

V. SUMMARY AND CONCLUSION

Youth is best understood as a period of transition from the dependence of childhood to adulthood's independence, making youth more fluid than other fixed age groups. Yet, age is the easiest way to define this group, particularly with education and employment, because 'youth' is often referred to as a person between the ages of leaving compulsory education and finding their first job. According to the UN, the definition of youth perhaps changes with circumstances, especially with the changes in demographic, financial, economic and socio-cultural settings; however, the definition that uses 15- 24 age cohort as youth fairly serves its statistical purposes for assessing the needs of the young people and providing guidelines for youth development.

Youth at risk is a general term for young people who are more likely to experience problems due to circumstances in their childhood, academic challenges, social difficulties, legal trouble, substance abuse, college failure and mental health disorders. Youth at risk may have a harder time transitioning into adulthood, succeeding academically, becoming job-ready, becoming financially independent, and avoiding a life of crime. Researchers study risk factors that contribute to these problems.

Resilience is the protective factor that can help. Protective factors can be personal, like problem-solving skills, or environmental, like family income or social support. The study of resilience is a fascinating subject that identifies those characteristics that empower some youth and young people to do well in life, even though they have experienced what seems like insurmountable difficulties (Killian, 2002).

According to the United Nations, determining youth occurs between 15 and 24 years, thus being one of the most important stages of life to intrinsically define the person, their interests, their projects, and their relationship to the world around them. Youth is not only a biological, but psychological, social, and cultural process; it is largely a social construction, depending on the historical period and society in which young people of different ages are considered. It is therefore necessary to place the youth in the society in which they live. Today, there are 1.2 billion young people aged 15 to 24 years, accounting for 16 percent of the global population. By 2030 the target date for the Sustainable

Development Goals (SDGs) that make up the 2030 agenda, the number of youth is projected to have grown by 7 percent, to nearly 1.3 billion (United Nations, 2007).

The scope of this study centres on preventing risk behaviours and promoting resilience among youth. The study on risk and resilience among youth would typically encompass examining the various factors that can put young people at risk, such as safety issues, attempting suicide, substance abuse, sexual behaviour, physical and mental health issues leading to negative outcomes, while the protective factors known as resilience, enables them to overcome these challenges and thrive to reduce risky behaviour. The factors include individual characteristics, family dynamics, peer relationships, community support, and broader societal influences; essentially, aiming to understand how youth navigate through adversity and build resilience in different contexts.

Looking into the characteristics of youth, it is a time of search for meaning, belongingness and achievement. Special emphasis was given to this stage 'youth' since it is a time when the maximum number of changes and transition takes place within an individual. Youth at this stage tend to mature biologically, intellectually, and socially, gradually with a decrease in dependence on their parents and elders. Many young people are caught up in a dangerous lifestyle and place their health and even their lives at risk. Though youth face a lot of hardships and problems in this process of growing and evolving, they try to manage their lives on their own and thus learn the art of living by trial and error. Youth go through a phase of accepting, rejecting, reshaping values and belief. It is a key stage of intense discovery, decision making on career, partner, life direction, etc. Hence, this stage has a tremendous potential to bring a creative transformation or enormous destruction. Many social experts who study human behaviour argue that today's youth are under stress as never before (Gulati, 2022).

There is an increasing population and trend of risk-taking behaviour among youth, but little empirical evidence exists on its determinants. Examining the effect of socio-economic characteristics and living arrangements on youth risk-taking behaviour in Coimbatore becomes necessary. Since youth lifestyles influence the transition of youth and many other aspects that make youth vulnerable to risk, there is a need to provide support to these youth to be able to bounce back from the negative risk, by promoting

resilience and preventing risk. Various factors affect young people and creating a higher risk of negative outcomes. Poverty, discrimination, lack of access to education or healthcare, exposure to violence, sexual activities, etc, can be considered as collective risk factors. They can intensify individual vulnerabilities and make it harder for young people to build resilience. Collective risk factors can undermine resilience by increasing vulnerability and decreasing access to protective factors. Conversely, strong resilience can buffer the negative effects of risk factors. Recognising the interplay between risk behaviours and resilience is essential for addressing complex social problems.

