

# Effect of Mentoring on Psycho-Social Behavior, Lifestyle, Sexual Behavior and Health Condition of Professional Students

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## Abstract

**Objective:** 1. To study the Socio-demographic analysis with regard to mentoring. 2. To study the impact of mentoring on Psychosocial and health condition of today's youth. 3. Ideal mentoring. Setting: Government Medical College and Hospital, Chandigarh, India.

**Study design:** Community-based cross-sectional study. Participants: "Unmarried" individuals attending various professional courses in and around Chandigarh who were willing to participate in the study and capable of giving answers themselves. Sample size: 271 study subjects selected by stratified multi-stage random sampling. Study variables: Age, educational status, religion, caste, occupation, perceptions attitude towards mentoring, perceived psycho social benefits of mentoring etc. Statistical analysis: Normal test of proportion, Chi square test, Student's t test, Mann Whitney 'U' test. Also, a risk analysis was done by bi-variate analysis and variant multi logistic regression analysis. An odds ratio along with 95% confidence interval was calculated.

**Result:** Shows mentor's corresponding to different category showing highest percentage of mentor for OBC (66.7%) followed by ST (55.6%) and SC (50%). The mentor's were found least in the general category (37.1%). The highest percentages of respondents having a mentor were found in one having labored as their father 80%. Maximum respondents having a mentor were found in low (45.7%) and middle (44.8%) socioeconomic status. Individuals without a mentor fight more often on a daily and monthly basis. The mentor had a positive health wise influence on their protégé was witnessed as 56.6% people who had a mentor were engaged in daily physical activity. Contradictory to the common notion respondents with mentor were less aware about the availability of contraceptives, measures to detect pregnancy, consequences of teenage pregnancy, knowledge of emergency contraceptives. Mentor had positive influence on improving the lifestyle on all aspects of their protégé. Individuals with a mentor smoke less, drink less, do less drug use, chew less, have gambled less, have done less of fighting. One quality which most individuals were looking for in their mentor is friendly behavior and helping nature.

**Conclusion:** Mentor concept is still prevalent according to the traditional Indian concept with more educated and high socio-economic class still refraining from this concept. Mentoring had a positive influence on the health condition of individuals in terms of exercise and body mass index. It also improved the general lifestyle of adolescents and decreased their substance abuse rate. So mentoring is an important tool in improving the conditions of adults in all aspects.

**Keywords:** Adolescents; Mentoring; Protégé; Health

## Introduction

Adolescents are the most dynamic, creative, productive and enthusiastic group of population but also the most neglected groups by our society and policy makers. Adolescent health, psycho-social and lifestyle related problems along with behavioral pattern are important issues, which have not received proper attention and guidance because of which the need of a mentor is emphasized in the lives of adolescents.

Mentoring generally refers to arranging for a young person to spend time with an older person for a particular purpose. Mentoring is a term generally used to describe a relationship between a less experienced individual, called a mentee, and a more experienced individual known as a mentor. Mentoring is defined as a developmental relationship consisting of two dimensions: an instrumental function such as coaching and psychosocial functions such as counseling. Mentoring may occur either as natural mentoring, when a sustained relationship develops naturally between a coach, teacher, neighbor, or other adult and a young person, or as planned mentoring, when a relationship is purposefully created to help a young person who may otherwise not have the access he or she needs to the wisdom and support of a caring adult. Carruthers gives a detailed account of the origin of the term 'mentor'.

Mentor, in Greek mythology, was the faithful companion of Odysseus. The mentor had to be parent figure, teacher, role model, approachable counselor, trusted adviser, challenger, and encourage. Mentoring is used to describe various programs and relationships, whether formal or informal, which aim to build the skills or wellbeing of a young person through the input and/or assistance of another person who has more skills, experience and knowledge. Mentoring relationships during adolescence had more favorable outcomes in multiple domains of late adolescent/young adult functioning than non-mentored youth. To date, however, such studies have been limited to relatively small and potentially non-representative samples. Investigations also have focused

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primarily on younger adolescents. Older adolescents undergoing the transition to adulthood face unique challenges, including those relating to identity development and increased independence in negotiating demands in educational, work, and interpersonal domains, any of which, if not handled successfully, may impact negatively on health-related outcomes. Therefore, the present study is proposed to be conducted with the following objectives.

