International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Risky Behaviour among Adolescent Boys: A Sociological Study

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Abstract: ***Adolescence often described as a phase of curiosity, self-exploration and adventure, is also a period when individuals experiment with behaviours that can place their as well as others safety, health and future at risk. Whether concerning to substance abuse, unsafe social media exposure, reckless sexual behaviour or driving, risky behaviour among adolescents has become a growing concern worldwide. As the adolescents negotiate with this transition from childhood to adulthood, they face immense pressure from family, peer-group and society. The enormity of the issue demands a closer understanding of the determinants and factors of risky behaviour among adolescents. The present study seeks to comprehend how adolescent boys perceive and engage in risk taking activities as well as how do they locate themselves within their family and school environment, peer-groups and media exposure.***

Keywords: Adolescence, Risk Taking, peer group, rebellious

1. Introduction

"Kochi: Njarackal police, probing the incident where a minor boy allegedly caused multiple accidents while driving along Vypeen- Munambam route, will submit a detailed report to motor vehicles department (MVD) on Monday. he 15-year-old's reckless driving resulted in an elderly women sustaining severe injuries" (November, 02, 2025 The Times of India).

"Pune: The Bibvewadi police on Saturday detained nine people - two youngsters and seven minors - for vandalising seven vehicles and triggering panic in the New Padmavati area around midnight. The two detained are 20 years old and live in the New Padmavati area while minors detained are between 12-17 years old" (May 18, 2025, The Times of India).

Frequency of such news appearing in media wherein adolescents are embroiled in some dangerous situation is concerning. The contents of such news are related to accidents alcoholism, reckless driving, stealing, vandalism, violence in everyday life or even killing by young people/teenagers. Incidences in such alarming proportions have shaken the conscience of society.

The Concept of Adolescence

Adolescence is popularly seen a period of transition and rapid change. Derived from Latin word *adolescere,* the terminology means 'to grow'. In contrast to more stable periods of childhood and adulthood, this phase is characterized by accelerated physical, social, psychological and cognitive developments within the 'context of sociocultural factors' (Larsen and McKinley, 1995).

According to Kathleen Whitmire, adolescence 'is a bridge between childhood and adulthood, *however* qualitatively different from the other two life stages that it joins, with its own unique set of interdependent cognitive, linguistic and social developmental goals' (Whitmire, 2000, 2).

Adolescence being '*multifaceted* change is encountered differently by different individuals' on the basis of their unique emotional, physical and cognitive development (Ibid 2). To some, this transition can be 'orderly and serene' while to others it may be 'turbulent and unpredictable' (Hartzell, 1984, 2). Practically, adolescence has been considered as a period of 'storm and stress' (Hall, 1904, 16), 'disturbance' (Offer, Ostrov, and Howard, 1981) 'alienation' (typically from parents and society) (Coleman, 1961).

Given the complexity of the stage, adolescence has been further categorized into early (ages 10–13 for girls and 12–15 for boys), middle (ages 13–16 for girls and 14–17 for boys), and later stages (age 16 or 17 to the early or mid-20s) of adolescence: each having its own set of traits. The World Health Organization described adolescence as: "the life stage between 10 and 19 years, that occur following childhood and before adulthood'. It is a unique stage of human development and an important time for laying the foundations of good health" (WHO, 2026).

From sociological perspective, though adolescence is a well-defined stage in all societies, the age norms may vary. Within the course of our lives certain functions are allocated to us which need to be fulfilled. These assigned status and roles can range from the attainment of academic milestones to dealing with social norms, sexuality or/and marriage. Apart from these social expectations, adolescents continuously keep evaluating their own development by comparison to their peers. Thus, adolescence is always demarcated by normative context, as a 'preparatory phase' for a successful adult of life. Researchers like Margaret Mead (1928), Peter Blos (1979), try to understand adolescents as a *nascent adult* who is about to assume a lifelong status within social maze:

1) The social institutions like family, neighborhoods, schools, and workplaces, in which adolescents develop, play a significant role in shaping their values, attitudes, behaviours, and social identities.
2) The way society regards their maturing members shape adolescent members' understandings, expectations,

opportunities and facilitate smooth transition into adulthood.

3) Adolescents all over the world experience culturally defined rites of passage that define their transition from childhood to adulthood. During this phase, they being suspended between two groups: 'family of orientation and family of procreation'. To compensate for this temporary 'marginal status' they form and participate in adolescent- subcultures, which provide them a sense of *identity* and distinct *shared norms*.

Thus, during adolescence, as an individual experiences multiple transitions (Whitmire, ibid. 3), namely, biological and social indicators like cognitive maturation, personality development (identity formation) and social changes (like uncertainty of social roles, emphasis on peer relationships and pulling away from parents). Adults' experience of defiance, moodiness, and unconventional subculture like clothing, music, and hairstyles and tattooing (Dwivedi, 2024, 63) has been called as 'typical turbulent phase' of adolescent behaviour. These as well as many more characteristics are used in definitions of adolescence.