The extensive literature review on risks and resilience among youth and their determinants brought out certain research gaps that became a focus point to address. The literature found among the national studies has focused only on one risk factor at a time, and collective risk factors were found to be very sparse. However, studies on resilience were very limited. In a few studies on resilience, the dimensions of self-efficacy, self-regulation, and self-esteem were assessed as a community approach. Collective patterns of thinking, preferences, and behaviours as a complete ability of resilience were quite scarce, and co-existing studies on risk and resilience were lacking. Looking into global studies, research on the interrelationship of risk and resilience were scant. Most of the studies addressed the risk of uncertainty and defensive coping and resilience of social support and hope; other important domains of resilience were found to be lacking and studies exhibited the general risks faced by youth and resilience with no specific dimensions. With this backdrop, the research objectives were framed.

Research objectives

- To assess the incidence of risk behaviours among the youth.
- To assess the levels of resilience among the youth
- To analyse the interrelationship between the risk and resilience factors.
- To explore the socio-demographic predictors of risks and resilience.
- To examine the effect of the sensitisation programme on the risk behaviours and resilience among the selected youth

Finding the interrelationship of risk and resilience among youth supports intervention in preventing risk and promoting resilience. An extensive literature survey has been done to culminate the research work on risk and resilience among youth. The reviews are presented under, the historical review; exploring the different theoretical perspective; tracing the evolution of risk and resilience concepts - Risk (e.g. hazard, vulnerability, exposure) and Resilience (e.g. adaptive, capacity, coping, strategies); factors contributing to risk among youth - socioeconomic status, family dynamics, peer influence, community factors; factors contributing to resilience among youth - individual characteristics, social support, coping mechanisms, access to resources; studies on risk and resilience among youth across different cultural and environmental contexts; and sensitization/intervention programme for youth-at risk.

Based on the review of literature on both national and international studies, the risk and resilience tend to co-exist in many ways. Studying both concepts as a holistic approach to challenges is deemed to be significant. The integration of risk and resilience studies provides a comprehensive framework for understanding and addressing the complexities of challenges faced by individuals and communities, enabling the development of strategies that not only mitigate risks but also enhance adaptive change capacities for sustainable recovery and growth. With this, the research questions were set up:

1. Whether the various risk factors and elements of resilience prevail collectively?
2. If risk and resilience co-exist, what is their interrelationship?
3. Whether socio-demographic conditions determine risk and resilience factors?
4. Does sensitizing youth can enhance resilience and reduce risk?

With the objectives identified and research questions formed, the methodology of the research study has been framed under five phases:

Phase I:

- Review of the literature: Review of the literature has been collected based on both national and global studies, as discussed under the chapters of introduction and review of literature.

- Population and sampling: In alignment with the study's purpose, the population and sampling methods were carefully defined. A simple random sampling procedure was employed to select the study sample, which was conducted in two stages: (A) selection of the study area and (B) selection of the sample population.

(A) Selection of study area- The study was conducted in Coimbatore city, located in the state of Tamil Nadu. To ensure equitable representation of youth from across the city, colleges were selected from each of the five geographical zones, namely east, west, north, south and central zones. A total of 15 colleges were approached, based on the strength of the students, zonal representation and distance of 25 km from the institute. Six colleges gave consent to conduct the study.

(B) Selection of the sample population- The study focused on youth between the ages of 18–22 years from Coimbatore district. An initial pool of 2,584 students were approached, after which a final sample of 1710 students consented to participate. These participants were drawn from 6 colleges located in Coimbatore city and represented a diverse demographic background, including both urban and rural areas, as well as students from joint and nuclear families. The zonal distribution of the participants was as follows: North Zone – 468 students, South Zone – 218 students, Central Zone – 235 students, West Zone – 375 students, and East Zone – 414 students. The sample consisted of 799 female and 911 male students.

The inclusion criteria were that the youth should be between the ages of 18-22 years, and should be able to read and write English as the assessment tools (written) communicated in English. The exclusion criteria were – the youth with special needs who were physically challenged, as well as those undergoing any psychological and psychiatric treatments. They were excluded from the study based on the observation of the researcher, seconded by teachers' and parents' concurrence.

- Assessment of tools- In the present study, tools were utilised to effectively address the research objectives, such as, a questionnaire to collect socio-demographic profile, the 2019 Youth Risk Behaviour Surveillance System (YRBSS) and the 2017 Resilience scale were used.