## Objectives

1. To study the Socio-demographic and Psycho-social analysis with regard to mentoring.
2. To study the impact of mentoring on lifestyle, sexual behavior and health condition of today's youth.
3. Ideal mentoring.

## Review of Literature

Nonparent adults who function as mentors may serve as crucial educators and support figures, promoting learning and competence, providing exposure to positive social norms, increasing a sense of efficacy and mattering, and helping youth realize their full potential DuBois and Silverthorn [1] reported a mentoring relationship were more likely to exhibit favorable outcomes relating to education/work (completing high school, college attendance, working  $\geq 10$  hours a week), reduced problem behavior (gang membership, hurting others in physical fights, risk taking), psychological well-being (heightened self-esteem, life satisfaction), and health (physical activity level, birth control use).

Benjamin et al. [2] studied the Knowledge & Attitude of Senior Secondary School Students of Ludhiana Regarding Population Control & Contraception. Only 54.4% boys and 70% girls knew the correct legal age of marriage. A significantly higher proportion of boys (85.1%) than girls (47.3%) knew about condoms ( $p=0.0000$ ), but more girls (87.3%) than boys (78.5%) knew about oral contraceptive pills ( $p=0.0000$ ). Knowledge of other contraceptive methods in both sexes was very poor.

Aggarwal et al. [3] studied the knowledge, attitude and sexual behavior of adolescents of medical college students in India. Of 500 students, 73% participated in study. Knowledge regarding sexual intercourse, masturbation, contraception and sexually transmitted diseases was satisfactory among 70%, 74.8%, 83.5% and 92.6% of the respondents, respectively, Common source of knowledge about sex were friends (74.5%), pornographic films (56.2%) and books and magazines (55.1%). Only one fifth communicated with teachers, parents, and persons of the other gender about sex. About 417 of the students viewed homosexuality as normal behavior. Sexual intercourse had been experienced by 11.8% of respondents. The main age of first sexual intercourse was 17.5 years. 85% strongly favored the introduction of sex education at school level.

Sharma et al. [4] studied the knowledge, beliefs and attitude and practice on AIDS among senior secondary school students in rural Delhi and found that 23.4% and 15.1% girls admitted to have sex, while 5.7% boys and 9.6% did not deny it.

Substance abuse among adolescents in urban slums of Sambalpur [5]. Most common substances consumed were Gutka (91.7%), powdered tobacco (71.1%), tobacco toothpaste (63.8%), smoking (26.6%), alcohol (14.7%). Adolescents in joint families were consuming

more substance (47.3%) as compared to adults (38.1). 34% began using before 10 years of age.

In India, approximately 5500 children and adults uses tobacco products daily, some as young as 10 years old. Majority of users have first use of tobacco prior to 18 years [6].

Substance use among Inter college Students in District Dehradun [7] – 1094 students studying in 9 to 12 were surveyed out of 58.7% individuals had used substance abuse once at least in life while 31.3% were regular users. It was high among male users 45.8% compared to females 7.3%. It was found to be more in students staying away from their homes.