While most of them pass through this ambiguous and turbulent phase easily and successfully and become productive and well-adjusted adults, there has been an increasing apprehension that several others may not achieve this goal (Irwin and Millstein, 1986). The second decade of life i.e., adolescence, according to several researchers is marked as period of '*heightened risk taking*, when majority of the *morbidity and mortality events, major* dangers *to the health, wellbeing* and *life* have behavioural origin'. Conceptually, the term *risk-taking behaviour* has been linked to a number of potentially health-damaging behaviour.

2. The Concept of Risk-Taking Behaviour

The study of risk-taking behaviour gained momentum in 1980s. The main reasons of 'adolescent mortality and morbidity are not of bio-medical in origin but a consequence of behaviour or life-style practices' (Irwin and Millstein, Ibid). Further, Irwin explained *adolescent risk taking* behaviours as those "undertaken volitionally, whose outcomes remain uncertain with the possibility of an identifiable negative health outcome" (Irwin 1990).

Irwin maintained that adolescent risk-taking rather than being isolated acts are interrelated domains of behaviour comprising health-damaging actions. While proposing a *biopsychosocial model* he argued that 'sexual behaviour, substance use and vehicle use often share similar underlying onset mechanisms' (Ibid).

The definition of risky behaviour adopted by Furby and Beyth-Marom is:

'Action (or inaction) that entails a chance of loss' (Furby and Beyth-Marom, 1990, 7). The definition of risk taking adopted by them is 'engaging in risky behaviour', for example, engaging in Marijuana (Ibid)

J. Frank Yates in his work, *Risk-Taking Behaviour* (1992) described risk as 'multidimensional' and delineated its elements as 'consideration of potential loss, probability of loss, and significance of the potential loss' (Yates, 1992, 5-6). So, any activity with ambiguous/uncertain outcomes may involve risk. Thus, Yates categorized risky behaviours as: 'those behaviours that involve the possibility of subjective loss related to self or others, or severe injury, legal implications or negative long-term effects' (Ibid 5-6).

Howard S. Becker's explanation of risk-taking behaviour is closely linked to his Labelling Theory and his work on social deviance. Becker in his seminal book *Outsiders,* argued that 'behaviours are not inherently risky or deviant by themselves; rather, they become defined as deviant through social reactions, norms, and labels applied by society' (1963). Becker suggested that members of society may get involved in risky or deviant behaviours through process of social interaction. Participation in groups where risky activities are accepted, influence individuals to acquire similar behaviours. From Becker's perspective, adolescent risk-taking behaviour can be understood 'as a social process rather than an individual problem'.

Similar to Becker's arguments, Edwin Sutherland proposed that an adolescent interacting with peers who smoke, consume alcohol, or engage in violence may gradually learn and justify the behaviour, and may develop positive attitudes that support the behaviour (Sutherland, 1974).

Robert Merton in his Strain Theory (also known as Anomie Theory) focussing chiefly on socio-economically disadvantaged groups, where 'common aspirations juxtaposed by the inability to achieve them was a driving factor behind deviance and crime'. Individuals who 'were not able to realize common, socially accepted ambitions through legal means, were forced down a path of criminal or deviant behaviour (risky) behaviour to achieve their goals' (1968).

Types of risk behaviour

Researchers have come up with several typologies of risk-taking behaviour that have negative impact on adolescent individual as well as society that he is member thereof. Eleonora Gullone, Moore, Moss and Boyd (2000) proposed four-fold categorization of Risk-taking behaviour:

1) **Thrill Seeking**: it incorporates extreme, adventurous activities that can be dangerous. For example, extreme sports, entering intense competitions etc.
2) **Rebellious**- these non-conformist behaviours can have grave consequences like smoking, substance use etc.
3) **Reckless**- it involves behaviour that may or may not have legal consequences but have consequences on health like, drunk driving, stealing cars etc.
4) **Anti-social**- these behaviours can have serious legal, social and personal consequences like cheating, vandalism teasing others (2000, 234-5).

In the study of risk behaviour by Youth Risk Behaviour Survey (YRBS), several such behaviours were classified into 6 categories: "(1) Behaviour that lead to un-intentional violence and injuries (2) Tobacco-use, (3) Use of alcohol and other drugs, (4) Risky sexual behaviour that contributing to unintended pregnancy and sexually transmitted diseases, (5) Unhealthy dietary behaviour, (6) Physical inactivity, including obesity and asthma" (CDC, 2014).

Casey Coleman and Wileyto argued that such risk behaviours tend to co-occur in youth and 'co-occurring risk factors increases with increasing age'. Consequently, establishment of *multiple risk behaviour patterns* in early life is concerning given as each additional risk factor is related with increased risk of developing co-morbid conditions to the individual (Coleman, Wileyto et al., 2014, 272-273).