- **Socio-demographic questionnaire:** A self-developed questionnaire was administered to elicit information on the socio-demographic conditions. The information on the socio-demographic conditions provides insights into the personal and family background of the individual as well as their living conditions that possibly may influence their behaviours and opinions, contributing towards valuable comprehension for research purposes. The questionnaire consisted of markers such as age, gender, educational status, types of family, area of residence, father's and mother's education, father's and mother's occupation, and family annual income.
- **2019 Youth Risk Behaviour Surveillance System (YRBSS)** - The tool was developed by the Centres for Disease Control and Prevention. The tool consisted of risk behaviours under five domains, namely-risk concerning safety, attempting suicides, substance use, sexual behaviour and health issues.
- **2017 Resilience Scale** - The tool was developed by the 'Assessment and Development Consultants'. The tool consists of eight components, namely- self-belief, optimism, purposeful direction, adaptability, ingenuity, challenge orientation, emotional regulation and support seeking.

Both the tools on risk and resilience were pilot tested to check the reliability and validity, which had acceptable and good scores respectively indicating a fit for intended use.

Phase II: Data collection, data before the sensitisation (Pre-sensitisation data).

After acquiring Institute Human Ethical Committee clearance and permission from the college/university administration, rapport building took place between the students and the researcher to build trust and a relationship. Establishing rapport with the selected youth was essentially carried out to have active participation of the youth in a smooth and with a maximum level of valid response. Since the survey consisted of few sensitive questions, a sense of confidentiality was developed and the participants were assured of protecting their identity. Informed consent was obtained from all participants. Data collection on the college campus was started soon after the rapport building and the

obtaining consent. Questionnaire and scales were distributed, and the participants took 15 minutes to 35 minutes maximum to complete responding in writing.

Phase III: Data analysis-Analysing of pre sensitisation data

Analysing data, applying statistical and logical techniques to illustrate and evaluate the pre-sensitisation data from youth on their risk behaviours and resilience components.

The data analysis was carried out using:

- Frequency and percentage: To assess the prevalence of risk behaviour and the levels of resilience among youth and to explore the socio-demographic distribution.
- Canonical correlation analysis: To identify the significant relationship between risk behaviours and resilient elements among youth.
- Multiple-linear regression: To identify the predictive capacities of socio-demographic markers on risk factors and resilience components among youth.

Phase IV: Conduct sensitisation programme and data collection (Post-sensitisation data)

Developing sensitisation modules, conducting the sensitisation programme and collecting data after the sensitisation (Post-sensitisation data)

- An educational sensitisation was planned for behavioural change among the participants, which included educational activities, interactive sessions designed to educate, and workshops to raise awareness among the selected youth based on the findings of the data analysed before sensitization.
- One college was selected from the central zone based on the prevalence of risk behaviour and permission granted by the administration.
- 184 youth were selected based on a controlled randomised selection technique, comprising 122 youth for the experimental group and 62 for the control group waitlist.
- The topics covered under sensitisation were unhealthy and abusive risks, addictions, building self-love, strengthening self-efficacy, strengthening protective factors, etc., using ice-breaking activities, focus group discussion, quiz, panel discussion,

simulation exercise and positive awareness. The whole programme was carried out over two weeks (4 days per week), segregated into 16 sessions, with a duration of one and a half hours per session and two sessions per day. This programme was conducted by a trained clinical psychologist and assisted by the investigator. The clinical psychologist played a crucial role in conducting a sensitisation programme for the youth using the validated educational content, delivering lectures/awareness, clearing doubts, tailoring messages to the students to make them aware, and conducting counselling sessions if asked and required. The role of the investigator was to conduct focus group discussions, exercises, and activities for the students and completely assist and facilitate the clinical psychologist, provide accurate information, carry out evaluation, and conduct impact assessment.

- Post data was collected after 10 days, and follow-up data after a gap of one month.

Phase V: Data analysis-Analysing of post data sensitisation

Analysing data (post-sensitisation) and applying statistical as well as logical techniques to illustrate and evaluate data from youth based on their risk behaviours and resilience factors before and after the sensitisation (pre-, post-data and follow-up).