## Material and Methods

A Cross - sectional community based study was conducted in the year 2010 in government medical college and hospital, Chandigarh, India. A stratified random sample of 271 professional students of different professional courses with proportional allocation will be selected in selected colleges in and around Chandigarh. No earlier study on mentoring is available in the studied population and hence optimum sample size has been calculated on basis of 50% anticipated proportion. The confidence coefficient is assumed to be 90% with permissible error of 10%. Respondents were selected according to following inclusion criteria. "Unmarried" individuals between 18-30 years of age attending various professional courses in and around Chandigarh who were willing to participate in study and capable of giving answer themselves. A mentor-mentee relationship will be considered when mentee have belief in their mentor, try to follow their advice and instructions, must be older than mentee, and are in regular contact with each other by letters, email, phone calls, in person, giving lectures or in satsangs (religious preaching's) specially in case of religious leaders. Individuals were excluded depending upon following criteria 1) Married individuals 2) Not attending professional courses 3) Suffering from any major physical/mental disorder and without a reliable respondent 4) One who was not willing to participate in the study 5) Participants who will report siblings or parents as their mentors will be excluded from the "mentored" category, because parental relationships are typically not considered mentoring relationships. Respondents identifying "friend" as a mentor will also be excluded from the present study because it may be possible that the individuals nominated in the various categories would not be older than the respondent, which is a commonly accepted part of most definitions of a mentor. Information regarding socio-demographic and psycho health characteristics like age, educational status, religion, caste, occupation and education of parents, family background, social background, peer behavior, perceptions attitude towards mentoring, perceived psycho social benefits of mentoring etc were collected by interview method using semi-structured interview schedule. Interview schedule was prepared in Hindi, English and Punjabi language and was used depending upon understanding and choice of respondent. Only those respondents who are willing to participate in the study will be included. Confidentiality of the responses will be ensured. All ethical guidelines of ICMR 2006 will be followed. Institutional Ethical Committee is requested for the clearance of the proposed study.

## Statistical analysis

Data were analyzed by using statistical by using statistical methodology like normal test of proportion, Chi square test, Student's t test, Mann Whitney 'U' test. Also, a risk analysis was done by bi-variate analysis and variate multi logistic regression analysis. An odds ratio along with 95% confidence interval was calculated. Statistical software SPSS 18 version was used for data analysis.

## Observations

The present study was conducted among 271 randomly selected college going students in Chandigarh with the broad objective of studying psycho- social and health conditions among professional students in relation to mentoring. The important findings of this study are the percentage of people in the age group 16-19 having mentor was 43.2% which was higher than the people between the age groups 20-25 (38.3%) and 26-30 (38.5%), and it also shows mentor's corresponding to different category showing highest percentage of mentor for OBC (66.7%) followed by ST (55.6%) and SC (50%). The mentor's were found least in the general category (37.1%). 64.1% boys and 45.9% girls participated in the study among them 69% girls have mentors and 54% boys have mentors.

Maximum respondents had father's belonging to service class (165) followed by businessmen (60). Highest percentage of respondents having a mentor were found in one having laborer as their father 80%. Maximum respondents belong to nuclear family 205 and 66 lived in a joint family. More respondents of joint family had a mentor 47% compared to those of nuclear family 36.6%. Maximum number of respondents were MBBS students (111) followed by students from non professional courses (64). Maximum number of respondents having a mentor belonged to law stream 83.3% followed by engineer 56.3% but the least number of mentors were found in the medical stream MBBS 31.5% and BDS 27.3% and MBA 28.6%. Socio economic status influence was also studied which shows that maximum respondents were from high socio economic status (169) but maximum respondents having a mentor were found in low (45.7%) and middle (44.8%) socio economic status (Table 1).

