



Assessment Of Prevalence And Knowledge On High-Risk Behaviours Regarding Health And Protective Factors Among School Going Adolescents At Selected Schools, West Bengal.

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Abstract: Adolescence is characterised by rapid changes in physical, cognitive, and social development, beginning with puberty and ending in the acquisition of adult roles and responsibilities. A descriptive study conducted with the aim to assess the prevalence on high-risk behaviours regarding health on tobacco use and protective factors with the relationship between protective factors and high-risk behaviours regarding health on tobacco use. Among 56 school going adolescents of class IX & XI at selected schools of West Bengal with GSHS (Global School Based Student Health Survey) tool and Structured Knowledge questionnaire by convenience sampling technique. Among 56 school going adolescents' maximum were male. Prevalence rate is high among male school going adolescents for using e-cigarette and purchasing cigarettes. Most of the students have previous knowledge on high-risk behaviour on health. Prevalence rate is high at the protective factors on making the school going adolescents guilty, ignorance, not praising, giving advice by the parents. Perfect positive corelation found in between high-risk behaviour regarding health on tobacco use module and protective factors.

Index Terms - High-risk behaviours, School going adolescents, tobacco use, protective factors

INTRODUCTION

Adolescence is characterized by rapid changes in physical, cognitive, and social development, beginning with puberty and ending in the acquisition of adult roles and responsibilities. In recent times, we have considered the developmental period of adolescence to extend from about 10 years of age into young adulthood, reflecting the longer time frames for developmental transition in four key areas: biological and sexual maturation, personal identity formation, engagement in intimate sexual relationships with an appropriate peer, and establishment of social independence and autonomy.

In our society, there are several periods of transition in social context that require adjustment during this time frame, from primary to secondary school and out of school to either employment or higher education, a combination of both, or neither. With this emerging independence and new physical and cognitive abilities, adolescence is also characterised by experimentation and risk taking, sometimes with behaviours that may derail current and future health and wellbeing. Harms resulting from health risk behaviours are preventable, and if they have already occurred, early detection and intervention can reset trajectories and reduce ongoing harm.

RESEARCH METHODOLOGY

The methodology section outlines the plan and method that how the study is conducted. Descriptive survey research design is considered for this study. The details are as follows;

3.1 Population and Sample

56 School going adolescents of class IX and XI from the selected Higher secondary schools of West Bengal and sample were selected by the convenient sampling method based on the criteria of who were present at the time of data collection and who knew Bengali and English.

3.2 Data and Sources of Data

For this study primary data collected from the school going adolescents by the Global School Based student health survey format.

3.3 Theoretical framework

Social Development Model (SDM)

The Social Development Model (SDM) is a theory that explains how social interactions with family, peers, and institutions shape an individual's development, leading to either prosocial or antisocial behaviour. There SDM (Social Development Model) is used to builds upon the concepts of social control and social learning theories. In this study it relates the balance between high-risk behaviour on health and protective factors like parental support in various aspects among different social domains (e.g., family, school, peers).

- **Key components:**

- **Bonding:** Strong bonds to conventional groups (family, school) act as a protective factor.
- **Beliefs:** Sharing pro-social behaviour like tobacco use.
- **Clear Standards for Behaviour:** Change in behaviour while unaccepting the use of tobacco by the parents.

- **Risk factors:** Lack of attachment to family or school, associating with delinquent behaviour.
- **Protective factors:** In this study it refers family bonding with the school going adolescents.

3.4 Statistical tools and econometric models

Section-I: Frequency and percentage distribution for demographic variables.

Section- II: Prevalence of high-risk behaviour regarding health on tobacco use module

Section-III: Prevalence of protective factors.

Section- IV: Corelation between the Protective factors and high-risk behaviours regarding health on tobacco use module

The detail of methodology is given as follows.