Post-sensitisation data analysis was carried out using the following statistical tests,

- Paired sample t test: To identify the effect of the sensitisation programme in pre-data and post-data.
- Independent t-test: To assess the effect of the sensitisation programme by identifying the significant differences between risk behaviours and resilience among the experimental and control groups in the pre- and post-sensitisation data.
- MANOVA: Multivariate analysis of variance was used to identify the significant effect of sensitisation programme on risk behaviours and resilience elements among youth in the pre-data, post-data data and follow up and to check the sustainability of the programme.

1. Results and findings

Results and findings of the study are presented under the following heads:

- A. Socio-demographic profile of the respondents
- B. Prevalence of risk and levels of resilience among youth
- C. Interrelationship of risk behaviours and resilience components among youth
- D. Predictive capacities of socio-demographic markers on risk and resilience among youth
- E. Evaluate the effect of the sensitisation programme in pre- and post-data and follow-up phases

A. Socio-demographic profile of the respondents

- ✓ A high percentage of the participants were older youth between 20-22 years (51.7%) than the younger youth between 18-19 years (48.3%).
- ✓ With regard to gender, males constituted 53% and females were 47%.
- ✓ A higher percentage of youth were students in their II-year postgraduate (24.4%), followed by III-year undergraduate (20%). The remaining 55% of youth were students studying in their I and II year undergraduate and I year postgraduate students.
- ✓ Around 70.4% of them hailed from a nuclear family and 20.6% from a joint family.
- ✓ Majority of the youth resided in the urban area (45.4%) followed by rural area (30%).
- ✓ Educational status of parents – Most of the fathers of the youth have completed their postgraduate (30.5%) and undergraduate (25.8%), whereas the mothers have completed their 10th standard (27.5%) and 11th -12th standard (26.1%).
- ✓ Occupational status of parents- The majority of the youth's fathers were working in the private sector (48%), and mothers were not employed (69.6%).
- ✓ Majority of the youth reported to have a family income between 2 lakhs – 5 lakhs (56.5%) followed by an income of 5 lakhs-10 lakhs (22.7%) per annum.

B. Prevalence of risk and levels of resilience among youth

- ✓ The highest prevalence of risk behaviour was found in tobacco, smoking, self-medication, attempting suicide and health issues among the youth
- ✓ Moderate levels of risk were found in eating habits, sexual behaviour, risk of driving, and physical activities.
- ✓ Looking into the levels of resilience components of youth, low level of resilience was found mostly in all components of resilience starting from challenge orientation, emotional regulation, support seeking, purposeful direction, ingenuity, self-belief and optimism, except for adaptability, which was found to be in a high level among the youth of the present study.

C. Interrelationship of risk behaviours and resilience components.

The canonical correlational analysis (CCA) was used to find whether a relationship exists between the risk factors and the resilience components among youth. The result collectively showed the full model across the functions, which was statistically significant using the Wilk's λ . The full model illustrated functions 1 to 4 that were statistically significant, indicating the relationship between the risk (predictor) and resilience (outcome) variables.

- ✓ Function 1 indicated that, higher the substance use and health issues, the lower is the ingenuity and challenge orientation, and has been labelled as “risk of decreased positivity” based on the nature of the predictor variable and outcome variable.
- ✓ Function 2 illustrated, the higher the purposeful direction, the lower the risky sexual behaviour. Similarly, when adaptability is low, there is an increase in the risk of health issues. This function has been labelled as “risk of despair” based on the nature of the predictor variable and outcome variable.
- ✓ Function 3 showed that the higher the self-belief lower the substance use, whereas the higher the risk of health issues. Similarly, when the risk of health issues is high, the adaptability is lower. This function has been labelled as “risk of impulsivity” based on the nature of the predictor variable and outcome variable.

- ✓ Lastly, function 4 depicted that lower support-seeking behaviour tends to increase the risk of attempting suicide, and there are fewer safety issues. This function has been labelled as “reduced self-efficacy and maladjustment” based on the nature of the predictor variable and outcome variable.

