



The Study of Some Individual and Social Factors on Risk Health Behaviors (RHB) Among University Students

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ABSTRACT

This research investigated effect of Individuals and social factors on Risk Health Behaviors (RHB) among university students. A total of 700 students were randomly selected from IAU, Tehran-Iran. The instrument used to collect data was a survey questionnaire that designed based on The Youth Risk Behavior Surveillance System (YRBSS) by researchers. In this research, we evaluated rate of (RHB) based on gender, ethnic status, and marital status among students. The result of the study indicated that there are differences between RHB among study groups in this research.

Key words: Risk Health Behaviors, Gender, Ethnic Status, Marital Status, Students.

INTRODUCTION

Nowadays, the health of young people is seriously linked to the health-related behaviors they choose to adopt. A limited number of behaviors contributed in today's major killers. These behaviors, often established during youth, such as: Tobacco use, unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, sexual behaviors that may result in HIV infection, behaviors that may result in violence and unwanted injuries (for example, injuries from motor vehicle crashes) (Welburn, 2003).

Over the past several decades, the risky behaviors have been increased among college and university students. According to study of Ghanbari and Tajalli (2006) rate of Prevalence of the RHB among university students were as follows:

22% like drinking alcohol and 18% during more than 16% smoke cigarette permanently and 1% smoked cigarette before 12 years old, 1% use drugs, 18% have sex with more than two persons, 67% have feeling sad or hopeless for two weeks or more in the past year, 16% have thoughts of suicide, 23% haven't any information about counseling services in their

faculty, 31% haven't a counselor or teacher for guiding them, 67% haven't sporting activities, 29% don't consider safety points and 5% have high-risk behaviors. Etiological researches on adolescent use of alcohol, tobacco, and other drugs, as well as related problems, over the past three decades has focused almost exclusively on identifying risk factors that promote use. A wide range of risk factors has been identified both within the individual and within the social context in which individuals live. Hawkins, Cummins & Marlatt (2004) listed key risk factors identified in the literature. These factors were be included individual and interpersonal factors and contextual factors. Individual and interpersonal risk factors included physiological factors (i.e., biochemical and genetic factors), family drug use, family management practices, family conflict, low bonding to family, early and persistent problem behaviors, academic failure, low commitment to school, peer rejection in early grades, association with drug-using peers, alienation and rebelliousness, attitudes favorable to drug use, and early onset of drug use. Contextual factors included the rules and norms of society in favorable to drug use, availability, economic deprivation, and neighborhood disorganization.

Similar inventories of risk factors have been identified in multi causal studies of adolescent use of alcohol, tobacco, and other drugs (Bry et al. 1982; Homffman ,1993;Greene, Baird& Kuo , 2000).

In the other hand, Greene and colleagues (2000) pointed out that all risk factors within each area such as society, school, family, and peer-individual) were shown to be positively related to substance use. Some of the strongest connections between substance uses were for the factors of "early onset of substance, "favorable attitude toward". These findings mention that all four areas (society, school, family, and peers) must be addressed together to have an effect on the issue of alcohol, tobacco, and other drug use.

The data do suggest that transitional years for students seem to be a time when alcohol, tobacco, and other drug use increases, and strategies need to address this issue. In addition the some researchers surveyed RHB in different population. For instance Stock, Wille and Kramer (2001) conducted as cross-sectional study about gender-specific health behaviors of German university students. These findings showed that male students were significantly more likely to engage in drug-taking behaviors, referring to alcohol and cannabis use, and had a higher body mass index. But no gender difference was noted in the numbers of regular smokers.

Preventive behaviors with respect to healthy nutrition and dental hygiene were reported more often in females. Also Han and colleagues (1994) studied related between culture factors with health risk behaviors. They pointed out that RHB had significant differences between females and males in different cultures. In the other hand some researches pointed out that in prevention programs of high-risk behavior should be consider the ethnic and culture factors.(Pérez-Stable, Marín& Marín,1994)

SIGNIFICANCE OF THE STUDY

The different studies indicate disturbing trends in health problems in college students.(Douglas et al., 1997; O'Connor, 2001, Ghanbari, Tajalli, 2006).

