
Attitude of Urban and Rural High School Students of Mizoram towards Healthy Adolescent Behaviour

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Abstract

Adolescence period is recognized as the most critical period of life. It is a period of transition from childhood to adulthood in which interlocking changes in the body, mind and social relationship take place. A stable family, peace, material conditions for physical health, and educational, social and vocational opportunities with a chance to make use of them before marriage, are necessary environment conditions. During this stage children are exposed to many positive as well as negative habits and activities through different agencies at a very early stage. If the environment is inadequate or dangerous and the adolescent lacks self-esteem, behaviours dangerous to health are more likely to occur. Consuming tobacco, alcohol and drugs; being involved in sexuality; and being infected by HIV/AIDS are very common among the adolescents, which are considered as some of the risky behavior of the adolescents.

Keywords: Attitude, Risky adolescent behavior, Healthy adolescent behavior, Tobacco, Alcohol, Drugs, Sexuality, and HIV/AIDS

Introduction

Drug abuse among high school students has reached an increasingly concerning number. Healthy development depends on both a propitious environment and the action of adolescents themselves. However, within this context the adolescent must experiment with new behaviours and relationships inevitably courting some risks. Adolescent health is especially linked to behaviour. These include: precocious and unprotected sexual behaviour sometimes resulting in too early or unwanted pregnancy and sexually transmitted diseases; the use of tobacco, alcohol and other drugs; injuries arising accidentally from risk taking behaviours especially when combined with alcohol or drugs; Adolescents' health behavior changes with age; however, the vast majority of behaviors and habits acquired at this age persist into adulthood, so these behaviors determine not only present, but also later health status.

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According to the World Health Organization, mental health is ‘*a state of well-being in which every individual realizes his or her own potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to her or his community*’ ([World Health Organization, 2005](#), p. 12). This definition recognises mental health as a dimension of overall health that spans a continuum from high-level wellness to severe illness, emphasising the key role of positive feelings, a sense of mastery and positive functioning ([Galderisi et al., 2015](#)).

Adolescence is widely known to be a sensitive period of exposure to a range of mental disorders whose incidence has been increasing in recent decades ([Patton et al., 2014](#); [Erskine et al., 2015](#)). Indeed, approximately 20% of school students are now affected by diagnosable mental illnesses, with half of all mental issues developing by 14 years ([Ford et al., 2003](#); [Gore et al., 2011](#)). Data from studies with adolescents indicate that anxiety, depression, eating disorders, bipolar disorder, personality disorders, psychosis, addictive disorders, substance abuse, suicide attempts and self-harm are all becoming more frequent among this demographic ([Paus et al., 2008](#); [Twenge et al., 2018](#); [Burstein et al., 2019](#)). In most cases, disorders of this kind remain undetected and, consequently, untreated until later in life ([Kessler et al., 2007](#)). Furthermore, depression in young people is a highly prevalent illness worldwide, and suicide is the third most frequent cause of death among adolescents in the United States and Europe ([World Health Organization, 2012](#)).

Adolescence stage is a very significant period to plan the career and to fulfill the dreams and aspirations. It is also common among many of the youngsters that due to unawareness or wrong choices they often focus on the wrong career planning, eventually leading to many complications in the future. Besides, many adolescents develop wrong habits being tempted by instincts and because of wrong associations. They indulge themselves in such activities to satisfy their instincts and to enjoy temporary comfort which is termed as risky behaviour.

High school or secondary school days are usually the time when children enter their adolescence period and are in the stage where they want to prove themselves and want to make their own decisions. Many adolescents progress to maturity with comparatively less difficulty, experiencing outstanding physical health and potency and not being engaged in behaviours that place themselves or others at danger. On the other hand, there are also many unfortunates who indulge in many sorts of harmful risky behaviour such as use of narcotic substances and sexual activities and also in many illegal activities leading to emotional sufferings, mental health disorders and the consequences become very serious. Instead of becoming productive citizens, they become liabilities to the family, society and nation. Due to such practices they used to have lifelong health problems and become vulnerable to greater injury and death.

The problems of adolescents may vary in different societies as the practices of upbringing the children are different and very much culture specific. Mizo society is, in many ways, different from other societies of our country. It is first adopting the western culture and the parents and guardians usually give more freedom to children unlike other societies. As a

result, it is being observed that many adolescents are involved in risky behaviour which is detrimental to the ideals of the society. This has become a serious problem of Mizo society which needs to be tackled.