D. Predictive capacities of socio-demographic markers on risk and resilience among youth Risk Behaviours

- ✓ Concerning safety issues, all the socio-demographic markers were found to be the significant predictors except for area of residence and mother’s education, with 6.6 percent of variance ($F=9.908$, $p>.000$).
- ✓ Concerning the risk of attempting suicide, all the socio-demographic markers were found to be significant predictors except for the father’s and mother’s education. The predicting socio-demographic markers accounted for 33.9 percent of variance ($F=86.125$, $p>.000$).
- ✓ In the risk of substance use, all the socio-demographic markers were found to be significant predictors except for age, type of family and father’s occupation accounting for 7.8 percent of variance ($R=14.307$, $p>.000$).
- ✓ Risk of sexual behaviour showed that all the socio-demographic markers were found to be the significant predictors except for type of family, father’s education and occupation and family income. The predicting socio-demographic markers accounted for 5.6 percent of variance ($F=8.315$, $p>.000$).
- ✓ Looking into health issues all the socio-demographic markers were found to be the significant predictors except for age, educational qualification, type of family, mother’s education and occupation with 3.1 percent of variance ($F=5.44$, $p>.000$).

Resilience components

- ✓ Concerning self-belief all the socio-demographic markers were found to be the significant predictors except for age, educational qualification, mother’s education and occupation with 3.1 percent of variance ($F=5.44$, $p>.000$).
- ✓ In optimism, only gender and mother’s education were found to be significant predictors, accounting for 1.6 percent of variance ($F=2.69$, $p>.003$).

- ✓ The component of purposeful direction showed that, except for father's education, no other socio-demographic markers were found to be significant predictors, which accounted for 1.4 percent of variance ($F=2.415$, $p>.007$).
- ✓ In adaptability, the socio-demographic markers such as educational qualification, area of residence and family income were found to be significant predictors with 2 percent of variance ($F=3.396$, $p>.000$).
- ✓ Ingenuity component showed that all the socio-demographic markers were found to be the significant predictors except for type of family, area of residence and mother's education. The predicting socio-demographic markers accounted for 2.9 percent of variance ($F=5.087$, $p>.000$).
- ✓ Looking into challenge orientation, not all socio-demographic markers, but only the mother's education, was found to be the significant predictor with 1.4 percent of variance ($F=2.360$, $p>.009$).
- ✓ Concerning emotional regulation all the socio-demographic markers were found to be the significant predictors except for age, gender, educational qualification, mother's education, mother's occupation and family income with 2.6 percent of variance ($F=4.546$, $p>.000$).
- ✓ Looking into support seeking, only gender and area of residence were found to be significant predictors with 1 percent of variance ($F=1.714$, $p>.072$).

E. Effect of sensitisation programme in pre-, post-data and follow-up phases

- ✓ Risk- The paired sample t test results showed a significant decrease in the mean scores of post-tests when compared to the mean scores of the pre-test, which represented lower scores, indicating a lower level of risk behaviour. The Cohen's D value indicated a medium effect for safety issues, attempting suicide, and health issues and a large effect for substance use and sexual behaviour.
- ✓ Resilience- The test results showed a significant increase in the mean scores of post-tests when compared to the mean scores of the pre-test, which represented higher scores at higher levels of resilience. While in the dimension of adaptability, the mean scores of pre- and post-sensitisation did not show any difference.

Also looking into the Cohen's D value, we can see the effect size of self-belief, optimism, purposeful direction, ingenuity, challenge orientation, and support seeking was found to be small and emotional regulation were medium.

- ✓ The independent t test results showed that both the experimental and control group youth exhibited higher levels of risk behaviours in the pre data analysis, whereas in the post sensitization data, it was observed that the mean scores of the experimental group had decreased considerably indicating the reduced involvement in risk behaviours when compared to control group that persisted higher scores. The differences in mean scores was significant at 1% levels.
- ✓ The resilience results depicted that both the experimental and control group youth showed similar mean scores during pre-data analysis, whereas in the post-sensitisation, it was observed that the mean scores of the experimental group showed an increase with significant differences at 1% levels in self-belief, optimism, purposeful direction, ingenuity emotional regulation and support seeking. However, no significant differences were seen in the dimensions of adaptability and challenge orientation.
- ✓ Multivariate analysis of variance was done to test the significance of the effect of the sensitisation programme on the risk factors among youth of the experimental group in the pre- and post-sensitisation and follow-up data after a gap of one month. The assumptions were met through the test of sphericity. The univariate test results showed a significant interaction between the subject factors of all the risk behaviours namely, safety issues, attempting suicide, substance use, sexual behaviour and health issues with 16.5%, 30.7%, 75%, 70.2% and 23.4% of variance respectively based on the given Partial Eta Squared value. Pairwise comparison also showed the difference between the mean scores of the factors of risk measures. Though effectiveness was observed in scores of risk behaviours, but risk of safety issues was not sustained during follow up showing a slight increase, which indicated the need for regular or periodic sensitisation or intervention programmes.