3.4.1 Descriptive Statistics

N=56

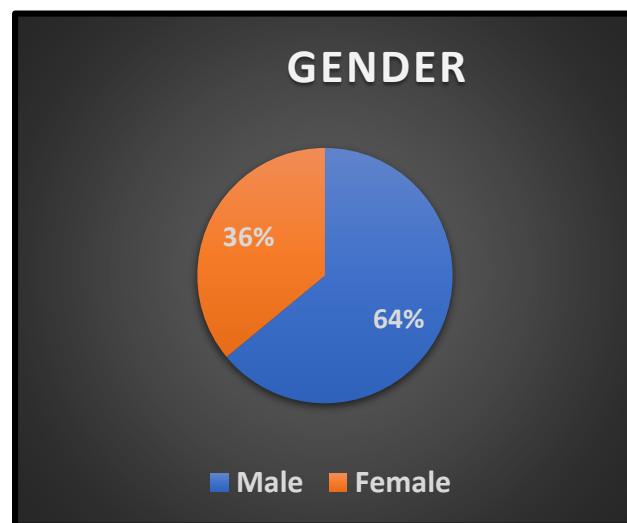


Figure:1 Frequency and percentage distribution for demographic variables on Gender of the participants
The pie diagram in figure 1 shows that among 56 school going adolescents 36% (20) were female and 64% (36) were male students.

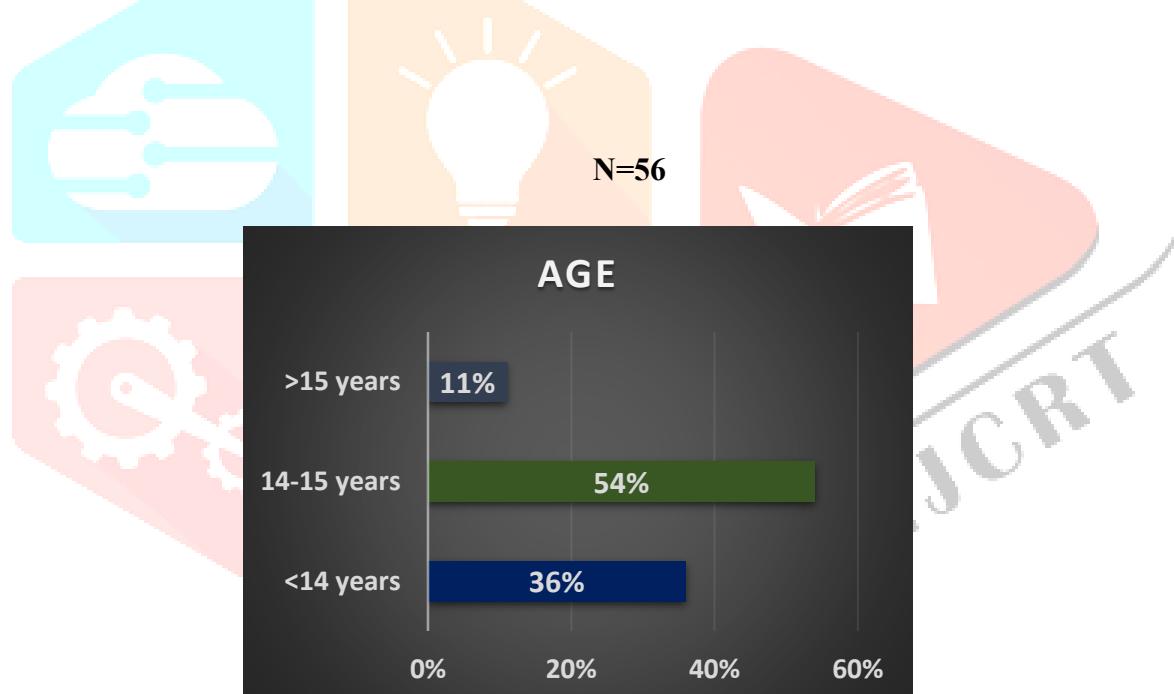


Figure:2 Frequency and percentage distribution for demographic variables on Age of the participants
The above bar diagram in figure 2 shows that among 56 school going adolescents 11% (6) were in age group of more than 15 years, 54% (30) were in age group of 14 years to 15 years and 36% (20) were in less than 14 years of age.