The present study was undertaken to reveal the attitude of high school students of Mizoram who are at their adolescence stage on various risky behaviour that are being seen to be adopted by the adolescents worldwide in general and in our country particularly so that corrective measures can be taken to prevent them adopting risky behaviour.

Objectives of the Study

The study was conducted with the following objectives:

1. To assess the attitude of urban and rural secondary school students of Mizoram towards healthy adolescent behaviour.
2. To compare the attitude of urban and rural secondary school male students of Mizoram towards healthy adolescent behaviour.
3. To compare the attitude of urban and rural secondary school female students of Mizoram towards healthy adolescent behaviour.

Hypotheses of the Study

In relation to the above stated objectives, the following hypotheses are formulated:

1. There is difference between urban and rural secondary school female students of Mizoram in their awareness on healthy adolescent behaviour.
2. There is positive attitude among the secondary school students of Mizoram toward healthy adolescent behaviour.
3. There is difference between urban and rural secondary school male students of Mizoram in their attitude towards healthy adolescent behaviour.

Methodology

Population and sample of the study

The target population of the study was the high school students of Mizoram who were in the adolescence period. As such, all the male and female secondary school students pursuing their studies in the urban and rural areas in the state of Mizoram constituted the target population of the study. To have a representative sample of students both from urban and rural areas, multistage stratified cluster random sampling technique was used. Initially, out of 8 districts of Mizoram, 2 districts were selected randomly. At the 2nd stage, schools from rural and urban areas were randomly selected. From the selected schools, all the students present on the day of visit of the researchers studying in classes IX and X were included in the sample. The total sample comprised of 300 boys and 300 girls among which 150 each were from rural and urban secondary schools.

Tools used

In this study, though attitude of the secondary school students towards the four risky behaviour/ component were assessed, no scaling procedure like that of Likert or Thurstone was followed keeping the nature of the components in view. The attitude was assessed with statements with three choices for responses as Agree, Undecided and Disagree. In this context Edward (1957, 3) writes:

It might seem logical to assume that if we want to know how individuals feel about some particular psychological object, the best procedure would be to ask them. Direct questioning may, indeed, be satisfactory for some purposes.

Further Edward (1957, 3) writes:

Only when the social atmosphere is free from felt or actual pressures toward conformity might we expect to obtain evidence about a person's attitudes by means of direct questioning.

Moreover scaling (like Likert or Thurstone type) largely depends upon the characteristics of the subjects besides the context. Thus, keeping the nature of the components and characteristics of the subjects in view, it was decided to use multiple choice type items for the knowledge and skill components and to use alternative response type of items for confidence and attitude components. Scoring of the items was done with interval scale like other tools measuring human behaviour.

It was decided to develop questionnaire on attitude of secondary school students relating to adolescence behaviour. Initially 35 items were prepared and reviewed by the investigator and the supervisor. Preliminary drafts were prepared. The preliminary draft of the questionnaire was got checked by the same group of experts, who had reviewed the first questionnaire, for their comments and suggestions. On the basis of the feedbacks received from the experts, improvements were made in the items for the final version of the questionnaire. In the final version of the questionnaire twenty eight (28) statements were retained out of which 7, 7, 7 and 7 were on tobacco, alcohol and drugs, sexuality and HIV/ AIDS in secondary schools components respectively. All the items were alternative response type having three suggested responses in terms of 'agree', 'undecided' and 'disagree'. The questionnaire was common for all categories of respondents.

Data Collection

Data were collected through personal visits to the selected schools. With the permission of the Head Masters/Principals of the schools, the scale was administered in normal classroom situation.

Analysis of Data

The study was to assess the attitude of urban and rural secondary school students of Mizoram on healthy adolescence behaviour. The second and third objectives were to compare

the attitude of urban and rural, and male and female high school students of Mizoram towards healthy adolescence behaviour. The questionnaire on attitude had 28 statements, seven on each of the four components i.e. the effects of tobacco use, effects of alcohol and other substances, sexuality, and HIV/AIDS. The maximum possible score was 14 as the items had three choices as agree, undecided and disagree and the scoring procedure was 2, 1, and 0 for positive statements. The scoring was the reverse in case of negative statements. The statistical measures of mean, means converted to percentages, and standard deviations were computed on the four components. The results of such statistical analyses in respect of the groups based on locality (urban and rural) of the schools and gender of students (male and female) are presented in table 1. Table 2 presents the results of comparison i.e. t values. The mean scores converted to percentages in respect of various groups have been presented in parentheses and are graphically depicted in Figures 1. Further, the standard deviations of the groups on their attitude and on the four components i.e. effect of tobacco use, effects of alcohol and other substances, sexuality and HIV/AIDS are graphically depicted in Figure 2 to show the type of variation among the groups.

