Physical inactivity

Our generation is suffering from health issues due to lack of physical activities. This has ultimately leaded to an epidemic of exponential rise in obese population and obesity related disorders. 27.6% (35) of the study population never had any physical activity even for at least 1hr per day in a week. 14.2% (18) of the participants spend more than 5hrs per day with their computer or other gadgets not for their studies purpose.

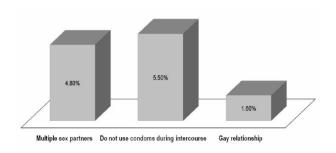


Figure 4: High risk behaviour among the participants.

#### **DISCUSSION**

Our study had explored various dimensions of the youth risk behaviours and the results of the study were quiet surprising that the majority of the study population had any one of the risk behaviours. Among college going youth populace in this study, 10.2% of them were carrying weapons and 22% of them have indulged in physical fight.

Similar study was conducted in South Delhi on college going youth population of 550 students which reported that 11.8% of them carried weapon and 39.6% were involved in physical fight.<sup>4</sup> This shows violent behavior among college students are at higher rates that signifies probabilities of even grave injuries.

Our study explored 22% of the participants have habit of smoking and 26% have consumed alcohol and 12.6% have involved in sexual promiscuity which resembles the study carried out in Urban areas of Udipi district in Karnataka that revealed 7.2% of the students smoke, 5.7% have habit of drinking alcohol and 5.5% of them have involved in sexual activites. Here the risk behaviors are very much exacerbated in college going youth populace of South Chennai.

Health education measures have to be initiated forthwith to circumvent morbidity and mortality of these young adults. Frequent alcohol consumption and binge drinking were reported to be common among 25.2% of the partakers and 12.7% of the students rode with the driver who was influenced under alcohol in our study.

The situation is more worse in developed countries where, Youth population do not follow any safety precautions which may lead to many road traffic accidents and cause death among secondary school students in South America.<sup>6-11</sup> Similarly in another study

conducted on college going adolescents in South Delhi reported that 23.3% of the students never wore a helmet and 20% of them rode with a driver who had consumed alcohol before driving and also was similar to other study conducted in Pune. <sup>12,13</sup> So to conclude the risk behaviors among the youth population is increasing rapidly which is a danger sign to the society.

Main limitations of the study are ffemale participants should have been interviewed equally similar to the number of males in the study. And equal participants from urban and rural areas should have been ensured for better comparison.

#### **CONCLUSION**

The results of this survey is so alarming that the college going youth population are involving in risk behaviours without being aware about the sequel. There is a requisite to initiate programmes at various levels to generate awareness regarding the potential hazards of tobacco, alcohol, marijuana, sexual relationships as well as physical inactivity among the adolescent population. Supervision may give satisfactory outcomes rather than threatening. A focus on an increased awareness among college students through health education, peer education and counselling might influence the target population in adopting and supporting health promotion activities.

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Ethical approval: The study was approved by the

Institutional Ethics Committee

# REFERENCES

- Adolescent health and development. WHO Regional Office for South-East Asia. Available from: http://www.searo.who.int/entity/child\_adolescent/ topics/adolescent\_health/en/index. html, accessed on April 20, 2015.
- http://www.dnaindia.com/ india/ report-india-hasworld-s-largest-youth-population-united-nationsreport-2036262 last accessed on April 20, 2015.
- 3. Kann L, Kinchen SA, Williams BI, Ross JG, Lowry R, Grunbaum JA, et al. Youth risk behavior surveillance-United States, 1999. MMWR CDC Surveill Summ. 2000;49:1-32.
- Sharma R, Grover VL, Chaturvedi S. Risk behaviours related to inter-personal violence among school and college-going adolescents in south Delhi.Indian J Community Med. 2008;33(2): 85-8.
- 5. Mohanan P, Swain S, Sanah N, Sharma V, Ghosh D. A Study on the prevalence of alcohol consumption, tobacco use and sexual behaviour among adolescents in urban areas of the Udupi district, Karnataka, India.Sultan Qaboos Univ Med J. 2014;14(1): e104-e112.
- 6. Madruga CS, Laranjeira R, Caetano R, Ribeiro W, Zaleski M, Pinsky I, et al. Early life exposure to

- violence and substance misuse in adulthood: the first Brazilian national survey. Addict Behav. 2011;36:251-5.
- 7. Alderete E, Kaplan CP, Nah G, Pérez-Stable EJ. Problems related to alcohol drinking among youth in Jujuy, Argentina. Salud Publica Mex. 2008;50:300-7.
- 8. Babor TF, Caetano R. Evidence-based alcohol policy in the Americas: strengths, weaknesses, and future challenges. Rev Panam Salud Publica. 2005;18:327-37.
- 9. Carlini-Cotrim B. Country profile on alcohol in Brazil. In: Riley L, Marshall M, editors. Alcohol and public health in eight developing countries. Geneva: World Health Organization. 1999;13-35.
- Villatoro Velásquez JA, Medina-Mora Icaza ME, Hernández-Valdés M, Fleiz-Bautista CM, Amador Buenabad NG, Bermúdez-Lozano P. Survey of middle school and high school students in Mexico

- City: November 2003. The prevalence and evolution of drug use. Salud Mental. 2005;28:38-51.
- 11. Dawson DA, Goldstein RB, Chou SP, Ruan WJ, Grant BF. Age at first drink and the first incidence of adult-onset DSM-IValcohol use disorders. Alcohol Clin Exp Res. 2008;32:2149-60.
- 12. Sharma R, Grover VL and Chaturvedi S, Health-risk behaviours related to road safety among adolescent students.Indian Journal of Medical Science. 2007:61;656-2.
- 13. Nikumb VB, Banerjee A, Singh SK. Behaviour related to safe driving among college youth in an industrial township.Int J Crit Illn Inj Sci. 2013;3(1):96-7.

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