The finding of this research will give the social planner a better idea of what the current behaviors are among the students. In the other word the findings can be help to better understanding of the factors that influence on prevalence high risk behaviors in students. In the other hand the health status of colleges and universities are linked to the behaviors they choose to adaptation. It is important for these professionals to understand current health-risk behaviors among youths: "Because health-related behaviors are usually established in childhood, positive choices need to be promoted before damaging behaviors are initiated or become ingrained" (CDC, 1999, p. 2). The results of this research can be effective for all social and cultural planners.

A comprehensive systemic approach to this issue using science-based programming and different strategies in different areas has been proven to be the most effective method of prevention. In addition the results can be lead to some environmental strategies in order to decrease access, and increase positive consequences

HYPOTHESIS

The hypotheses of this research work are as below:

1- The rate of RHB is differences between females and males respondents. 2- The rate of RHB is differences between local and non local respondents. 3- The rate of RHB is differences between single and married respondents.

SCOPE OF STUDY

The respondents in this study included students who studied in Iranian Islamic Azad University, Tehran Central branch (2009 to 2010) .These groups were 700 students who were randomly selected. The age range of respondents was 18 to 25 years also 60.7 percent of respondents were female and 39.6 were male. In addition 88.4 percent of sample group were single and 11.6 were married. Finally 72.1 percent of this group was local and 26.7 percent was non local. The data were collected via questionnaires.

RESEARCH INSTRUMENT

This research utilized the quantitative research methodology. The instrument used to collect data was questionnaire .The research instrument was an adapted version of the Youth Risk Behavior Surveillance System (YRBSS) that developed at 1991 by National center for chronic Disease prevention and Health promotion (CDC) in USA. The national YRBSS is conducted every two years in the united state since 1991. The last administration is conducted at 2009.

The researchers based on YRBSS, designed a questionnaire. The demographic information was been evaluated by first section of questioner and the second section (main part) containing 74 questions. This part of questioner divided to nine subscales. The questions related to prevalence of high risk behaviors based on the first time and frequency them. Demographic information in this questionnaire was such as gender, age, marital status, ethnic status. As mentioned this questionnaire evaluated nine high risk behaviors as unsafely, High Risk driving, Violence, Alcohol Use, Drug use, Cigarette use, Suicide, Unhealthy nutrition and Physical inactivity. The next we conducted a pilot study among 100 university students. The results of this pilot showed the reliability coefficient (internal consistency) of the questionnaire based on Cronbach' Alpha for subscales. The Alfa Cronbach' of subscales such us unsafely, High Risk driving, Violence, Alcohol Use, Drug use, Cigarette use, Suicide, Unhealthy nutrition and Physical inactivity were 0.37,0.96,0.85,0.85,0.99,0.52,0.82,0.72 and 0.74 respectively. Finally unsafely subscale with 0.37 reliability remove of questioner.

METHOD OF DATA ANALYSIS

The methods of data analysis were based on Analysis of Variance (ANOVA) and Multivariate Analysis of Variance (MANOVA).

Hypothesis1: "The rate of RHB is differences between females and males respondents."

To evaluate this hypothesis we used MANONA significance tests (Pillali-Bartlett, Wilks Lambada, Roy’s Largest Root, Hoteling–lawley) for examine the effect of main variable (gender) on RHB. According to Table 1, the effect of gender variable on RHB, $P<0.001, F=12.19$, Wilk’s Lambada= 0.863 confirmed. Therefore the rate of RHB had significant differences among females and males students.