		Have Mentor		Total
		Yes (percentage)	No (percentage)	
Age	16-19	19 (43.2%)	25 (56.8%)	44
	20-25	82 (38.3%)	132 (61.7%)	214
	26-30	5 (38.5%)	8 (61.5%)	13
	Total	106 (39.1%)	165 (60.9%)	271
Category	General	89 (37.1%)	151 (62.9%)	240
	SC	8 (50.0%)	8 (50.0%)	16
	OBC	4 (66.7%)	2 (33.3%)	6
	ST	5 (55.6%)	4 (44.4%)	9
	Total	106 (39.1%)	165 (60.9%)	271
Father Occupation	Unemployed	1 (20.0%)	4 (80.0%)	5
	Agriculture	8 (66.7%)	4 (33.3%)	12
	Laborer	4 (80.0%)	1 (20.0%)	5
	Skilled Worker	4 (21.1%)	15 (78.9%)	19
	Business	25 (41.7%)	35 (58.3%)	60
	Services	62 (37.6%)	103 (62.4%)	165
	Expired	2 (66.7%)	1 (33.3%)	3
	Total	106 (39.1%)	165 (60.9%)	271
Family Type	Nuclear	75 (36.6%)	130 (63.4%)	105
	Joint	31 (47.0%)	35 (53.0%)	66
	Total	106 (39.1%)	165 (60.9%)	271
Course	MBBS	35 (31.5%)	70 (68.5%)	111 (100.0%)
	Engineer	18 (56.3%)	14 (43.7%)	32 (100%)
	Law	5 (83.3%)	1 (16.7%)	6 (100.0%)
	MBA	4 (28.6%)	10 (71.4%)	14 (100.0%)
	Architect	6 (54.5%)	35 (45.5%)	11 (100.0%)
	Others	29 (45.3%)	24 (54.7%)	64 (100.0%)
	BDS	9 (27.3%)	165 (60.9%)	33 (100.0%)
	Total	106 (39.1%)	165 (60.9%)	271 (100.0%)
Socio economic status	Low	16 (45.7%)	19 (54.3%)	35
	Middle	30 (44.8%)	37 (55.2%)	67
	High	60 (35.5%)	109 (64.5%)	169
	Total	106 (39.1%)	165 (60.9%)	271

**Table 1:** Demographic data of Mentoring.

		Have Mentor		Total
		Yes (percentage)	No (percentage)	
Fight with family & friends	Daily	12 (11.3%)	20 (12.1%)	32 (11.8%)
	Weekly	22 (20.8%)	33 (20.0%)	55 (20.3%)
	Monthly	18 (17.0%)	35 (17.0%)	53 (19.6%)
	More Than a Month	46 (43.4%)	63 (43.4%)	109 (40.2%)
Total	No response	8 (7.5%)	14 (100%)	22 (8.1%)
		106 (100%)		271 (100%)
Father	YES	25 (100%)	45 (100%)	95 (100%)
	Mother	33 (100%)	62 (100%)	70 (100%)
	Brother	15 (100%)	21 (100%)	36 (100%)
	Teacher/relative	6 (100%)	4 (100%)	10 (100%)
	Any Other	13 (100%)	21 (100%)	34 (100%)
Satisfied with Problem Sharing	Not Satisfied	2 (1.9%)	12 (7.3%)	14 (5.2%)
	Little Satisfied	40 (37.7%)	62 (37.6%)	102 (37.6%)
	Fully Satisfied	64 (60.4%)	91 (55.2%)	155 (57.2%)
	Total	106 (100%)	165 (100%)	271 (100%)
Physical Activity	YES	60 (56.6%)	84 (50.9%)	144 (53.1%)
	Contraceptive Availability	44 (41.5%)	94 (57.0%)	138 (50.9%)
Detect Pregnancy	YES	41 (38.7%)	90 (54.5%)	131 (48.3%)
	Consequences of Teenage pregnancy	34 (32.1%)	74 (44.8%)	108 (39.9%)
Emergency Contraceptive	YES	35 (33.0%)	88 (53.3%)	123 (45.4%)
	STD	42 (39.6%)	104 (63.0%)	146 (53.9%)
	AIDS	43 (40.6%)	101 (61.2%)	144 (53.1%)
BMIT	Low	19 (17.9%)	22 (11.28%)	41
	Medium	68 (64.15%)	119 (61.02%)	187
	High	19 (17.9%)	24 (12.01%)	43
Total		106	195	271
Smoking	YES	10 (9.4%)	18 (10.9%)	28 (10.3%)
	Drinking	22 (20.8%)	40 (24.2%)	62 (22.9%)
	Drug Use	2 (1.9%)	8 (4.8%)	10 (3.7%)
	Chewing	3 (2.8%)	10 (6.1%)	13 (4.8%)
	Gambling	2 (1.9%)	8 (4.8%)	10 (3.7%)
	Eve teasing	4 (3.8%)	12 (7.3%)	16 (5.9%)
	Theft	0 (0%)	8 (4.8%)	8 (3.0%)
	Fighting	18 (17.0%)	30 (18.2%)	48 (17.7%)