Table - 1

Mean Scores along with Percentage and Standard Deviations of High School Students of Mizoram on their Attitude towards Healthy Adolescence Behaviour

Components									
Groups	N	Tobacco (14)		Alcohol & Drugs (14)		Sexuality (14)		HIV/AIDS (14)	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD
Urban Male	150	8.00 (57.14)	2.24	8.54 (61.00)	2.44	9.73 (69.52)	2.6	9.53 (68.09)	2.18
Rural Male	150	7.94 (56.71)	2.11	8.77 (62.62)	2.55	10.49 (74.90)	2.82	10.05 (71.81)	2.06
Urban Female	150	8.42 (60.14)	2.14	9.05 (64.61)	2.6	11.02 (78.71)	2.4	9.41 (67.24)	1.9
Rural Female	150	8.63 (61.62)	2.14	9.19 (65.66)	2.22	11.85 (84.66)	1.79	10.45 (74.66)	1.78
Male	300	7.97 (56.92)	2.18	8.65 (61.79)	2.49	10.11(72.21)	2.73	9.79 (69.92)	2.13
Female	300	8.52 (60.85)	2.28	9.12 (65.14)	2.41	11.44 (81.71)	2.15	9.93 (70.92)	1.91
Urban	300	8.21 (58.64)	2.33	8.79 (62.80)	2.53	10.38 (74.12)	2.58	9.47 (67.66)	2.04
Rural	300	8.28 (59.16)	2.15	8.98 (64.14)	2.39	11.17 (79.78)	2.46	10.25 (73.24)	1.93

**Figures in the Parentheses indicate percentage.*

Figure 1: Mean scores of the various groups of High School Students on four components of Attitude about Healthy Adolescence Behaviour

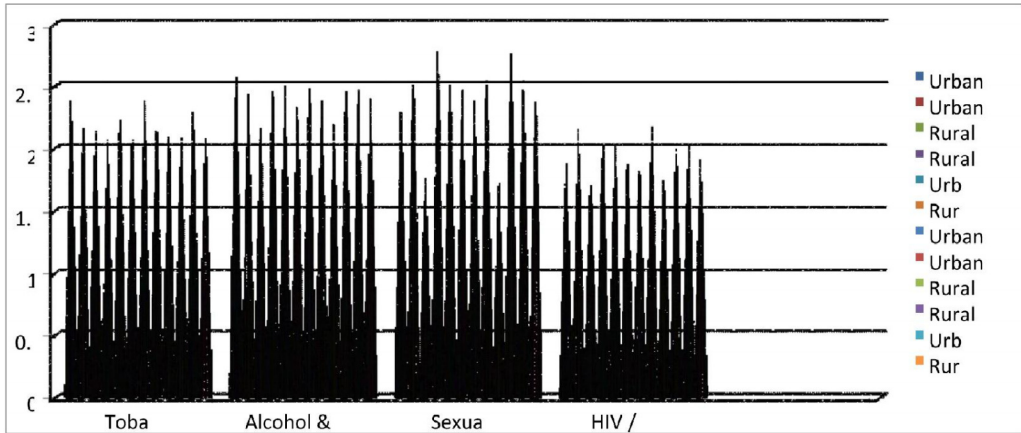


Figure 2: Standard Deviation of the various groups of High School Students on four components of Attitude about Healthy Adolescence Behavior