- ✓ Multivariate analysis of variance showed the significance of the effect of sensitisation on the components of resilience among youth of the experimental group in the pre- and post-sensitisation and the follow-up data after one month. The assumptions were met through the test of sphericity. The univariate test results showed a significant interaction between the subject factors of all the components of resilience namely self-belief, optimism, purposeful direction, ingenuity, challenge orientation, emotional regulation, support seeking except for adaptability with 26.8%, 37.8%, 40.8%, 4.3%, 11.4%, 25.9% and 4.9% of variance respectively based on the given Partial Eta Squared value. Pairwise comparisons also showed the difference between the mean scores of the factors of resilience measures. In resilience, though the effect was seen in the post-test, few dimensions like challenge orientation, adaptability and optimism showed a slight decrease during follow up showing a need for reinforcement and regular intervention to sustain resilience.

Conclusion

The study's results addressed the objectives and answered the research questions clearly by exploring the prevalence of risk and levels of resilience among youth.

- ✓ The study depicted that most youth experienced moderate to high levels of risk behaviours and moderate to low levels of resilience, thus addressing the first two objectives.
- ✓ The study explored a substantial rate of collective behaviour of risk and elements of resilience among youth in the city of Coimbatore, answering research question number one. A significant interrelationship was established between risk behaviours and resilience components, indicating indulging in risky behaviours, reduces resilience and inversely when protective factors are low, youth are prone to indulge in risky behaviours especially, substance use, attempting suicide, and face health risks, addressing objective number three and research question number two.

- ✓ Socio-demographic markers were found to determine risk behaviours and resilience of youth, and were also identified as significant predictors, thus addressing objective number four and answering research question number three.
- ✓ The effect of the sensitisation programme and the sustainability in preventing risk and promoting resilience were examined, which indicated risk reduction and resilience enhancement by lowered post-test and follow-up scores in risk behaviours and higher post-test and follow-up scores in resilience components, indicating positive effect of the sensitisation programme, addressing the last objective of the study and answering the fourth research question.

Youth is usually well-thought-out as a healthy time of life. The complications faced by youth today are linked to social factors and lifestyles. Youth become vulnerable to environmental influences due to their period of life of transition from childhood to adulthood. They are more inclined to a number of health-impacting conditions because of their personal selection which includes indulging in risky behaviours such as substance use, consumption of tobacco and alcohol, being reckless such as rash driving, committing or attempting suicides, sexual risk behaviors leading to teenage and unplanned pregnancies, contacting STIs and STDs, ending up on streets being homelessness, indulging in vandalism and violence etc. that are the consequence of poor decision-making.

Youth who are less resilient might turn to bringing up harmful actions and have negative beliefs about themselves to handle the challenges in their lives. Lack of resilience leads to the adverse outcomes. Researchers have acknowledged that a lack of resilience in adolescents and youth may lead to psychosocial maladaptation and psychopathology in later life. Resilience can be practiced and youth may be educated to be resilient. Consequently, resilience should be determined at an early age to curb risk behaviors. The study emphasizes the differential impact of risk and resilience on the different aspects of youth functioning and supports the need for specificity in resilience research.

Implications:

The present study on the determinants of risk and resilience among youth and the effect of the sensitisation programme puts forward a few implications based on the study findings that are as follows:

1. Implications for the youth themselves: Youth are not just vulnerable individuals for risk; they also make choices, develop coping mechanisms and build supports. Their decisions and behaviours can either increase their risk behaviours or enhance their resilience. The present study output and outcomes gives an insight into the risk behaviours and resilience components that interrelate with each other, helping youth to actively build resilience to combat risk. It more likely shows resilience in developing a strong positive identity that can protect against harmful influences. Youth need to be a part of such sensitisation and intervention or awareness programmes to learn and unlearn various resilience and risk factors to have a healthy and positive future life and wellbeing.
2. Implications for the college and school administrators: The study implies that administrators to prioritise early identification of at-risk students, to mitigate long-term negative outcomes that will enable timely support and reduce dropout rates or any crisis situations. School and college administration can implement value-added courses on resilience building in their curriculum, which can be conducted once a month to reinforce. They should implement programmes that build strong youth possessing protective factors to bounce back from failures. They need to initiate activities to promote student-teacher relationships, peer support, engage families and integrate mental health services on campus through counselling.
3. Implications for the teachers: Teachers need to become observant about the signs of distress or trauma and recognise the risk factors that can hinder a student's development, such as poverty and economic hardship, mental health issues, exposure to violence or substance use, academic struggles or learning. The support youth get from their teachers brings about enormous positive changes to proceed towards achievements and aspirations. Teachers can foster environments that build resilience by offering emotional support, trusted relationship, setting a high yet achievable expectations, encouraging problem-solving and self-regulation skills, recognising and celebrating students' strengths and efforts, and creating a safe and inclusive environment for the students.