**Table 2:** Psychosocial, health and sexual behavior in relation to mentoring.

Individuals without a mentor fight more often on a daily 12.1% and monthly basis 21.2% compared to individuals with a mentor whose percentages came out to be 11.3% for daily and 17% for monthly. Both the groups with and without mentor shared the majority of their problems with their mother, 37.5% individuals without a mentor and 31.13% with a mentor followed by their father with 27.2% in latter compared to 23.5% in the former but more number of individuals with a mentor 60.4% were fully satisfied with the problem sharing in their lives compared to 55.2% individuals without a mentor. Contradictory to the common notion respondents with mentor were less aware about the availability of contraceptives (41.5% v/s 57% in respondents without a mentor), measures to detect pregnancy (38.7% v/s 54.5%), consequences of teenage pregnancy (32.1% v/s 44.8%), knowledge of emergency contraceptives (33% v/s 53.3%), awareness about STD (39.6% v/s 63%), awareness about AIDS (40.6% v/s 61.2%) (Table 2).

Effect of mentor on health was studied also by comparing the body mass index of different individuals. Criteria used for body mass index for Indians is, less than 18.4 is underweight, 18.5-22.9 is normal, 23-24.9 overweight, more than 25 is Obese. Individuals with high body mass index (17.9%) compared to (12.01%) without a mentor. Medium body mass index was also found higher in individuals with a mentor (64.15%)

compared to those without a mentor (61.02%). Along with BMI regular physical exercise (joining gym, playing any particular sport, jogging) and mental exercise in the form of yoga, pranayam and meditation is also considered and 56% is doing physical exercise and 64% is doing mental exercises in group of having mentors, compared to without mentors is 50% and 46%. The mentor had a positive influence on improving the lifestyle on all aspects of their protégé. Individuals with a mentor smoke less (9.4% v/s 10.9% in individuals without a mentor), drink less (20.4% v/s 24.2%), do less drug use (1.9% v/s 4.8%), chew less (2.8% v/s 6.1%), have gambled less (1.9% v/s 4.8%), less eve teasing (3.8% v/s 7.3%), theft (0% v/s 4.8%), have done less of fighting (17% v/s 18.2%). (23.6%) and (21.7%) respondents relied on their teachers and seniors for guidance but majority of individuals did not rely on the commonly perceived mentors but chose any other as their mentor (37.7%). Employers (1.9%) and doctors (0.9%) were least preferred mentors (Table 3). Further it shows that the large portion of individuals were not in regular in touch with mentors (33%) and the gap between consecutive meeting was more than a month whereas (29.2%) were in touch with their mentor on a daily basis. One quality which most individuals were looking for in their mentor is friendly behavior (50%) followed by helping nature (46.2%). Other less important qualities did not carry much weight in individuals mind (3.8%) and 86.8% individuals were satisfied with the mentor believed that the expectations they had with their were aptly fulfilled (Table 4).

79.2% individuals with a mentor actually felt the need of mentor whereas 20.8% of who had a mentor did not feel any such need of a mentor whereas 33.8% who did not have a mentor felt the need of the mentor (Table 5). + 75.5% of protégé says it's very true that mentor knows their name and 6.6% said it's not true. 52.8% of protégé said mentor did not make fun of them and 3.8% said they make. 46.2% of protégé said its true that mentor always ask them what they want to do and 7.5% said it is not true. 45.3% of individuals felt very special with the mentor and 4.7% believed it is not true (Table 6).

We also calculated the effect of mentoring on gender basis, we found that out of 39.11% (106/271) individuals have mentor and out of which 53.77% were males and 46.23% were females. Among them 35% males and 46% female seek academic help from mentors, 38% males and 40% female got psychological help, 47% males and 44% females showed improvement in their life style, 28% males and 20.40% female discuss their psycho-sexual problems, 24% males and 26% females

