

A study on the Practices of High School Students on Risky Adolescence Behaviour

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Abstract

Adolescence is the most critical and vital stage of the life of any individual. It is a very significant period to plan and to fulfil one's dreams and aspirations. This stage is also characterized by ignorance or wrong choices often leading to many complications in the future. Besides, many adolescents develop wrong habits being tempted by instincts or due to wrong associations. They indulged in such activities to enjoy temporary comfort which is termed as risky behaviour. The objective of the present study is to find out the practices of high school students on risky adolescence behaviour. For the study, a sample of 600 students of the age group 13-18 years and belonging to urban and rural areas in Mizoram was selected. The study revealed that irrespective of their locale a high percentage of high school students engaged in risky adolescence behaviour.

Keywords: *Practices, Risky Behaviour ,Adolescent/ Adolescence*

Introduction

Adolescence is the most critical and vital stage of the life of any individual. It is the stage which begins at the end of childhood and ends at the beginning of adulthood (maturity). Poets have often described it as the spring of life and an important period in the total life span of human. It is at this stage that an individual undergoes through fast radical changes in the physical, mental, moral, spiritual, sexual and social aspects. However, on the other hand, this stage is marked by worries, anxieties, conflicts and habit formation.

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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 in 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.

Adolescents go through changes to fit in a larger society as responsible members and to shoulder different responsibilities in the family and in the society. The problems of adolescents may vary in different societies as the practices of upbringing the children are different and very much culture specific. It implies that the adolescents have to be given special attention and they need to be handled with special care and understanding and should never be ignored. As the future of any nation depends upon the kind of its human resources, investing time and resources for adolescents is very essential. Investments on adolescents not only reflect socio-economic growth of the nation but also to the concerns of the society like community harmony, gender integrity, public stabilization and humanizing the value of life. They require to help themselves and to be helped to do it with availability of all types of facilities required for harmonious development of their personality.

Rationale

Mizoram is one of the fastest developing societies in the country when it comes to societal development, education, fashion and music industry, tourism etc. While traditions and customs are revered and practised yet the Mizo society have undergone tremendous changes when it comes to their way of life and the society in general. In fact, Mizos have westernized themselves to a great extent due to the impact of globalisation and technological advancements in all spheres of life. Like everyone else adolescents have also been deeply impacted. Traditionally, the Mizo culture has always given freedom to young boys and girls to interact with the opposite sex from an early age. However, in today's time high voltage advertisements along with Facebook, Instagram, Reels, online chats, sex and crime related scenes in modern pictures have greatly influenced the behaviour of vulnerable adolescents throughout our country in general and the Mizo boys and girls in particular. Exposure to such things and normalising many social evils as part of the 'woke' culture everywhere around the world, unfortunately, have led to a rise in alcoholism and Drug abuse, unprotected

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sexual activities, unwanted teenage pregnancies, abortions, rise in numbers of unwed mothers, prostitution, rape, murder, HIV, STD etc., even among Mizo adolescents. Keeping this in view, the study was conducted to study the Practices of High School Students on Risky Adolescent Behaviour in Mizoram and to suggest necessary measures to promote healthy adolescent behaviour in order to lead a happy and successful life.

Objectives

1. To examine the practices of urban and rural high school students of Mizoram on risky adolescent behaviour.
2. To suggest measures for promoting healthy adolescent behaviour among the high school students of Mizoram.

Null hypothesis

For the present study the following null hypothesis has been formulated for objective no.1

Ho= There is no significant difference between urban and rural high school students with regard to their practices on risky adolescence behaviour

Methodology

For the present study descriptive survey method was followed.

Population and sample

The population in the present study consists of all high school students who are adolescent between the ages of 13-18 years. The total sample of the study comprised of 600 high school students comprising of 300 urban high school students and 300 rural high school students.

Tools used for data collection

A questionnaire to assess the practices of high school students relating to adolescence behaviour constructed by the investigators was used.