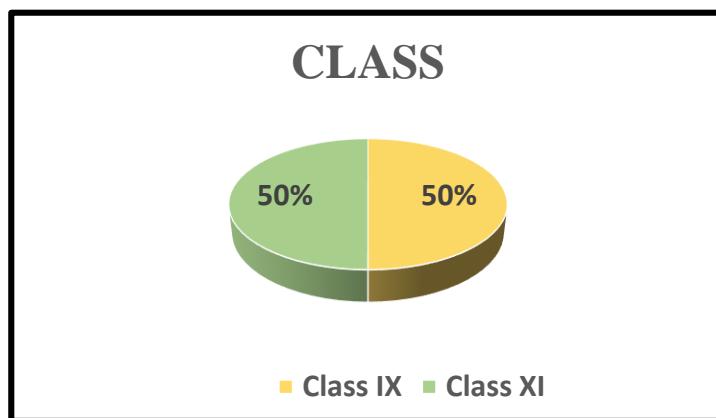


Figure:3 Frequency and percentage distribution for demographic variables on Class of the participants
The pie diagram in figure 3 shows that among 56 school going adolescents 50% (28) were in class IX and 50% (28) were in class XI

N=56

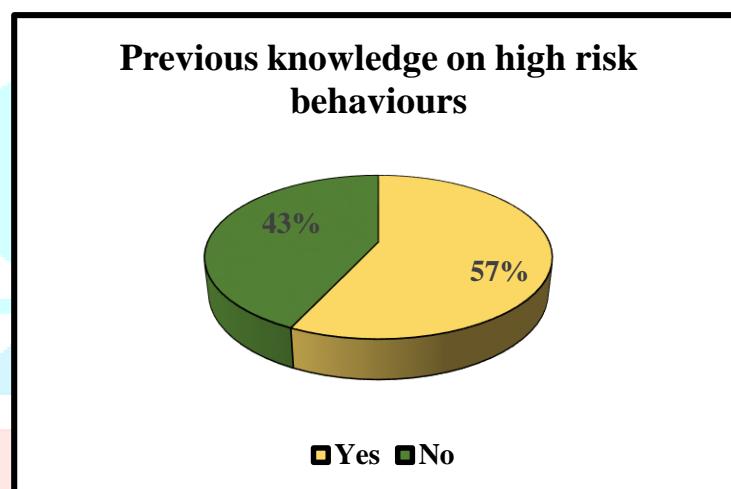


Figure:4 Frequency and percentage distribution for demographic variables on previous knowledge on high-risk behaviours

The pie diagram in figure 4 shows that among 56 school going adolescents 57% (32) were having previous knowledge on high-risk behaviours and 43% (24) were not having previous knowledge on high-risk behaviours.

Table 1: Prevalence of high-risk behaviour regarding health on Tobacco Use Module

Electronic Cigarette Use					
	Male-36	Female-20		Male-36	Female-20
1.Have you ever heard of electronic cigarettes or e-cigarettes?			2.How old were you when you first tried an electronic cigarette or e-cigarette?		
A.Yes	56%	30%	A. Not tried		70%
B.No	44%	70%	B.12 or 13 years old	45%	
			C.14 or 15 years old	55%	30%
Smoking Cessation					
3.During the past 12 months, did you try to stop smoking cigarettes?	Male-20	Female-6	4.Have you ever received help or advice to help you	Male-20	Female-6

			stop smoking cigarettes?		
A.Yes	60%	100%	A. Yes	60%	100%
B.No	40%		B. No	40%	
Exposure to Second-Hand Smoke					
5.During the past 7 days, on how many days did someone smoke in your presence, inside an indoor public place other than your home, such as a school, shops, restaurants, shopping malls, or movie theatres?	Male-36	Female-20	6.During the past 30 days, did you see anyone smoke inside your school building?	Male-36	Female-20
A.0 days			A.Yes		
B.7 days	100%	100%	B.No	100%	100%
Purchasing Cigarettes					
7.During the past 30 days, did anyone refuse to sell you cigarettes because of your age?	Male-20	Female-6	8.The last time you bought cigarettes during the past 30 days, how did you buy them?	Male-13	
A.I did not try to buy cigarettes during the past 30 days	35%	100%	F.I bought them some other way	62%	
B.Yes, someone refused to sell me cigarettes because of my age	65%		B.I bought them in a pack	38%	

Table 1 showed that 56% male students and 30% female students have tried e-cigarettes. 55% male students tried e cigarette at the age of 12 to 13 years and 55% male students and 30% female students tried e cigarettes at the age of 14 to 15 years of age. 60% male students and 100% female students tried to stop smoking and received help from others. 100% male and female students exposed in smoking at various places and did not see to smoke inside the school premises. 35% male and 100% female students did not try to buy cigarette in past 30 days. 65% male students faced refusal of selling cigarette to them because of their age. Among them 62% male school going adolescents bought them some other way and 38% students bought them in a pack.