From analysis of prevalent behaviours among adolescents, following of typology of risk- taking behaviour can be identified:

1) **Violence related behaviour**: According to The World Health Organization: 'violence is intentional use of physical force (threatened or actual) against oneself, another person/ group, or community that either results in or has a high likelihood of resulting in injury, death, psychological harm' (WHO, 2002). Wide range of behaviours like child abuse, hate crimes, gang-related fights, sexual assault, terrorism, etc. are included in this category.
2) **Substance Related Behaviour:** These include smoking cigarettes, alcohol and other drugs abuse, also termed as *consumption of psychoactive substances*.
3) **Risky Sexual Behaviour:** Unsafe sexual behaviour especially before 18 years of age, without use of contraceptives, and/or having multiple sexual partners is risky as they put individuals at danger of contracting life -threatening diseases like HIV/AIDS or other sexually transmitted diseases.
4) **Injuries Related Behaviour:** Reckless driving and ignorance towards safety measures are main causes of injuries among adolescents. Neglectful behaviour like not wearing helmet, seat belt or drunk driving, texting while driving, fall in this type of risk-taking behaviour.
5) **Unhealthy Dietary practices and sedentary lifestyle:** Behaviour related to unhealthy food as well inactivity are termed as risky behaviours as they may lead to either under-nutrition /mal-nutrition, or obesity.

Clustered Risky Behaviour

As observed in several studies, risk-taking behaviours do not occur in isolation, but in clusters. Researchers suggest that 'participation in one type of risk behaviour is connected to the possibility of indulging in other risky behaviours. In a 2004 study undertaken in Bangalore reported that 4 to 5 risk behaviours/conditions co-existed in a single individual at a given time (Gururaj et al., 2004). National Household Survey also reported that over 26 percent of men who depended on alcohol, also had high prevalence of Sexually Transmitted Infections (Pandey et al., 2012).

Theoretical Approaches to Risk Taking Behaviour Among Adolescents

Risk taking is a common behavioural pattern among adolescents since rapid growth and new factors and new capacities hasten new situations and opportunities- but also risks to health and well-being. However, due to the detrimental effects on the individuals as well as on others, scholars have been trying to understand the dynamic characteristics of risk-taking behaviour in adolescents. Numerous psychological and sociological models and theories have been proposed to understand the phenomenon. A summary of the theories is listed below.

Table 1: Summary of Theoretical Proposition on Risk Taking Behaviour Among Adolescents

Serial No.	Theory	Discipline	Key Theorist(s)	Main Idea	Explanation of Adolescent Risk-Taking
1	Problem Behaviour Theory	Psychological	Richard Jessor and Shirley Jessor (1977)	Risk behaviours arise from the interaction of personality, perceived environment, and behaviour systems.	Adolescents engage in multiple risk-taking behaviours due to personal values, peer influences, and environmental factors.
2	Dual Systems Model	Psychological	Laurence Steinberg (2010)	The brain's reward system develops faster than the self-control system during adolescence.	Increased sensation-seeking and immature impulse control make adolescents likely to take risks.
3	Theory of Planned behaviour	Psychological	Icek Ajzen (1987)	Behaviour is influenced by attitudes, subjective norms, and perceived behavioural control.	Adolescents are likely to take risks if they view them positively, have peers' approval and think they can manage the consequences.
4	Social Learning Theory	Psychological	Albert Bandura (1977)	People learn behaviours by observing and imitating others, especially their role models.	Adolescents imitate risky behaviours of peers, family members and media.
5	Cognitive Development Theory	Psychological	Jean Piaget (1936)	Cognitive abilities develop through stages, affecting reasoning and decision-making.	Although adolescents have abstract thinking abilities, they may underestimate risks due to limited experience and judgement.
6	Psychosocial Development Theory	Psychological	Erik Erikson (1950)	Adolescence is the stage of identity versus role confusion.	Risk-taking occurs since adolescents explore identities and seek independence.
7	Social Identity Theory	Sociological / Social Psychological	Henri Tajfel and John Turner (1978)	Individuals derive identity from group-membership.	Adolescents engage in risky behaviours to gain acceptance and maintain status within their peer groups.
8	Differential Association Theory	Sociological	Edwin Sutherland (1934)	Deviant behaviour is learned through social interaction.	Association with peer groups who engage in risky behaviour increases the likelihood of similar behaviour.