The questionnaire consisted of 30 items of multiple-choice type and alternative response types (YES and NO) to reveal the practices on four components viz., tobacco use, alcohol and other substances, sexuality, and HIV/AIDS.

Mode of data collection

For the present study, data was collected from primary and secondary sources. Primary data was collected from two districts out of the eight districts of Mizoram among high school students studying in urban and rural areas in Mizoram.

Analysis of data

Data collected was analysed quantitatively using descriptive statistics like frequency, percentage, mean, S.D, and t- tests.

Findings and interpretation

The findings of the present study are presented in the following tables followed by item wise interpretation.

Table 1
Practices of High School Students on the use of Tobacco

Items No.	a		b		c		d		e	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
1	73%	54%	30%	20%	35%	29%	27%	36%		
2	35%	19%	13%	5%	29%	29%	40%	52%	10%	8%
3	91%	88%	13%	12%	4%	3%	6%	1%	11%	9%
4	57%	56%	34%	20%	19%	12%	8%	20%	7%	2%
5	42%	33%	64%	45%	4%	5%	50%	58%		
6 (a)	YES					NO				
	Urban		Rural		Urban		Rural			
	70%		73%		30%		27%			
6 (b)	i		ii		iii		iv			
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural		
	31%	33%	12%	12%	20%	24%	21%	19%		
7 (a)	YES					NO				
	Urban		Rural		Urban		Rural			
	45%		49%		55%		51%			

From Table no.1, following interpretations have been made:

Item no.1 reveals that 73%, 30%, 35% and 27% of urban high school students smoke cigarette, chew tobacco, gutkha and paan respectively. Among the rural students; 54%, 20%, 29% and 36% responded that their friends smoke cigarette, chew

tobacco, gutkha and paan respectively. Besides these other local tobacco products like tuibur and sahdah are also popular among both urban and rural students.

Item no. 2 reveals that 35%, 13%, 29%, 40% and 10% of urban high school students started to chew tobacco products at home, when attending NGO activities like YMA, KTP, at a party, in the schools and school camps respectively for the first time. Among the rural students; 19%, 5%, 29%, 52% and 8% responded that they started tobacco products at home, attending NGO activities like YMA, KTP, at a party, in the schools and school camps respectively for the first time.

Item no.3 reveals that 91%, 13%, 4%, 6% and 11% of urban high school students started tobacco products because of their friends, imitating family members and community leaders, advertisements and their idols respectively. Among the rural students, 88%, 12%, 3%, 1% and 9% responded that they were exposed to use of tobacco first time through friends, observing family members and community leaders, advertisements and idols, respectively.

Item no. 4 reveals that among urban high school students 57%, 34%, 19%, 8% and 7% responded that their friend started tobacco products for the first time due to their curiosity, peer pressure, encouraged by elders, status projection and to attract opposite sex respectively. While the same is found to be the same among the rural students with 56%, 20%, 12%, 20% and 2% of their friends using tobacco products due to their curiosity, peer pressure, encouraged by elders, status projection and to attract opposite sex, respectively.

Item no. 5 reveals that 42%, 64%, 4% and 50% of urban high school students consuming tobacco products complain health problems like headache, stomach-ache, constipation and respiration, respectively. Among the rural students, 33%, 45%, 5% and 58% responded that their friends complain of health problems like headache, stomach-ache, constipation and respiration respectively.

Statements no.6 reveal that 70% of urban high school students answered 'Yes' while 30% answered 'No'. Besides, urban students reported that failure to give up tobacco was due to uncomfortable feeling (31%), foul smell of mouth (12%), lack of will power (20%) and peer pressure (21%). Among the rural students, 73% respondents answered 'Yes' while 27% answered 'No'. Similarly, the reason for rural students who failed to give up tobacco were 33%, 12%, 24% and 19% were due to their felt uncomfortable feeling (33%), foul smell of mouth (12%), lack of will power (24%) and peer pressure (19%).

Statements no. 7 reveals that 45% of urban high school students use tobacco while 55% do not use any tobacco products. Among the rural high school students, 49% take tobacco while 51% of the students do not use any tobacco products.