Mentor		Number	Percent
Valid	Senior	23	21.7
	Teacher	25	23.6
	Religious leader	4	3.8
	Religious Leader	8	7.5
	Employers	2	1.9
	Community Leader	3	2.8
	Doctor	1	.9
	Any Other	40	37.7
Total		106	100.0
Meeting time		Number	Percent
Valid	Daily	31	29.2
	Weekly	28	26.4
	Monthly	12	11.3
	More than a month	35	33.0
	Total	106	100.0

**Table 3:** Mentors profession and duration of meeting.

		Number	Percent
Friendly	Yes	53	50.0
Listening	Yes	32	30.2
Always Helping	Yes	49	46.2
Patience	Yes	34	32.1
Any other	Yes	14	13.2

**Table 4:** Qualities expected from mentors.

		Have Mentor		Total
		Yes	No	
Believe need of mentor	Yes	84	66	150
	Percent	79.2	33.8	
	No	22	99	121
	Percent	20.8	66.2	
Total		106	165	271

**Table 5:** Need of mentor.

		Not True At all	Not Very True	Sort of True	Very True	Total
Mentors know my name	Number	7	3	10	80	100
	Percentage	6.6	2.8	9.4	75.5	94.3
Mentor makes fun of me	Number	56	26	11	4	97
	Percentage	52.8	24.5	10.4	3.8	91.5
Always ask me what I want to do	Number	8	10	32	49	99
	Percentage	7.5	9.4	30.2	46.2	93.4
Feels special with mentor	Number	5	16	30	48	99
	Percentage	4.7	15.1	28.3	45.3	93.4

**Table 6:** Mentor qualities.

got help in maintaining their relationships (Table 7). This study also showed that 12% females have religious leaders like sadhu, rishi, etc as their mentors, as compared to males only 3% have mentors as religious leaders.

## Discussion

Present study is an attempt to find the broad objective of studying psycho- social and health conditions among professional students in relation to mentoring. 39.2% respondents had a mentor which was very less compared to America 69% [8]. In the study maximum number of protégé were from adolescent age group 43.2% compared to the other group which could be attributed to the fact that people in their adolescence require more guidance as compared to their senior counter parts. Maximum number of protégé had parents educated about junior high school and high school and whose father worked as a laborers and mother's as housewife whereas low number of protégé's parents were graduate or post graduate. This could be due to still prevailing traditional values in our Indian system of keeping a guide in life as compared to less application of the concept of mentor in the modern educated India. This finding was further supported by the higher number of protégé in the in low (45.7%) and middle (44.8%) socio economic status.

In the family both the protégé and individuals without a mentor shared most of their problems with their mother followed by father. Positive impact of mentor was noticed in this finding as 60.4% of protégé were fully satisfied with the problem sharing in their lives compared to 55.2% individuals without a mentor.

Benefit	Mentors+		Total
	Males	Females	
Academic help	51/57 (89.50%)	42/49 (85.70%)	106 (100%)
Psychological help	22/57 (38.00%)	20/49 (40.85%)	106 (100%)
General Life Style	27/57 (47.00%)	22/49 (44.00%)	106 (100%)
Psycho- sexual problem sharing	16/57 (28.00%)	10/49 (20.40%)	106 (100%)
Help in maintaining relationship	14/57 (24.00%)	13/49 (26.00%)	106 (100%)
See bright future	51/57 (89.50%)	42/49 (85.70%)	106 (100%)

**Table 7:** Effect of Mentoring according to sex.

In the academic front also a positive impact of mentor was noticed as protégé were less to have left education in between, have more attendance in college, very more satisfied with grades and more number of them seeing a bright future ahead with knowing the aim in life. Similar findings were also seen by DuBois and Silverthorn [1] that mentoring relationships were more likely to exhibit favorable outcomes relating to education/work (completing high school, college attendance, working  $\geq 10$  hours a week).

The mentor had a positive health wise influence on their protégé as witnessed by the indulgence in daily physical exercise (joining gym, playing any particular sport, jogging etc.) and mental exercises (pranayams, yoga or meditation) and more number on individuals with high and medium BMI as compared to other group also reported in various studies [8-12]. Contradictory to the common notion respondents and some western studies [8-12] with mentor were less aware about the availability of contraceptives, measures to detect pregnancy, consequences of teenage pregnancy, knowledge of emergency contraceptives, awareness about STD, awareness about AIDS. This can be attributed to the fact that as the mentors are religious leaders (sadhush, babas, or motivational speakers), teachers or seniors and there is always social barriers in discussing these things with your elders and religiously also it is not considered right so shyness is still prevailing in the Indian society which prevent people from discussing such issues with their mentor and the notion is more from western literature.