At the same time, the importance of college connectedness needs to be addressed. When students feel that adults and peers in college care about their learning as well as about them as individuals, that include a sense of being cared for, being supported and belonging at their college, which can link to positive educational, behavioural and health outcomes in adolescence, youth and adulthood. Understanding the association between adolescents' perceptions of school connectedness and their behaviours and experiences is important for identifying ways that schools might promote healthy behaviours, protect against risk, and facilitate healthy trajectories.

4. Implications for the parents and family members: Improved parental relationships with secure attachment helps youth to learn how to deal with challenges by observing how adults manage their stress and problems. Parents need to make themselves aware about the skills to handle adversity constructively and to communicate openly about difficulties. Families that promote open discussion of emotions help youth develop emotional intelligence and coping mechanisms leading towards building resilience.
5. Implications for the community: High rates of youth involvement in risky behaviours can reduce trust and cohesion within communities. The study implicates that community should be sensitive towards youth and their needs by not judging them, stereotype based on gender roles, emotional expression, expectations based on gender, but to accept them with unconditional positive regard. Communities as a whole has to invest in resilience-building initiatives such as mentoring programmes, after-school activities and mental health support that can foster a more hopeful, engaged and capable generation.
6. Implications for the policy makers: Policy makers, the government and the governing agencies can move beyond reactive measures and invest in early interventions and prevention strategies that support mental health services, family support programmes, and violence prevention. The requirement of reliable data will help identify vulnerable populations and track outcomes. Policy makers should prioritise evidence-based policies and fund research to inform effective

interventions to tackle the root causes of risk among youth and have an effective response through collaboration across sectors of education, health, justice and social services. Investment in programmes and community services should be tailored that helps to keep the youth on a positive path and ensure policies that help youth feel empowered and engaged beyond socio-demographic conditions. The programmes and policies on risk reduction and resilience enhancement should reach all youth from every strata of the society, irrespective of their socio-economic and demographic conditions. Because risk and resilience collectively prevail among youth needlessly of their existing situations and circumstances.

Recommendations:

The study places certain recommendations in connection with the research in the topic of risk and resilience, which can be taken forward to form an impactful piece of work that can be an assistive document for implementing policies and programmes for young people in general

- The study was conducted taking into account the college-going students due to language and geographical limitations that were taken into account. The study recommends that further research can be conducted on school-going and school/college dropout youth, which can give a broader picture on the prevalence of risk and the levels of resilience. It may also substantiate the socio-demographic or socio-cultural determinants of these risks and resilience, providing a different dimensional thought on the existing challenges faced by the youth.
- The sensitisation programme conducted during the period of the study showed a positive effect. However, sustainability in certain dimensions of resilience and a few risk behaviours needs continuous support and strengthening. Hence, the study recommends tailored intervention programmes rather than sensitisation for a long-term sustenance of risk reduction and resilience enhancement.
- The study came up with the results indicating socio-demographic determinants on risks and resilience, depicted that not only personal profile of youth influences risk and resilience but also parents, familial and living conditions also do influence. An intervention programme that includes parents and family members,

along with youth, can have better coverage for reducing risk and enhancing resilience from all facets. A tailored intervention programme for not only parents and family, but also teachers, educators and administrators can be developed and tested for effectiveness for further implementation.

- The study also recommends development of training modules that can be used in school and college curriculum as value added courses monthly once to reinforce resilience building.
- The researcher recommends a comparative study of risk and resilience among youth in the different states of India not only to explore the magnitude of the prevalence but also to have a wide data base to help in policy and programme implementations.