Table 2**Practices of High School Students on the use of Alcohol and other Substances**

Items No.	a		b		c		d		e		
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	
Alcohol and Other Substances	8	30%	38%	56%	45%	21%	22%	10%	8%	26%	25%
	9	26%	25%	10%	6%	44%	38%	40%	36%	8%	7%
	10	90%	88%	9%	10%	3%	3%	5%	3%	8%	10%
	11	55%	54%	33%	28%	24%	18%	5%	9%	8%	16%
	12	45%	30%	57%	55%	4%	4%	42%	44%		
	13 (a)	YES					NO				
		Urban		Rural		Urban		Rural			
		56%		58%		44%		42%			
	13 (b)	i		ii		iii		iv			
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural		
		11%	10%	42%	42%	5%	2%	10%	7%		
	14 (a)	YES					NO				
Urban		Rural		Urban		Rural					
25%		23%		75%		77%					

Item –no.8 reveals that urban high school students consume liquor (30%), beer (56%), take pills (21%), sniff (10%) and use marijuana (26%). The rural students responded that their friends consume liquor (38%), beer (45%), take pills (22%), sniff (8%) and use marijuana (25%).

Item no. 9 reveals that the urban high school students reported 26%, 10%, 44%, 40% and 8% of their friends started taking alcohol and/or drug at home, when attending NGO activities like YMA, KTP, at a party, in the school and school camps, respectively for the first time. Among the rural students, 25%, 6%, 38%, 36% and 7% responded that their friends used alcohol and/or drugs products for the first time at home, attending NGO activities like YMA, KTP, at a party, in the school and school camps respectively.

Item no.10 reveals that 90%, 9%, 3%, 5% and 8% of urban high school students were exposed to use of alcohol and/or drugs through friends, imitation of family members and community leaders, advertisements and idols, respectively. Among the rural students, 88%, 10%, 3%, 3% and 10% were exposed to use of alcohol and/or drugs through friends, imitation of family members and community leaders, advertisements and idols, respectively.

Item no. 11 reveals that 55%, 33%, 24%, 5% and 8% of urban high school students started taking alcohol and/or drug products due to their curiosity, peer pressure, failure, frustration and to prove their masculinity respectively. Among the rural students, 54%, 28%, 18%, 9% and 16% responded that they started taking alcohol and/or drug products due to their curiosity, peer pressure, failure, frustration and to prove their masculinity respectively.

Item no. 12 reveals that 45%, 57%, 4% and 42% of urban high school students consuming alcohol and drugs are affected by health problems like headache, stomach-ache, constipation and respiratory problems respectively. Among the rural students, 30%, 55%, 4% and 44% complain of health problem like headache, stomach-ache, constipation and respiration respectively.

Item no.13 reveals that 56% of the urban high school students have knowledge of friends trying to give up alcohol and/or drugs but they fail to do so. The reason for not giving up was due to depression, addiction, psychological disorders and worsening health and peer pressure as responded by 11%, 42%, 5% and 10% respectively. Among the rural students' 58% respondent that they know their friends trying to give up alcohol and/or drugs but they fail to do so. The reason for not giving up was due to depression, addiction, psychological disorders and worsening health and peer pressure as responded by 10%, 42%, 2% and 7% respectively.

Item no. 14 reveals that 25% of the urban high school students reported that they consume alcohol and/or drugs. while 23% of rural high school students reported the same.

