

# A Study to Assess Risk Behavior and Attitude towards Trauma Prevention among Urban and Rural Adolescents in Selected Area of Surat

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**Abstract:** *Adolescence is a time of life marked by change and rapid development. The aim of the study was to find out risk behavior and attitude towards trauma prevention among urban and rural adolescents in selected area of Surat. Subjects and methods: Cross sectional survey design was used. The study was conducted in urban and rural area of Surat, Data was collected from total 600 adolescents available at the time of study using convenience sampling technique. Tool used: Inventory checklist and 5-point Likert scale. Results: Mean score of attitude was greater than risk behavior. There was significant difference between the mean score of risk behavior in rural and urban adolescents where no significant difference between the mean score of attitude in rural and urban adolescents. Among rural adolescents there was no correlation found between attitude and risk behavior where among urban adolescents' attitude and risk behavior was correlated. Risk behavior was associated with age, education, type of family, education of father, education of mother, family income, have a phone, internet or both, type of vehicles, type of peer group in rural and in urban gender, education, education of father, education of mother, living status, have a phone, internet or both and Attitude was associated with education only in rural and in urban living status only.*

**Keywords:** Risk behavior, Attitude, Adolescent

## 1. Introduction

Adolescence is a time of life marked by change and rapid development. These changes are associated with pubertal development and the emergence of reproductive sexuality; social role redefinitions; cognitive, emotional, and moral development; and school transitions. Adolescent risk-taking is concerning because of the danger it can pose, but also because the behaviors established during adolescence often persist into adulthood. The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including Behaviors that contribute to unintentional injuries and violence, Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection, Alcohol and other drug use Tobacco use, Unhealthy dietary behaviors, and Inadequate physical activity. Over 1.5 million adolescents and young adults aged 10–24 years died in 2020, nearly 5000 every day. Young adolescents aged 10–14 years have the lowest risk of death of all age groups. Injuries (including road traffic injuries and drowning), violence, self-harm and maternal conditions are the leading causes of death among adolescents and young adults. Early onset of substance use is associated with higher risks of developing dependence and other problems during adult life, and people of younger ages are disproportionately affected by substance use compared with people of older ages. Globally, there were 41 births per 1000 in girls aged 15–19 years in 2020.

### Aim

This study aimed to assess risk behavior and attitude towards trauma prevention among urban and rural adolescents in selected area of Surat.

## 2. Subjects and Method

**Research design:** Cross sectional survey design was used.

**Setting:** The study was conducted in selected urban and rural area of Surat.

**Subjects:** 600 adolescents from urban and rural area of Surat.

### Tools:

Tool 1: Structured inventory checklist  
Section A: Socio-demographic variables  
Section B: Structured Inventory checklist

The Risk Behaviors assessed using inventory checklist will be graded as:

High Risk- 80-100 % Moderate Risk- 50-79% Low Risk- <49%

**Tool 2:** 5-point Likert scale to assess attitude towards prevention of trauma Likert scale is to assess the attitude of adolescent towards preventing trauma.

It consisted of 16 statements with a rating of 5 points each. 8 positive and 8 negative statements.

Obtained score will be graded using bloom's cut off.

Positive- 80-100% Neutral- 60-70% Negative - <50%

## 2.1 Method

### Ethical Consideration:

Ethical approval was obtained from the institutional ethical committee of the college of the college. Approval was obtained from the authorized persons of the selected area for the pilot as well main study.

### Validity and Reliability:

The tool was translated into Gujarati language by Gujarati expert translated tool was retranslated into English-by-English experts. Thus, content validity of translated tool was established. Reliability was established using The Cronbach's Alpha coefficient test. The value obtained for inventory checklist was 0.97 and 5-point Likert scale was 0.99.

### Data collection:

The translated tool was administered to the samples after explaining about study. The samples needed 15-20 minutes to answer the tool. The data was collected from 20 Jan 2022 to 23 Feb 2022.

### Data analysis:

Data was organized and analyzed using descriptive and inferential statistics. Quantitative data was analyzed using mean and standard deviation. Paired t test was used to determine comparison of risk behavior and attitude towards trauma prevention among adolescents between urban and rural setting. Karl Pearson co-efficient was used to determine correlation between risk behavior and attitude towards trauma prevention among rural and urban sample where as Chi square test was used to determine association with demographic variables.

## 3. Results

### Sociodemographic variables of samples:

The findings revealed that 38.3% belongs to the age group of 17-18 years, 55% of sample were males, 56.3% sample had higher secondary education, 66.7% sample belongs to joint family, 39.3% sample father and 38.7% sample mother had completed primary education, 45% sample had 3000-5000 family income, 41% sample had one sibling, 91% sample were live with parents, 58.7% sample had only phone, 73.7% sample had two-wheeler, and 38.3% sample had 16-17 years of peer group.