The mentor had positive influence on improving the lifestyle on all aspects of their protégé. Individuals with a mentor smoke less, drink less, do less drug use, chew less, have gambled less, less eve teasing, theft, have done less of fighting. This tells that individuals led a more disciplined and orderly life as compared to the individuals without a mentor. Similar findings were also seen by DuBois and Silverthorn [1] that a mentoring relationship led to reduced problem behavior (gang membership, hurting others in physical fights, risk taking).

Most of the protégé and respondents relied on their teachers (23.6%) and seniors (21.7%) for guidance but majority of individuals did not rely on the commonly perceived mentors but chose any other as their mentor (37.7%) and that the large portion of individuals were not in regular in touch with mentors (33%) and the gap between consecutive meeting was more than a month which clearly shows that the concept of mentoring is not widely used in India.

In the study the perceived benefits and actual benefits got by the protégé were mainly for academic purpose, psychological satisfaction and life style improvement whereas less interest was shown by the protégé and less benefits were gained in improving their relationships, spirituality and least was shown in psycho-sexual aspects which further supports the earlier findings of less psycho sexual awareness of the protégé in this field and supports the fact of shyness still prevailing in our Indian society.

Only 27.2% protégé had a mentoring programme in their college and 20.8% of who had a mentor did not feel any such need of a mentor which could be the due to their forceful involvement in the college mentoring programme whereas 33.8% who did not have a mentor felt the need of the mentor and due to the non-availability of the mentoring programme in college or non awareness regarding the concept of mentor they were not able to have a mentor's role in their life.

Majority of protégé 88% were satisfied with their mentor and mentor knew majority of their names, never made fun of them, made them feel special and always take their opinion before doing anything.

And according to gender basis, females have more belief in religious leaders like sadhu, rishi etc as compared to males. Females got more academic and psychological help from their mentors and also, improvement in their general lifestyle is more as compared to males, which shows females follow their mentor's advice and discuss their problems better than males. But females are really shy in discussing their psycho-sexual problems as compared to males due to social taboo and barriers with their mentors.

So students having mentor have appropriate BMI, do regular exercise which improves their health status, also they smoke less, drink less, don't do gambling, eve teasing which made their life more disciplined and organized, there is gain of health (decreased smoking), gain of wealth (decreased gambling), mental peace due to meditation and yoga and also excel academically and professionally so it improves lifestyle in all horizons. But sexual behavior is still hampered because of still prevalent social taboos.

## Suggestions

In the study only 39.2% respondents had a mentor and 27.2% protégé had a mentoring programme in college 33.84% of respondents who were not having a mentor felt the need of mentor in life. Mentor concept is still prevalent according to the traditional Indian concept with more educated and high socio-economic class still refraining from this concept.

By introducing the idea of mentor in students and spreading awareness about its need as well as the introducing mentorship program in colleges the word can spread.

The horizon of the students should be broadened from only academic, psychological satisfaction and lifestyle to nearly all fields of life. Though positive influence of mentor was seen in every field but still less benefits they gained in psycho-sexual awareness. Due to shyness and social barriers the students having mentors are lacking in information about contraceptives, sexually transmitted diseases etc. The shyness prevailing in our Indian society should be overcome and frankness should prevail in mentor – protégé relationship and widened horizon of discussion between mentor and protégé can solve this problem. The problem of more hostile relations as found in the protégé can also be solved by widening the horizon and discussing the problem with the mentors.

## Implications

This study will give the opportunity to study the Psycho-sexual health conditions of college going youths which are changing rapidly due to changes in their lifestyle and psycho-sexual behavior. This study will explore the possibility of promotion of health of youths through mentoring.

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