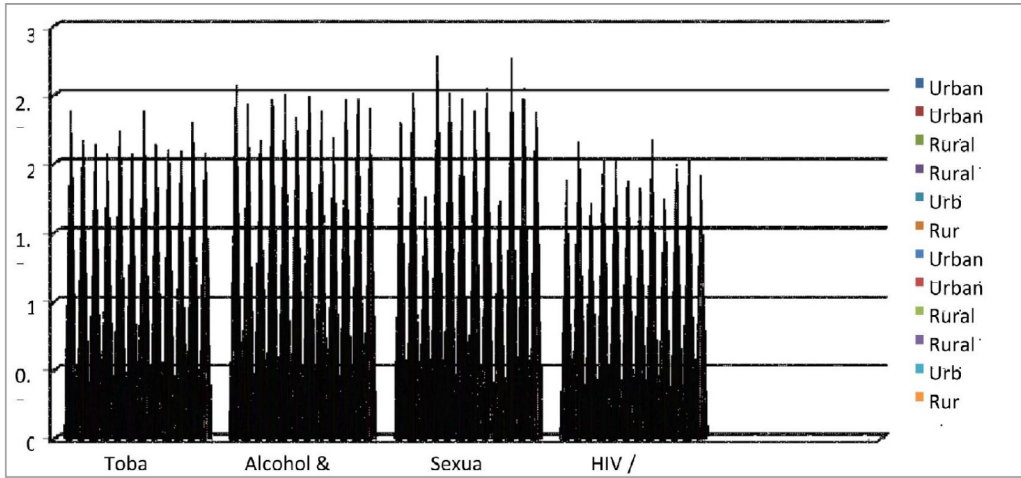


Table – 2

‘t’ Values for different groups compared on four components of Healthy Adolescence Behaviour

Groups	Components			
	Tobacco	Alcohol & Drugs	Sexuality	HIV/AIDS
Urban Male Vs. Rural Male	0.25	0.82	2.45*	2.16*
Urban Female Vs. Rural Female	0.81	0.23	3.45**	4.95**
Male Vs. Female	3.05**	2.35*	6.65**	0.87
Urban Vs. Rural	0.35	0.95	3.95**	3.90**

* Significant at .05 level, ** Significant at .01 level

Interpretation

Attitude towards Use of Tobacco

On the risks of consumption of tobacco, it is found from table 1 that all groups of students had healthy attitude as the mean attitude scores converted to percentage ranged from 56.71%to 61.62%%. The results indicate that all the high school students of Mizoram were found to have healthy attitude on the risks of use of tobacco. They were of the opinion that there is harm in consuming tobacco as it is not that harmful as it is being propagated, adolescence is not the right period to experiment taking tobacco, smoking cigarette and consuming tobacco do not give a superior identity, everybody feels pity for tobacco consumers, everyone who tried consuming tobacco eventually regrets it, consumption of tobacco products by the adolescents prompts them to steal money, and various media do not exaggerate the ill effects of tobacco.

Attitude towards Use of Alcohol and drugs

On the risks of consumption of alcohol and drugs, it is found from table 1 that all groups of students had positive attitude as the mean attitude scores converted to percentage ranged from 61.00%% to 65.66%. The results indicate that all the high school students of Mizoram were found to have healthy attitude on the risks of alcohol and drugs. They were of the opinion that consuming alcohol and/or drugs is harmful as it is being propagated, adolescence is not the right time to experiment on alcohol and/or drug, drinking alcohol and/or taking drug do not make a person feel superior, everyone who tries consuming alcohol and/or drug eventually regret it, adolescence students consuming alcohol and/or drug pick pocket their parents, consumption of alcohol and/or drug products by the adolescents prompt them to commit crime for money and various media do not exaggerate the ill effect of alcohol and/or drug.

Attitude on Sexuality

On the risks of indulging in sexuality, it is found from table 1 that all groups of students had healthy attitude as the mean attitude scores converted to percentage ranged from 69.52% to 84.66%. The results indicate that all the high school students of Mizoram were found to have healthy attitude on the risks of indulging in sexuality. They were of the opinion that only married people should have sex, it is against cultural values to have sex before marriage, adolescence is not the right time to experience sex, there is harm to enjoy sex during adolescence with mutual consent of partners, having sexual activities during adolescence makes later life problematic, adolescence may enjoy sex to satisfy their curiosity using contraceptive measure to avoid pregnancy and there is harm in enjoying sex before attaining the age of 18.

Attitude towards HIV/AIDS

On the risks of being infected by HIV/AIDS, it is found from table 1 that all groups of students had high level of attitude as the mean attitude scores converted to percentage ranged from 67.24% to 74.66%. The results indicate that all the high school students of Mizoram were found to have healthy attitude on the risks of being infected by HIV/AIDS. They were of the opinion that HIV/AIDS infected people are the victims of their own irresponsible behaviour, adolescents are prone to HIV/AIDS if they show irresponsible behaviour, majority of HIV/AIDS infected people may be married persons, HIV/AIDS is most common among drug users and prostitutes, students with HIV/AIDS should continue their studies, it is possible to prevent HIV/AIDS transmission only through creative awareness and adolescence should not be tempted to experience on sex and drugs.