Table 2: Prevalence of protective factors

N=56

PROTECTIVE FACTORS		Prevalence Rate
During the past 30 days, how often did your parents or guardians comfort you?	Sometimes	52%
During the past 30 days, how often did your parents or guardians spend time with you?	Sometimes	56%
During the past 30 days, how often did your parents or guardians give you advice and guidance?	Most of the time	66%
During the past 30 days, how often did your parents or guardians praise you?	Rarely	60%
During the past 30 days, how often did your parents or guardians provide the things you needed?	Most of the time	52%
During the past 30 days, how often did your parents or guardians give you money?	Sometimes	58%

During the past 7 days, on how many days did you eat at least one meal at home with at least one of your parents or guardians?	1 day	50%
During the past 30 days, how often did your parents or guardians unfairly compare you to someone else (such as, your brother or sister or themselves)?	Always	56%
During the past 30 days, how often did your parents or guardians ignore you (for example, by walking away from you or not paying attention to you)?	Sometimes	64%
During the past 30 days, how often did your parents or guardians try to make you feel guilty for something you had done or something they thought you should do?	Most of the time	64%
During the past 30 days, how often did your parents or guardians not respect you as a person (for example, by not letting you talk or liking someone else more than you)?	Rarely	58%

Table 2 showed that prevalence rate is high in protective factor for giving advice by the parent 66%, 64% were in making feel guilty and ignorance by the parent, praising rarely by the parent is 60%, Always doing unfair comparison with the other friends 56%, Most of the time parent provides things as and when needed is 52%, Rarely respects the feelings is 58%

Table 3 Corelation between the prevalence of High-risk behaviour on tobacco use module and protective factors N=56

Variables	r Value	Level of significance
High risk behaviour	1	0.05
Protective factors		

The above table no.3 shows that the perfect positive corelation found between the prevalence of High-risk behaviour and protective factors regarding health. It shows that care and comfort from the parent leads less attraction towards high-risk behaviours regarding health like use tobacco.

RESULTS AND DISCUSSION

At the present study it shows that among 56 school going adolescents 36% (20) were female and 64% (36) were male students. 11% (6) were in age group of more than 15 years, 54% (30) were in age group of 14 years to 15 years and 36% (20) were in less than 14 years of age. among 56 school going adolescents 50% (28) were in class IX and 50% (28) were in class XI. Among 56 school going adolescents 57% (32) were having previous knowledge on high-risk behaviours of tobacco use and 43% (24) were not having previous knowledge on high-risk behaviours of tobacco use. In the tobacco use module the result showed that 56% male students and 30% female students have tried e-cigarettes, 55% male students tried e cigarette at the age of 12 to 13 years and 55% male students and 30% female students tried e cigarettes at the age of 14 to 15 years of age. 60% male students and 100% female students tried to stop smoking and received help from others. 100% male and female students exposed in smoking at various places and did not see to smoke inside the school premises. 35% male and 100% female students did not try to buy cigarette in past 30 days. 65% male students faced refusal of selling cigarette to them because of their age. 62% male school going adolescents bought them from some other way and 38% students bought them in a pack. Prevalence rate is high in protective factor for giving advice by the parent 66%, 64% were in making feel guilty and ignorance by the parent, praising rarely by the parent is 60%, Always doing unfair comparison with the other friends is 56%, Most of the time parent provides things as and when needed is 52%, Rarely respects the feelings of their children is 58%. shows that the perfect positive corelation found between the prevalence of

High-risk behaviour and protective factors regarding health. It shows that care and comfort from the parent leads less attraction towards high-risk behaviours regarding health like use tobacco.

CONCLUSION

The study is concluded that both male and female school going adolescents had high-risk behaviors regarding health on tobacco use module Monitoring and parental care may create change on the high-risk behaviors on health among school going adolescents.

IMPLICATION

This study must have the implication on nursing service both in academics and administration at the level of community by increasing the awareness among the parent about their care and school going adolescents about the high-risk behavior which may affect the health afterwards.

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