Table 3

Practices of High School Students relating to Sexuality

Items No.	a		b		c		d		e		f		
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	
Adolescents and Sexuality	15	40%	1%	10%	8%	21%	13%	15%	17%	18%	27%	29%	35%
	16	10%	11%	18%	24%	13%	16%	34%	20%	30%	27%		
	17	68%	60%	9%	13%	2%	7%	16%	13%				
	18 (a)	1% - 25%		26% - 50%		51% - 75%		76% - 100%					
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural				
		19%	21%	31%	29%	36%	29%	18%	13%				
	18 (b)	1% - 25%		26% - 50%		51% - 75%		76% - 100%					
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural				
		32%	40%	38%	33%	18%	20%	11%	6%				

Adolescents and Sexuality	19	a		b		c		d					
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural				
		17%	19%	37%	44%	5%	5%	49%	34%				
	20 (Boys)	a		b		c							
		Urban	Rural	Urban	Rural	Urban	Rural						
		4%	1%	36%	20%	48%	72%						
	20 (Girls)	a		b		c							
		Urban	Rural	Urban	Rural	Urban	Rural						
		6%	1%	42%	35%	49%	55%						
	21	a		b		c		d		e			
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural		
		6%	2%	5%	5%	5%	10%	11%	11%	12%	18%		

Item no.15 reveals that among the urban high school students, 40% believe that their friends are involved in sexual activities, 10% reported that 75%-99% are involved in sexual activities, 21% reported that 50%-74% are involved in sexual activities, 15% reported that 25%-49% are involved in sexual activities, 18% reported that below 25% are involved in sexual activities and 29% reported that none is involved in sexual activities. Among the rural high school students, 1% reported that all are involved in sexual activities, 8% reported that 75%-99% are involved in sexual activities, 13% reported that 50%-74% are involved in sexual activities, 17% reported that 25%-49% are involved in sexual activities, 27% reported that below 25% are involved in sexual activities and 35% reported that none is involved in sexual activities.

Item no.16 reveals that 10%, 18%, 13%, 34% and 30% of urban high school students usually indulge in homo sex, hetero sex, oral sex, touching private part and dating respectively. Among the rural students, 11%, 24%, 16%, 20% and 27% usually indulge in homo sex, hetero sex, oral sex, touching private part and dating respectively.

Item no.17 reveals that 68%, 9%, 2% and 16% of urban high school students usually indulge in sexual activities with their own boy/girlfriends, senior/junior students, teacher/staff of the school and local young boys/girls respectively. Among the rural students, 60%, 13%, 7%, and 13% usually indulge in sexual activities with their own boy/girlfriends, senior/junior students, teacher/staff of the school and local young boys/girls respectively.

Item no.18 reveals that among the urban high school students, 19%, 31%, 36% and 18% are of the opinion that males are the first to signal/approach the females in cases of 1%-25%, 26%-50%, 51%-75% and 76%-100% respectively. Further, among

the urban students 32%, 38%, 18%, and 11% opined that females are the first to approach males in cases of 1%-25%, 26%-50%, 51%-75% and 76%-100% respectively. Whereas, among rural students, 21%, 29%, 29%, and 13% are of the opinion that males are the first to signal/approach the females in cases of 1%-25%, 26%-50%, 51%-75% and 76%-100% respectively. Further, among rural high school students, 40%, 33%, 20%, and 6% were of the view that females are the first to approach males in cases of 1%-25%, 26%-50%, 51%-75% and 76%-100% respectively.

Item no. 19 reveals from table 3 that, 17%, 37%, and 5% of urban high school students reported that their friends used to take pills, condom, and traditional medicines as contraceptive measures to enjoy sex respectively. But, 49% of urban school students reported that they were not aware of it. Among the rural students, 19%, 44%, and 5% reported that their friends used to take pills, condom, and traditional medicines as contraceptive measures to enjoy sex respectively. But, 34% of rural high school students reported that they were not aware of it.

Item no.20 reveals from table no.3 that, 4%, 36%, and 48% of the urban high school students believed that between 9-12 years, 13-16 years, and 17-20 years respectively, boys usually indulged in sexual activities. Whereas, 6%, 42%, and 49% of the urban students believed that between 9-12 years, 13-16 years, and 17-20 years respectively, girls usually indulged in sexual activities. Similarly, 1%, 20%, and 72% of the rural high school students believed that boys usually indulged in sexual activities between 9-12 years, 13-16 years, and 17-20 years respectively. Further, 1%, 35%, and 55% of the rural students believed that girls usually indulged in sexual activities between 9-12 years, 13-16 years, and 17-20 years respectively.