9	Strain Theory (Anomie Theory)	Sociological	Robert K. Merton (1968)	Social pressure to achieve goals without equal access to opportunities can lead to deviance.	Adolescents experiencing inequality, stress or blocked opportunities may resort to risky or delinquent behaviour.
10	Social Control Theory (Social Bond Theory)	Sociological	Travis Hirschi (1969)	Strong social bonds discourage deviant behaviour.	Weak attachment to family, school, or community is related to risk-taking behaviour.
11	Ecological Systems Theory	Sociological / Developmental	Urie Bronfenbrenner (1979)	Human development is shaped by multiple environmental systems.	Adolescent risk-taking is affected by family, school, peers, community, culture, and other societal factors.
12	Biopsychosocial Model	Psychological	Charles Irwin and Susan Millstein (1986)	Risk behaviours result from an interaction between biological, psychological social factors.	Risk behaviours is a complex of biological (genetic, hormonal predisposition), psychological (risk perception, egocentrism, self-esteem, mood) and social factors (socio-economic status, parenting-styles, peer group etc).

The Psychological theories and models rely largely on individual cognition, personality, emotions, brain-development and decision-making to understand risky behaviour, sociological theories on the other hand focus on social structures, peer influence, family, culture, and environmental factors.

Gender Dimensions to Risk-Taking Behaviour

Several studies have observed that among adolescents- boys engage in more risk taking than girls (Ginsberg and Miller, 1982; Rosen and Peterson, 1990) as boys have higher activity levels and sometimes behave more impulsively than girls, which are also the factors that have been related to injury rates. In addition to psychological theories, there are findings that suggest that 'differential socialization' of sons and daughters play important role in boys being more prone to risk-taking than girls. For example, parents are less likely to control the exploratory behaviour of boys than girls, even if the boy's behaviour is judged to pose an injury risk (Block, 1983).

Similarly, boys are allowed to go further from home than same-age girls (Saegert and Hart, 1976) and are given more opportunities to play alone (Fagot, 1978), which results in boys receiving less direct supervision than girls. Thus, numerous factors have been considered in explaining why boys engage in more risk taking and are injured more often than girls. In Indian context, the study by KS Negi and SD Kandapal (2003) titled 'Prevalence of alcoholism among the males in a rural and urban area of district Dehradun' came with the findings that men consuming alcohol clearly outnumber women in both rural and urban set ups. Similarly, 2016 study, 'Epidemiological study of alcohol and tobacco consumption in people above 15 years of age in rural area of Nagpur, Maharashtra, India' found low prevalence of tobacco-consumption and non-consumption of alcohol among females.

The study: Data and Method

The present study focusses on risk taking activities of adolescent boys. Data for the study has been collected from 122 male respondents aged between 12-23 years residing in two urban villages **Maloya and Buterla** located in Chandigarh Capital Region.

These two villages are urban villages, surrounded by the city's administrative boundaries with population ranging between 10000 to 20000. Both the villages are surrounded by urban development but retain some of its village characteristics. While urban areas are considered more predisposed to risk behaviour, these villages due to their permeable boundaries as well as transportation and communication have come closer to urban way of life and its risks.

3. Method of Data Collection

Data were collected through unstructured, open-ended interviews, that allowed flexibility to participants to express their opinions and experiences. This method allowed the researcher to examine the topic in detail as well to ask follow-up clarifications whenever necessary, and get detailed qualitative data. Snow ball sampling (a non-probability sampling method) was employed in the research since the respondents were difficult to access. The process of interaction started with small group. They referred us to other respondents who fitted the inclusion criteria. Male respondents within the age group 12 and 23, who were willing to interact were interviewed. Respondents who were hesitant or reluctant to participate as well as female respondents within the said age-group were excluded.

The major aims of this study are to understand the issue of risk-taking among adolescent boys and to study the major determining factors that influence such behaviour and lifestyle. Also, this study attempts to grasp as how adolescent boys perceive and participate in risk-taking activities, while also examining the roles played by family and school environment, peer influence and media exposure since these factors will provide us with insights of the problems well as preventive measures for reducing risky behaviours.

Data analysis has been done in two stages: at the first phase, socio-demographic and other background characteristics of adolescent boys were studied. The second stage involved analysis and interpretation of responses related to participants' perception of family and school and the magnitude of their participation in risk taking behaviour.

4. Result and Discussion

The age distribution of the participants indicates that the major proportion of the respondents were within 15 to 17 age-group, accounting for 38.5 percent (n= 47) of the total sample;

followed by respondents aged 12 to 14 years, who consisted 25.4 percent (n=31) of the total participants. Around 17.2 percent respondents were between 18 to 20 years and 8.9 percent within 21 to 23 years.

As far as socio-economic category of the respondents is concerned, majority of them hailed from lower middle strata with family income ranging around Rs 30000 per month. In terms of caste composition, 64 percent of respondents belonged to castes listed as backward. The educational status of the respondents is that the majority of them i.e., 26.22 percent had attained middle school education, while 24.59 percent had high school education, 22.95 percent had completed primary schooling, and 21.31 percent had intermediate and above education. Also, 4.91 percent respondents were found to be illiterate.

Out of the total 122 respondents interviewed, 77.9 percent were not working, and just 22.1 percent reported being employed. The majority of the respondents were unemployed since most of them were still pursuing education and were financially dependent on their families.