Table1: Descriptive Parameters of RHB Based on Gender

RHB	Gender	Average	Standard deviation
High Risk driving	Female	1.93	4.81
	Male	4.44	6.24
Violence	Female	3.41	7.01
	Male	6.89	8.94
Alcohol Use	Female	1.19	2.03
	Male	2.34	2.49
Drug use	Female	2.52	7.24
	Male	6.39	10.14
Cigarette use	Female	0.78	1.12
	Male	1.54	1.56
Suicide	Female	1.07	0.97
	Male	1.23	1.07
Unhealthy nutrition	Female	8.83	3.69
	Male	8.38	3.95
Physical inactivity	Female	8.48	3.10
	Male	7.56	3.85

Table 2: MANONA Significance Tests Based on Gender

Variable	Test	Value	F	α
Gender	Pillali-Bartlett,	0.137	12.19	0.001
	Wilks Lambada,	0.869	12.19	0.001
	Hoteling–lawley	0.159	12.19	0.001
	Roy’s Largest Root	0.159	12.19	0.001

Regarding to meaningfulness of MANOVA (Table 2), the results of single variable analysis ANOVA were separately introduced in Table 3. The results showed that high risk driving, violence, alcohol use, drug use, cigarette use, suicide and physical inactivity have significant differences between females and males students ($P< 0.05$).

But the unhealthy nutrition didn’t have significant different among males and females students. Finally there were significant gender difference in physical inactivity, in favor of females and in driving violence alcohols use, drug use, cigarette use, and suicide, in favor of males.

Table 3: Analysis of Variance ANOVA Based on Gender

Depended Variable	SS	df	F	α
High Risk driving	1018.06	1	34.79	0.001
Violence	1963.52	1	32.21	0.001
Alcohol Use	215.73	1	43.69	0.001
Drug Use	2412.59	1	33.53	0.001
Cigarette use	96.01	1	55.83	0.001
Suicide	4.19	1	4.13	0.004
Unhealthy nutrition	32.73	1	2.27	0.13
Physical inactivity	142.04	1	12.15	0.001

Hypothesis2: “The rate of RHB is differences between local and non local respondents”.

To evaluate this hypothesis, we used MANOVA significance tests (pillali-Bartlett,wilks, lambada, Roy’s Largest root, Hoteling, Lawley) for examine the effect of

main variable of ethnic status on RHB. Finding in Table 5 shows, the effect of ethnic status variable on RHB, $P<0.001, F=6.69$, Wilk’s Lambada= 0.92 confirmed. Therefore RHB had significant differences among local and non local students.

Table4: Descriptive Parameters of RHB Based on Ethnic Status

RHB	Ethnic Status	Average	Standard deviation
High Risk driving	Local	5.23	6.99
	Non local	2.10	4.49
Violence	Local	8.23	9.97
	Non local	3.56	6.79
Alcohol Use	Local	2.50	2.6
	Non local	1.34	2.09
Drug use	Local	7.57	10.89
	Non local	2.80	7.42
Cigarette use	Local	1.14	1.44
	Non local	1.06	1.33
Suicide	Local	1.08	1.36
	Non local	1.25	0.96
Unhealthy nutrition	Local	1.09	1.02
	Non local	9.03	4.15
Physical inactivity	Local	5.53	5.53
	Non local	8.36	8.36

Table5: MANONA Significance Tests Based on Ethnic Status

Variable	Test	Value	F	α
Ethnic Status	Pillali-Bartlett,	0.08	6.69	0.001
	Wilks Lambada,	0.92	6.69	0.001
	Hoteling–lawley	0.09	6.69	0.001
	Roy’s Largest Root	0.09	6.69	0.001

Regarding to meaningfulness of MANOVA (Table 5) the results of single variable analysis ANOVA were separately introduced in Table 6. The results showed that high risk driving, violence, alcohol use, drug use had significant differences between local and non local students ($P<0.01$). Therefore there were significant ethnic differences in high risk driving, violence, alcohols use, drug use in favor of non-local students.

Table 6: Analysis of Variance ANOVA Based on Ethnic Status

Depended Variable	SS	df	F	α
High Risk driving	1277.01	1	43.88	0.001
Violence	2850.79	1	47.43	0.001
Alcohol Use	178.07	1	35.60	0.001
Drug Use	2971.99	1	41.45	0.001
Cigarette use	1.06	1	0.57	0.45
Suicide	3.14	1	3.08	0.08
Unhealthy nutrition	34.23	1	2.37	0.124
Physical inactivity	14.17	1	1.19	0.275

Hypothesis3: “The rate of RHB is differences between single and married respondents”.