Item no.21 reveals that 4.08, 6%, 5%, 5%, 11% and 12% of urban high school students reported that they were involved in sexual activities like homo sex with their own boy/girlfriends, hetero sex with senior/junior students, oral sex and touching private parts, and dating respectively. The rest 69% reported that they were not involved in any sexual activities. Among the rural students, 2%, 5%, 10%, 11% and 18% responded that they were involved in sexual activities like homo sex with their own boy/girlfriends, hetero sex with senior/junior students, oral sex and touching private parts, and dating respectively. The rest 56% reported that they were not involved in any sexual activities.

Table 4
Practices of High School Students relating to HIV/AIDS

Items No.	a		b		c		d		
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	
Practice relating to HIV / AIDS	22	29%	26%	37%	29%	66%	64%	5%	18%
	23	a		b		c		d	
		Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
		39%	34%	37%	38%	27%	23%	5%	10%
		YES		NO					
		Urban	Rural	Urban	Rural				
	24	88%	90%	12%	10%				
	25	88%	93%	12%	7%				
	26	54%	40%	46%	60%				
	27	86%	83%	14%	17%				
28	5%	4%	95%	96%					
29	10%	25%	90%	75%					
30	1%	1%	99%	99%					

Item no.22 reveals from table 4 that, urban high school students have knowledge of HIV/AIDS infected persons. According to their knowledge, 29%, 37%, 66% and 5% reported that they were infected by blood transfusion, sharing needles, sex, and pre-natal infection respectively. The rest 3% were ignorant of such patients. Among the rural students, 26%, 29%, 64%, and 18% responded that they have knowledge of HIV/AIDS infected persons who got infected by blood transfusion, sharing needles, sex, pre-natal infection respectively. The rest 8% were ignorant of such patients.

Item no.23 reveals that urban high school students treat HIV/AIDS infected persons sympathetically. 39% and 37% of urban students reported that their friends treat HIV/AIDS infected persons by providing medical care and encouraging them to attend counselling, but, 27% and 5% refrain from helping out due to fear and stigma respectively. Similarly, among the rural students 34% and 38% responded that their friends treat HIV/AIDS infected persons by providing medical care and encouraging them to attend counselling, but 23% and 10% refrain from helping out due to fear and stigma respectively.

Item no.24 reveals that 88% of urban high school students answered ‘Yes’ while 12% answered ‘No’ to the question “do you feel pity for HIV/AIDS victims?”.

Among the rural students, 90% of school students answered ‘Yes’ while 10% of them answered ‘No’ to the same question.

Item no. 25 reveals that 88% of urban high school students answered ‘Yes’ while 12% answered ‘No’ to the question “are you afraid of HIV/AIDS infection?”. In case of rural students, 93% answered ‘Yes’ while 7% answered ‘No’ to the same question.

Item no.26 reveals that 54% of urban students answered ‘Yes’ while 46% answered ‘No’ to the question “have you ever discussed among your friends about the precautions that one should take to avoid HIV/AIDS infection?”. Among the rural students, 40% answered ‘Yes’ while 60% answered ‘No’ to the same question.

Item no. 27 reveals that 86% of urban high school students answered ‘Yes’ while 14% answered ‘No’ to the question “If one of your friends is tested positive for HIV/AIDS, would you still associate with him/her?”. Among the rural students, 83% answered ‘Yes’ while 17% of them answered ‘No’ to the same question.

Item no.28 reveals that 5% of urban secondary students answered ‘Yes’ while 95% answered ‘No’ to the question “Have you ever had sex with a person who had the risk of getting HIV/AIDS?”. Among the rural students, 4% of secondary students answered ‘Yes’ while 96% of them answered ‘No’ to the same question.

Item no. 29 reveals that 10% of urban students answered ‘Yes’ while 90% answered ‘No’ to the question “Do you know any of your friends who indulged in unsafe practices that may result in HIV/AIDS infection?”. Among the rural students, 25% of secondary students answered ‘Yes’ while 75% of them answered ‘No’ to the same question.