Exposure to Mass Media

The exposure to mass media has been computed on the basis of the details of respondents' exposure to 5 mass media channels: print media (newspaper, magazine) radio; television; digital media (You Tube, social media platforms like Facebook, Instagram, WhatsApp, OTT); and cinema. Scores of 1, 2, 3, are assigned to responses *never, occasionally* and *frequently* respectively. The cumulative scores have been calculated for each respondent, which varies in range of 5 to 15, where scores between 5-7 is considered low exposure, 8 to 11 as moderate exposure and 12 to 15 as high exposure.

The distribution of respondents according to their exposure to mass media reveals that the majority of participants i.e. 40.2 percent had high exposure to mass media (n=49). This was followed by those with moderate exposure, accounting for 34.4 percent of participants (n= 42). A smaller proportion of respondents, i.e., 25.4 percent (n=31), had low exposure to mass media. As far as exposure to mass media is concerned, around 75 percent of respondents had moderate to high level of exposure, suggesting that mass media plays a crucial role in creating awareness of social environment and behaviours related to various social and health related risk taking.

Peers Taking Up Risky Lifestyle

While majority of respondents reported number of their close friends between 3-4 (43 percent); the distribution of respondents according to the number of peers involved in risky lifestyles shows that the largest proportion of adolescents, 45.9 percent (n=56) reported having 5 to 10 peers who engaged in risky behaviours. This was followed by 36.9 percent (n=45) respondents who had 2 to 5 peers involved in risky lifestyles. Only 17.2 percent (n=21) participants reported having 0 to1 peer engaged in such behaviours. These findings indicate that a majority of adolescents were exposed to peers involved in risky lifestyles. The incidences of a higher number of peers involved in risky behaviours increases adolescents' vulnerability to adopting similar behaviours through social learning, peer influence, as well as their desire for acceptance within the group.

Table 2: Social demographic profile of Respondents

1. Age	Frequency	Percent
12 to 14 years	31	25.4
15 to 17 years	47	38.5
18 to 20 years	21	17.2
21 to 23 years	23	18.9
Total	122	100
2. Caste Profile	Frequency	Percent
Schedule Caste	23	18.85
Backward Caste	78	63.9
Upper Caste	15	12.2
Other	6	4.91
Total	122	100
3. Educational Status	Frequency	Percent
Illiterate	6	4.91
Primary School	28	22.95
Middle School	32	26.22
High School	30	24.59
Intermediate and above	26	21.31
Total	122	100
4. Family Monthly income in Rs.	Frequency	Percent
Less than 10000	6	4.91
10000-20000	36	29.5
20000-30000	73	59.8
30000 and More	7	5.73
Total	122	100
5. Exposure to Mass Media	Frequency	percent
Less (score 5-7)	31	25.4
Moderate (score 8-11)	42	34.4
High (score 12-15)	49	40.2
Total	122	100
6. No. of Peers Taking up Risky Lifestyle	Frequency	Percent
0-1	21	17.2
2 to 5	45	36.9
5 to 10	56	45.9
Total	122	100
7. Number of Close Friends (Boys)	Frequency	Percent
1 to 2	56	34.4
3 to 4	38	42.6
More than 5	28	23
Total	122	100
8. Employment status	Frequency	Percent
Working	27	22.1
Not working	95	77.8
Total	122	100

5. Analysis of Family Environment Responses

The findings indicate (Figure 1) that many respondents perceive their family environment as generally protective and supportive. A majority (70 respondents) agreed that their parents discuss the consequences of risky behaviours, although 23 participants disagreed and 22 were uncertain. This suggests that while discussions about risk in the family set up is common, it is not universal.