Comparison of Attitude of Different Groups

Comparison of attitude of various groups towards healthy adolescence behaviour revealed that there was significant difference between urban male and rural male students and also between urban female and rural female students on sexuality and HIV/AIDS. Table 1 reveals that rural male and rural female students had healthier attitude than their urban counter parts on both the components. Further, the male and female secondary school students also differed significantly on consuming tobacco, consuming alcohol and/or drug and sexuality. Table 1 reveals that rural female students had healthier attitude than the male students on all the three components. Significant difference was also found between urban and rural high school students on sexuality and HIV/AIDS. Table 1 reveals that rural students had healthier attitude than the urban students on both the components.

Summary

On Attitude of Urban and Rural Secondary School Students of Mizoram towards Healthy Adolescent Behaviour

- On the tobacco component of healthy adolescence behaviour, all the high school students of Mizoram were found to have healthy attitude on the risks of use of tobacco. They were of the opinion that there is harm in consuming tobacco as it is not that harmful as it is being propagated, adolescence is not the right period to experiment taking tobacco, smoking cigarette and consuming tobacco do not give a superior identity, everybody feels pity for tobacco consumers, everyone who tried consuming tobacco eventually regrets it, consumption of tobacco products by the adolescents prompts them to steal money, and various media do not exaggerate the ill effects of tobacco.
- On the alcohol and drugs component of healthy adolescence behaviour, all the high school students of Mizoram were found to have healthy attitude on the risks of alcohol and drugs. They were of the opinion that consuming alcohol and/or drugs is harmful as it is being propagated, adolescence is not the right time to experiment on alcohol and/or drug, drinking alcohol and/or taking drug do not make a person feel superior, everyone who tries consuming alcohol and/or drug eventually regret it, adolescence students consuming alcohol and/or drug pick pocket their parents, consumption of alcohol and/or drug products by the adolescents prompt them to commit crime for money and various media do not exaggerate the ill effect of alcohol and/or drug.
- On the sexuality component of healthy adolescence behaviour, all the high school students of Mizoram were found to have healthy attitude on the risks of indulging in sexuality. They were of the opinion that only married people should have sex, it is against cultural values to have sex before marriage, adolescence is not the right time to experience sex, there is harm to enjoy sex during adolescence with mutual consent of partners, having sexual activities during adolescence makes later life problematic, adolescence may enjoy sex to satisfy their curiosity using contraceptive measure to avoid pregnancy and there is harm in enjoying sex before attaining the age of 18.
- On the HIV/AIDS component of healthy adolescence behaviour, all the high school students of Mizoram were found to have healthy attitude on the risks of being infected by HIV/AIDS. They were of the opinion that HIV/AIDS infected people are the victims of their own irresponsible behaviour, adolescents are prone to HIV/AIDS if they show irresponsible behaviour, majority of HIV/AIDS infected people may be married persons, HIV/AIDS is most common among drug users and prostitutes, students with HIV/AIDS should continue their studies, it is possible to prevent HIV/AIDS transmission only through creative awareness and adolescence should not be tempted to experience on sex and drugs.

Findings of Different Analyses

Comparison of attitude of various groups towards healthy adolescence behaviour revealed that there was significant difference between urban male and rural male students and also between urban female and rural female students on sexuality and HIV/AIDS. Rural male and rural female students were found to have healthier attitude than their urban counterparts on both the components. Further, the male and female high school students also differed significantly on consuming tobacco, consuming alcohol and/or drug and sexuality. Rural female students were found to have healthier attitude than the male students on all the three components. Significant difference was also found between urban and rural secondary school students on sexuality and HIV/AIDS. Rural students were found to have healthier attitude than the urban students on both the components.

Conclusion

The study revealed that the high school students of Mizoram, have a healthy adolescence behaviour on sexuality and HIV/AIDS irrespective of their gender and locality, have high level of awareness about the consequences of adopting risky behavior. It may be due to the fact that they must have seen and heard about the victims who had succumbed to their risky habits in their locality and may be among their relatives. Moreover, being the active members of different voluntary organizations, they render their services in performing rituals as per their social customs and traditions which had made them aware of the consequences of risky behaviour. It is desired that their awareness must be reflected in their behavior. The adolescents must be guided not to adopt any negative habit which would endanger their lives. The parents and guardians and also the leaders of social organizations are required to have a vigilant eye on the behavior of the adolescents.

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