Item no. 30 reveals that 1% of both urban and rural high school students answered ‘Yes’ while 99% answered ‘No’ to the question “Have you ever shared needles with a drug abuser who had the risk of HIV/AIDS?”.

Table – 5

t-value for High School Students compared on four components of risky Adolescence Behaviour

Groups	Components			
	Tobacco	Alcohol & Drugs	Sexuality	HIV/AIDS
Urban Vs. Rural	0.35	0.95	0.95**	0.90**

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

Table 5, reveals that the calculated t-value for urban and rural students is less than the table values at 0.01 and 0.05 levels of significance. Therefore, the null hypothesis can be accepted.

Hence, it can be concluded that there is no significant difference between urban and rural high school students with regard to their practices on risky adolescence behaviour.

Major findings

From the present study it was found that large number of students were consuming tobacco and alcohol products with their friends mainly due to peer pressure, curiosity and in environments like social gatherings etc.

It was also found that on sexual related practices and HIV/AIDS infection, there were fewer percentages of students involved in sexual activities. The reason could be due to their awareness and fear of the risks of HIV/AIDS infections and the terminal effects.

Suggestions

On the basis of the present findings the following suggestions have been made.

- Mizoram Board of School Education (MBSE) should incorporate more contents in the curriculum and text books relating healthy adolescence behaviour.
- Mizoram Board of School Education (MBSE) should suitably design and schools should organize co-curricular activities for promotion of healthy adolescence behaviour at high school level.
- In-depth and systematic awareness about the risks of adolescence behaviour should be developed among teachers.
- The school should conduct lectures/ seminars/workshops inviting experts from various organisations and in various areas to promote healthy adolescence behaviour.
- Child centred pedagogy is the most effective way for promoting healthy adolescence behaviour among the secondary school students and it should be followed in schools.
- The Adolescence Education Program (AEP) should be carried out stringently in the school as laid down by the SCERT. The schools should devote at least one hour minimum in a week to carry out this program as per the guidelines and rules laid down by SCERT.
- The concerned government departments like Education, Health and Family Welfare, Social Welfare should organize programmes for students at the local and national levels for better understanding of healthy adolescence behaviour.

- All acts, laws etc. related to use of tobacco, use of alcohol and drugs and underage sexual activities should be discussed among the students and teachers by organizing seminars in the schools.
- In serious cases faced by students, the school must coordinate with the parents of the students and give advice on how to take necessary measures.
- National and International days of importance such as National Youth Day (12th January), World AIDS Day (01th December), World NO Tobacco Day (31th May), World NO Alcohol Day (02th October), World Health Day (07th April), International Day Against Drugs Abuse and Illicit Trafficking (26th June) needs to be observed and activities related to the given day should be carried out by the school.
- Schools should work together and cooperate with the community to create an overall knowledge about the healthy life skills among the adolescence in a particular area.
- For development of healthy adolescence behaviour, education should be imparted through in-formal and non-formal ways.
- The activities of NGOs should be assessed and NGOs involved in promoting healthy adolescence behaviour should be fully supported.

Conclusion

Today's youth are living in societies which are fast developing under the impact of modernization, with little access to reliable information and lesser adult counsel. As a result, parents and educators are often confronted with young people's questions and expectations, which tend to challenge the established norms and principles and reveal inadequate preparation for coping with various demographic pre-occupations.

Adolescence is a stage of learning new things and is characterized by curiosity; the onus is on the teachers and the educational system as role models to create healthy habits and provide life skills to the students. The class room, teachers and educational institutions have a huge role to promote healthy adolescence behaviour because apart from the home environment students spend more time in the schools. It is considered appropriate for the school to bridge this gap. Just as the school prepares the young for the responsibilities of adult citizenship, it should also begin to share with the students the task of parenthood, sexuality and family life. In fact, everyone has a responsibility to help inculcate healthy adolescence behaviour in the family, community, school, neighbourhood etc if we are to produce good and healthy future generations.

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