To evaluate this hypothesis we used MANOVA significance tests (Pillali-Bartlett, Wilks, Lambad a Roy’s largest Root, Hoteling– lawley) for examine the effect of main variable of marital status variable on RHB.

Based on the Table 7, the effect of marital status variable on RHB $P<0.001, F=6.55$, wilks’s Lambada=0.921

confirmed. Therefore RHB had significant differences among single and married students.

Table7: Descriptive Parameters of RHB Based on Marital Status

RHB	Marital status	Average	Standard deviation
High Risk driving	Single	2.43	5.16
	Married	6.51	6.94
Violence	Single	4.10	7.39
	Married	9.75	10.35
Alcohol Use	Single	1.46	2.21
	Married	2.96	2.48
Drug use	Single	3.41	8.07
	Married	8.69	11.39
Cigarette use	Single	1.05	11.35
	Married	1.31	1.44
Suicide	Single	1.10	1
	Married	1.34	1.04
Unhealthy nutrition	Single	8.69	3.74
	Married	8.37	4.28
Physical inactivity	Single	8.12	3.41
	Married	8.07	3.71

Table 8: MANONA Significance Tests Based on Marital Status

Variable	Test	Value	F	α
Marital Status	Pillali-Bartlett,	0.079	6.55	0.001
	Wilks Lambda,	0.921	6.55	0.001
	Hoteling-lawley	0.085	6.55	0.001
	Roy's Largest Root	0.085	6.55	0.001

Regarding to meaningfulness of MANOVA (Table 8) the results of single variable analysis ANOVA Were separately introduced in Table 9. The results showed that high risk driving, violence, alcohol use, drug use, suicide had significant differences between single and married students ($p < 0.05$). The finding showed that there had significant differences in high risk driving, violence, alcohol use, drug use, suicide in favor of married students.

Table 9: Analysis of Variance ANOVA Based on Marital Status

Depended Variable	SS	df	F	α
High Risk driving	1193.09	1	41.13	0.001
Violence	2288.88	1	37.84	0.001
Alcohol Use	161.01	1	32.10	0.001
Drug Use	1981.42	1	27.31	0.001
Cigarette use	4.73	1	2.56	0.110
Suicide	4.15	1	4.09	0.04
Unhealthy nutrition	7.38	1	0.510	0.475
physical inactivity	0.103	1	0.009	0.926

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CONCLUSION

In the data analysis, the first hypothesis, "The rate of RHB is differences between females and males respondents" is confirmed. According to MANOVA significant tests (0.863) the rate of RHB had significant differences among females and males students. In addition, the results of single variable analysis ANOVA indicated that high risk driving, violence; alcohol use, drug use, cigarette use, suicide and physical inactivity had significant differences between females and males students. But the unhealthy nutrition didn't have significant different among males and females students. These results showed that there were significant difference in physical inactivity, in favor of females and in driving violence alcohols use, drug use, cigarette use, and suicide, in favor of males. The results of researches of Stock, Wille & Kramer (2001) also Pritchard et al (2007) confirmed these conclusions. According to the analysis of obtained data, the second hypothesis, "The rate of RHB is differences between local and non local respondents" is confirmed. Based on the MANOVA Significance tests (0.92), the rate of RHB had significant differences among local and non local students. Also the results of single variable analysis ANOVA showed that high risk driving, violence, alcohol use, drug use had significant differences between local and non local students. Therefore there were significant ethnic differences in high risk driving, violence, alcohols use, drug use in favor of non-local students. The findings of researches of Han and his colleagues (1994) and Pérez-Stable, Marín& Marín (1994) confirm this conclusion. Their researches results showed that there were significant differences between females and males in different cultures. Therefore in prevention programs of high-risk behavior should be consider the ethnic and culture factors. The third hypothesis, "The rate of RHB is differences between single and married respondents, is confirmed. The results of MANOVA significance tests (0.921) confirmed that the rate of RHB had significant differences among single and married students. In addition the results of single variable analysis ANOVA showed that high risk driving, violence, alcohol use, drug use, suicide had significant differences between single and married students. Also this finding indicated that there were significant differences in high risk driving, violence, alcohols use, drug use, suicide in favor of married students.

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