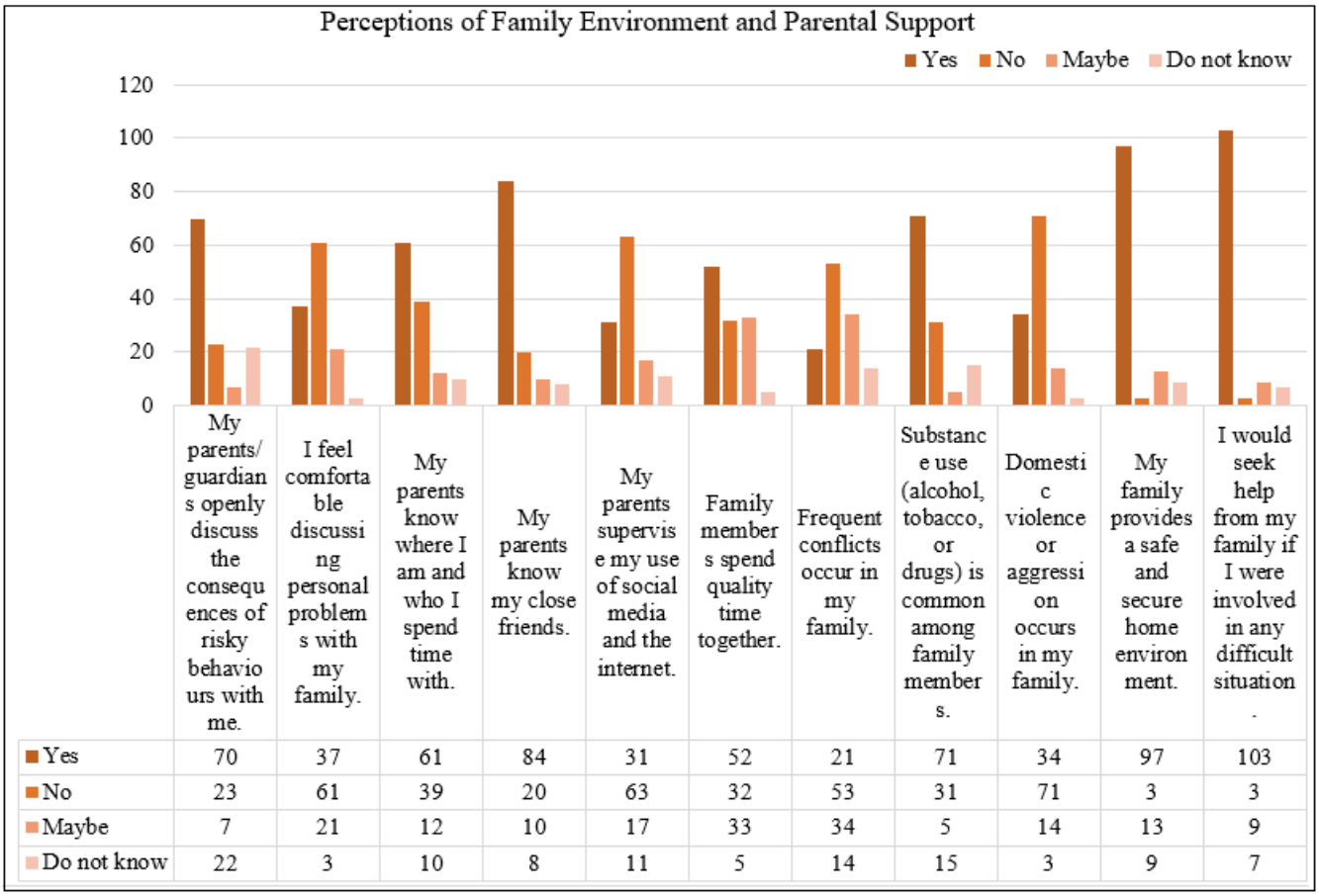
When asked regarding discussion of personal problems with family members, only 37 respondents felt comfortable in doing so, whereas 61 respondents did not, indicating limited emotional communication within families for many participants.

Parental monitoring appeared to be relatively strong. 61 respondents reported that their parents know where they are and with whom they spend time, while 84 respondents stated

that their parents know their close friends. However, supervision of social media and internet use was weaker, with only 31 respondents reporting parental supervision compared to 63 respondents who did not face such supervision.

Regarding family relationships, 52 respondents agreed that family members spend quality time together, although 33 respondents selected 'Maybe,' suggesting variability in family interactions. Reports of family conflicts were relatively low, with 21 respondents agreeing that conflicts often occur while 53 respondents denying frequent conflicts.

Most participants indicated that substance use is not common among their family members, as 71 respondents answered with 'No.' Similarly, 71 respondents reported that domestic violence or aggression does not occur in their families, although 34 respondents reported its presence, suggesting that a significant minority do experience violence at home. Perceptions of family safety were positive as 97 respondents agreed that their family provides a safe home environment and 103 respondents stated that they would seek help from their family if they encountered a difficult situation. These findings suggest that, in spite of few communication and supervision barriers, most participants held their families as reliable sources of safety, security and support.



	My parents/ guardians openly discuss the consequences of risky behaviours with me.	I feel comfortable discussing personal problems with my family.	My parents know where I am and who I spend time with.	My parents know my close friends.	My parents supervise my use of social media and the internet.	Family members spend quality time together.	Frequent conflicts occur in my family.	Substance use (alcohol, tobacco, or drugs) is common among family members.	Domestic violence or aggression occurs in my family.	My family provides a safe and secure home environment.	I would seek help from my family if I were involved in any difficult situation.
Yes	70	37	61	84	31	52	21	71	34	97	103
No	23	61	39	20	63	32	53	31	71	3	3
Maybe	7	21	12	10	17	33	34	5	14	13	9
Do not know	22	3	10	8	11	5	14	15	3	9	7

Figure 1: Perceptions of Family Environment and Parental Support

Perception of School

The findings indicated varied perceptions of the school environment and exposure to risky behaviours (Figure 2). A large majority of respondents (93) reported feeling safe at school. Regarding teacher-student relationships, only 46 respondents agreed that teachers treat students respectfully, while 63 respondents disagreed. This reveals that many students felt that interaction between teachers and students were missing.