**Table 1:** Mean, Median, Standard Deviation of risk behavior scores among urban and rural samples

Group	Mean	SD	Median
Rural	5.47	2.76	5.0
Urban	6.42	2.86	6.0
Difference	0.95	0.1	1

As evident from table 1, mean score of risk behavior was 5.47, SD 2.76 in rural sample where as in urban mean score was 6.42, SD 2.86. This shows that no major difference in risk behavior scores between rural and urban samples.

**Table 2:** Mean, Median, Standard Deviation of attitude scores urban and rural samples

Group	Mean	SD	Median
Rural	54.37	5.95	53
Urban	53.57	7.13	53
Difference	0.8	1.18	0

As evident from table 2, mean score of attitude was 54.37, SD 5.95 in rural sample where as in urban mean score was 53.57, SD 7.13. This shows that no major difference in attitude scores between rural and urban samples.

**Table 3:** Comparison of risk behavior among adolescents between urban and rural setting

Group	Mean	SD	Mean difference	"t" value		Significance
				t calculated	t tabulated	
Rural	5.47	2.76	0.96	4.170	1.964	Significant
Urban	6.42	2.86				

As evident from table 3, there was significant difference between the mean score of risk behavior between rural and urban adolescents statistically.

**Table 4:** Comparison of attitude among adolescents between urban and rural setting

Group	Mean	SD	Mean difference	"t" value		Significance
				t calculated	t tabulated	
Rural	54.37	5.95	0.8	1.485	1.964	0.139 (NS)
Urban	53.57	7.13				

As evident from table 4, there was no significant difference between the mean score of attitude between rural and urban adolescents statistically.

**Table 5:** Correlation between risk behavior and attitude score of rural & urban adolescents.

Group	Variables	Mean	SD	Karl Pearson's correlation (r value)	Type of correlation
Rural	Risk behavior	5.47	2.76	-0.005	Low negative
	Attitude score	54.37	5.95		
Urban	Risk behavior	6.42	2.86	0.023	Low positive
	Attitude score	53.57	7.13		

Association of risk behavior and attitude toward trauma prevention of rural and urban adolescents with selected demographic variables.

Risk behavior in Rural had association with age, education, type of family, education of father, education of mother, family income, have a phone, internet, or both a & b, type of vehicles, type of peer group. Gender, no of siblings, and living status did not have association with risk behavior. And in Urban had association with gender, education, education of father, education of mother, living status, have a phone, internet, or both a & b. Age, type of family, family income, no of siblings, type of vehicles, type of peer group did not have association with risk behavior.

Attitude in Rural had association with Education. Age, gender, type of family, education of father, education of mother, Family income, have a phone, internet, or both a & b, type of vehicles, type of peer group, no of siblings, living status did not have association with attitude.

And in Urban had association with Living status. Age, gender, education, type of family, education of father, education of mother, Family income, have a phone, internet, or both a & b, type of vehicles, type of peer group, no of siblings, did not have association with attitude.

#### 4. Discussion

The findings of the study indicate that Mean scores of risk behavior in rural sample was 5.47, and 6.42 in urban sample, with mean difference of 0.96. Null hypothesis is rejected. Thus, there was significant difference between the mean score of risk behavior between rural and urban adolescents. And comparison of attitude score of rural and urban sample. Mean scores of attitude in rural sample was 54.37, and 53.57 in urban sample, with mean difference of 0.80. Hence, null hypothesis is accepted. Thus, there was significant difference between the mean score of attitude between rural and urban adolescents.

The findings revealed that risk behavior and attitude score (-0.005) of rural samples had low negative correlation and risk behavior and attitude score (0.023) of urban samples had low positive correlation. Among rural adolescents there was no correlation found between attitude and risk behavior whereas among urban adolescents' attitude and risk behavior was correlated. So, there is significant correlation between knowledge and attitude was found in attitude towards healthy life style, following film models and positive parenting behavior.

The current study result revealed that there is a significant association of risk behavior with age, education, type of family, education of father, education of mother, family income, have a phone, internet, or both a & b, type of vehicles, type of peer group. Gender, no of siblings, and living status did not have association with risk behavior. And in Urban had association with gender, education, education of father, education of mother, living status, have a phone, internet, or both a & b and age, type of family, family income, no of siblings, type of vehicles, type of peer group did not have association with risk behavior.

Attitude in Rural had association with Education and age, gender, type of family, education of father, education of mother, Family income, have a phone, internet, or both a & b, type of vehicles, type of peer group, no of siblings, living status did not have association with attitude. And in Urban had association with Living status and age, gender, education, type of family, education of father, education of mother, Family income, have a phone, internet, or both a & b, type of vehicles, type of peer group, no of siblings, did not have association with attitude.

#### 5. Conclusion

A study to assess risk behavior and attitude towards trauma prevention among rural and urban adolescents in selected area of Surat. The finding of the study shows that adolescents had low risk and neutral attitude towards trauma prevention.

#### 6. Recommendations

The study can be done with a structured teaching program to improve knowledge. Studies can be done using video-assisted teaching programs on health risk behavior and using an informational booklet.

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