

EXECUTIVE SUMMARY

Adolescence is a very crucial period of life. The rate of problem behaviour rises dramatically in early adolescence. The teen years can be tough for both parent and the child. Adolescents are under stress to be liked, do well in school, get along with their family and make important life decisions. Most of these pressures are unavoidable and worrying about them is natural. Owing to cultural barrier among parent-child relationship they cannot share their personal problems with their parents and become dependent on peer group members. At the same time, during this phase a good number of them develop a tendency to take risk, which sometimes result into early pregnancy, involvement in legally deviant activities and dependence on substance/alcohol. Premarital unprotected sex exposes adolescents to the risk of sexually transmitted diseases including HIV/AIDS. This apart, the deviant behaviour, over expectation of parents, family violence, gap in parent-child relationship and un-fulfillment of curious mind regarding different issues also cause psychological stress, which in turn affect the career development. Because risky and problematic behaviour soars at the initiation of puberty and continues to rise into early adulthood, prevention efforts should target pre-adolescents. The hour has arrived to address the issue holistically. Keeping those issues in mind, the broad objective of the present study was to probe into the nature of risk behaviour and psychological stress of adolescents and understand the impact of those on their mental health. The specific objectives of the study were to study the nature of risk behaviour, psychological stress, aggression, nature of adjustment, and level of depression and study the impact, if any, of risk behaviour on mental health variables of high school going and college going adolescents of age group 16 -19 years.

A group of 450 adolescents (230 boys and 220 girls) from various schools and colleges of Kolkata were covered in the present study and they were all selected following multistage random sampling method. Data were collected with the help of semi structured questionnaires on Risk Behaviour specially developed for this purpose, Adolescent Stress

Inventory (2005) and standardized scales as those of Beck Depression Inventory (1994), Adjustment component of Multidimensional Personality Inventory (1988), Aggression Scale (1981) in addition to the Background Information Schedule.

The study has found that considerable amount of risk behaviour (smoking, drinking, watching porn movies, websites, going to red-light areas etc) is practised by almost all the adolescents in the present study and about 30.0 percent of them practised high-risk behaviour such as involvement into premarital sexual relations and intake of intra venous (IV) injection. Taking IV injection was more common among boys (4.3 per cent) than girls (1.9 per cent) though the overall incidence was low; and was found more among college students (3.5 per cent) than high school students (2.6 per cent). Incidences of engagement into premarital adolescent sex relation was found more among boys (30.4 per cent) than girls (21.7 per cent) and more among college students (32.5 per cent) than high school students (20.2 per cent). There was a substantial amount of stress, maximum being career stress, stress due to high parental expectations, somewhat from peer pressure and also increased urges of establishing a sexual relationship with a hetero sexual person. Girls (M=63.6) were under greater psychological stress than boys (M=58.0). High school students (M=68.4) were under higher stress than college students (M=63.6) with a significant difference between the two groups ($p < 0.01$). For coping they relied more on a close friend, who himself/herself might be at an equal risk as they were and perhaps could not really help them out. Girls (M=35.9) exhibited greater adjustment than boys (M=30); high school students (M=37.4) showed adjustment slightly better than college (M=32.4) and the two groups differed significantly. Girls (M=35.4) suffered from greater depression than boys (M=20.1) and college students suffered from greater depression (M=35) than high school students (M=21.1). Boys (M=148.6) exhibited greater aggression than girls (M=130) and the two groups differed significantly ($p < 0.01$). Greater percentage of girls (79.5 per cent) exhibited high aggression as compared to boys (43.5 per cent) and a total of 60.5 per cent boys and girls were aggressive. More of freedom, maximum time spent out of home, tuitions and group study provided the college counterparts maximum scope for practicing undesirable behaviour. College students with their increased level of maturation, higher age level, increased sense of responsibility; self-accountability had greater level of adjustment. Difference in those areas has also been

observed when compared among three age groups viz., 16-17 years, 17-18 years, 18-19 years; socio-economic status (SES) and pattern of family the child came from (whether joint or nuclear). Those identified as adolescents with high-risk behaviour i.e. the high-risk group suffered from greater stress (M=71.6) than low-risk group (M=60.7); depression was greater among high-risk group (M=37.3) than low-risk group (M=23.4), aggression was found less among high-risk group (M=70.1) than low-risk group (M=85.0) and finally adjustment was lower among high-risk group (M=24.6) than low-risk group (M=39.0). There has been found significant correlation among various variable like stress, aggression, adjustment and depression as seen among high-risk group; even substantial amount of association was also observed between high-risk behaviour and other variables. On the basis of the findings of the present study the need based measures have been offered.

Finally, a number of steps have been recommended for dealing with the issue- like intervention programmes by the school authorities for sensitizing the parents and students on various aspects of reproductive health like those of consequences of teenage pregnancy, substance dependence, health and hygiene, importance of quality parent-child relationship, sexually transmitted diseases including HIV/AIDS, influence of peer pressure in risk taking behaviour and so on. Schools can always take resort to professional psychologists to take care if adolescents are found suffering from stress, depression or other psychological maladjustments; regular counseling sessions should be arranged for them. Adolescents should get to know from all reliable media that they can survive the best life possible on earth and they are no population at risk.