When asked whether bullying is effectively addressed in their school, only 26 respondents answered 'Yes,' compared with 89 respondents who answered 'No.' This suggests that respondents generally believe that problem of bullying is not managed effectively within the school setting.

Most respondents (91) reported that their school provides education on substance abuse and other risky behaviours, while only 14 disagreed. This finding indicates that health education and awareness programmes were available in schools.

Regarding substance-use among students, 32 respondents reported that some students used tobacco, alcohol or drugs, whereas 68 respondents disagreed indicating that substance use is reported by some respondents but is not considered widespread by the majority. Finally, 104 respondents reported having witnessed bullying or violence at school, while only 7 respondents reported that they had not, indicating that bullying or violence is common within the school environment.

Thus, the results suggest that although students generally perceive their schools as safe and acknowledge the availability of awareness of risky behaviours, concerns remain regarding quality of teacher-student interactions and

effectiveness of anti-bullying measures within the school environment.

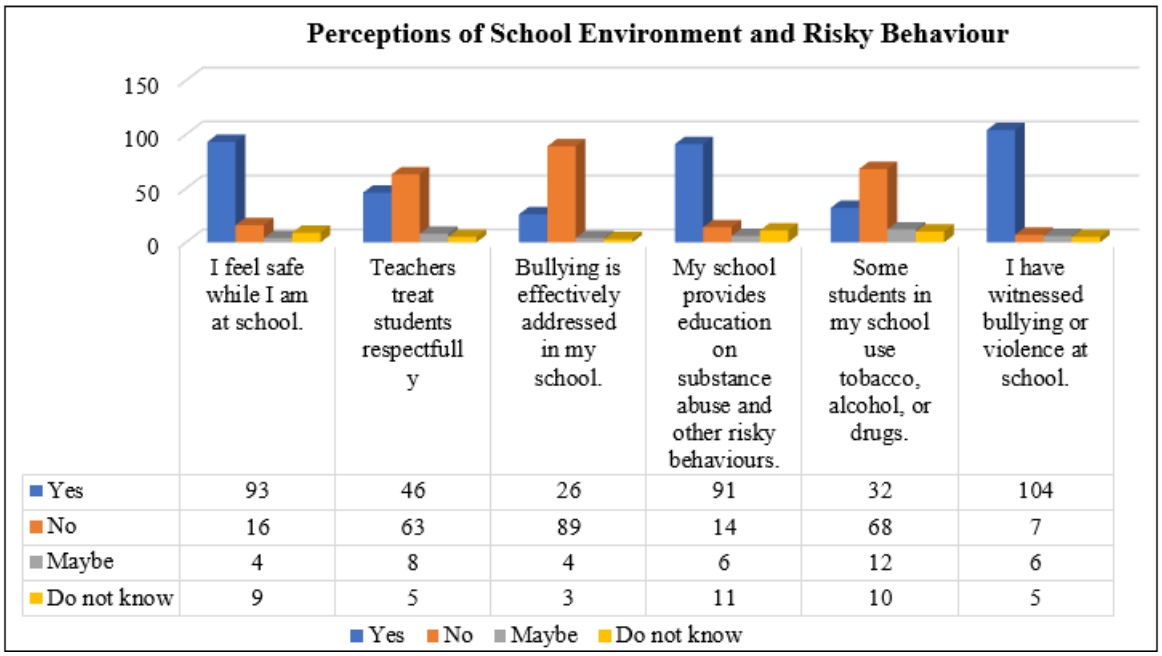


Figure 2: Perceptions of School Environment and Risky Behaviour

Responses on Participation on Risky Behaviour

As per the responses regarding typology and frequency of risky behaviour by adolescents, 8 major behaviours were identified: theses were Consuming Tobacco/smoking, Alcohol consumption, Drug addiction, Violence, Reckless/careless driving, accessing adult content, performing dangerous stunts/challenges, vandalism and others (bullying, carrying of weapons, self-harm etc). For analysis, these behaviours were organised into 4 classifications of risky behaviours as given by Eleonora Gullone, Moore, Moss and Boyd (2000). A score of 1 was assigned to each of the item when response was indicative of participation and 0 if the response was otherwise. Pooled responses for risky behaviour have been tabulated in Figure 3.

The findings reveal that participation in various risky lifestyles among adolescents was most commonly associated with rebellious risk-taking behaviours. Tobacco consumption/smoking was the most frequently reported risky behaviour, with 69.6 percent (n=85) respondents participating in this activity, followed by alcohol consumption, reported by 64.8 percent (n=79) participants. Drug addiction was reported by 1.6 percent (n= 5) respondents, indicating a comparatively lower level of involvement.

Among thrill-seeking behaviours, accessing adult content was reported by 41 percent (n=50) adolescents, while 13.9 percent (n=17) reported participation in dangerous challenges or stunts. This could be because of the freedom that adolescent boys get at their age, which increases the accessibility to thrill seeking activities.

In the category of reckless behaviours, 53.2 percent respondents reported reckless/careless driving, whereas 7.3 percent reported unsafe sexual practices.

Regarding antisocial risk behaviours, vandalism was reported by highest, i.e., 17.2 percent participants, followed by violence among 9.8 percent respondents. Other anti-social behaviours, like bullying, carrying weapons, and self-harm, were reported by 4.0 percent participants. This trend could be attributed to adolescents' heightened curiosity, desire for sensory stimulation and the need to experiment with such lifestyle. Exposure to various forms of mass media tends to add fuel to fire since such lifestyles are glorified and glamourised by media.

Also, the region from where data has been collected, parental supervision is less for boys as compared to girls. Adolescent boys preferred to stay out till late hours in the night and showed interests in actively participating in outside activities, sneaking out with friends or indulging in such risky activities- all of these conditions made them more susceptible to risk taking behaviour.

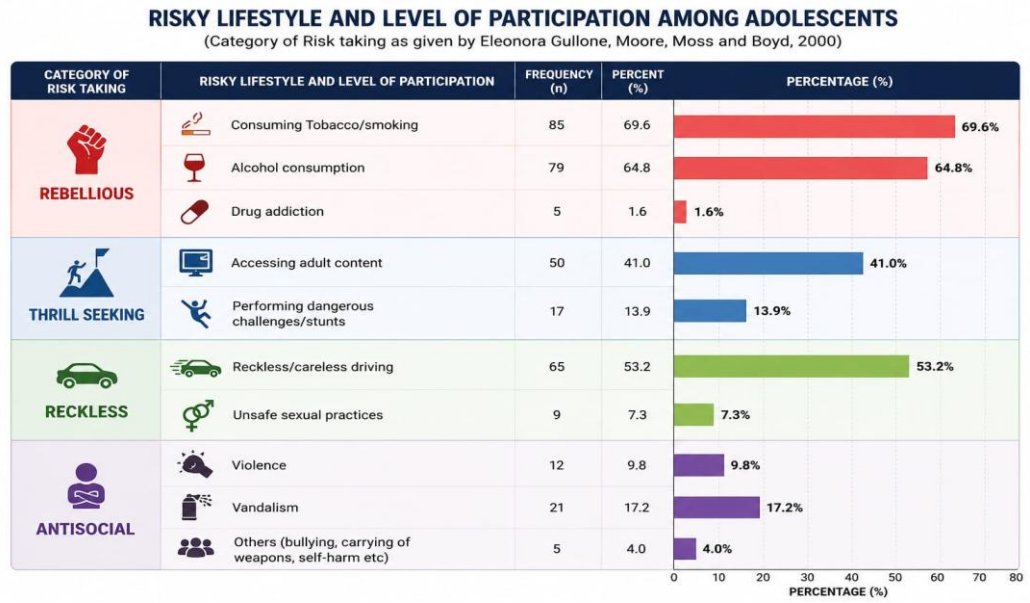


Figure 3: Risky Lifestyle and Level of Participation
*AI tools have been used to prepare this figure

Preventive mechanisms for of Risk-Taking Behaviour

Prevention of risk-taking behaviour requires addressing not only individual behaviour but also the social conditions that influence it. The tendency of adolescents to pull away and look outside the home and family for new support system may be minimized by *strengthening of family support* by way of encouraging open communication between parents and adolescents and promoting positive parenting practices. Provision of family counselling services where required may be availed.

Since peer group act as the most important source of information and adolescents evaluate their own transition by taking reference from their peers, creation of positive peer networks becomes imperative. Encouraging healthy peer relationships through youth clubs, sports, and community activities may be a step in this direction.

Improving School Environment by establishing safe and supportive school settings, strengthening anti-bullying policies as well as provision of life-skills education, counselling, and awareness programmes on substance use and other risks may help to tackle the problem to a large extent.

The role of community level interventions cannot be ignored. Community's responsibility to reduce availability and accessibility of harmful substances on one hand development of safe recreational spaces for adolescents goes a long way towards minimizing risky behaviour. Addressing structural barriers like social inequalities, exclusion and making education, healthcare, and employment opportunities accessible for vulnerable families may be another remedy for safe transition to adulthood.

6. Conclusion

Risk-taking behaviour is not just an individual aberration but is a dialectical product of social environment in which adolescents grow and interact. Effective prevention of such behaviour requires a comprehensive and concerted approach from all the stakeholders. Strengthening families, schools, peer networks, and communities while addressing broader social factors that contribute to risky behaviours may help us to understand and tackle the problem.

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