The prevalence rate of risky behaviors and its relationship to religious orientations among students (boy and girl) in Shaahed and public schools

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ABSTRACT

The prevalence of risky behaviors, especially amongst adolescents and youth, has been of the serious health threats in recent years which, due to rapid social change, have been taken into consideration on behalf of health agencies, law enforcement and social policymakers as one of the most important problems in the society. The aim of this study was to estimate the prevalence of risky behaviors and its relationship to religious orientations among students (boy and girls) in Shaahed and public schools. To this end and using a multi-stage cluster sampling and proportional to population size, 450 students were chosen for this study. To measure the variables, Iranian Adolescents Risk-taking Survey (IARS) and Stark Gluck Religiosity Test were used, respectively. For data analysis, correlation tests, T-test, chi square, Analysis of Variance (ANOVA) and Scheffe's test were used. The results showed that the prevalence of risky behaviors in all students was 5.4 percent (boys 6.3 percent, girls 4.51 percent). Also, there was a significant difference in mean scores of risky behaviors among students in public schools and Shaahed students enrolled in public schools. Besides, there appeared a significant negative relation between religious orientations (p<0.01) and risky behaviors among students in public and Shaahed schools. Having analyzed the subsidiary hypotheses, it was revealed that there was a significant positive relationship among age (p<0.05) and field of study (p<0.01) with risky behaviors in students of public schools. The result of this research revealed the need for greater attention, with greater emphasis on the practical aspect of it, to the importance of religious orientations in prevention of infection with risky behaviors among students.

Key words: prevalence, risky behavior, Shaahed and non-Shaahed Students, Religious Orientations
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INTRODUCTION

Adolescence is a critical period in life. Important behavioral patterns, that can affect a person throughout life, are formed in this period. Drug use and inappropriate sexual behavior patterns begin at this period [3]. It is in adolescence period that a person determines his position in the family, friends and society. Social, family and economic elements have critical roles in behavioral orientation of individuals. Most adolescents are experiencing challenge with their family, society and relatives and it is likely that such problem pressures, lead adolescents to risky behaviors at decision-making phase. Today's society faces adolescents and families with many demanding needs. In adolescence, individuals are gathering experiencing and due to this, they will be faced with various risks. At this stage, adolescents move from families toward the society and they try to gain a social status for themselves. During this period, they may choose those friends that their parents may not accept and elect to have a dressing that

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is not acceptable by their parents or they may compare their family to other families. Also, they are not accountable to their parents with regard to their behaviors and if families, especially parents, understand changes in behaviors of this period, it can help to reduce the current challenges and supports communicating with adolescents effectively [3].

One of the serious health threats in recent years is prevalence of risky behaviors, especially amongst different groups, which due to rapid social change, has been taken into consideration on behalf of health agencies, law enforcement and social policymakers as one of the most important problems in the society. For example, it is predicted that by 2030, only the rates of illness and death caused by tobacco consumption will reach 10 million people a year. If we enumerate physical, psychological and social effects of other risky behaviors such as drug abuse, violence, AIDS, etc., the damage will be multiplied [8]. Drug abuse, alcoholism and moral deviations begin in adolescence. Studies in developed and growing countries indicate an increase in behaviors such as smoking, alcohol consumption, and drug abuse [19]. Data from a research on youngsters and adolescents in the United States of America from 1991 to 1999 showed that trends of risky sexual behaviors and tobacco, alcohol and drug abuse have increased [20]. Baricani (2005) conducted a research entitled as "risky behaviors among adolescents in Guidance and high-schools of Tehran "and concluded that the prevalence of smoking was 12 percent and the mean ages for starting smoking was 14 years (SD 3.1), respectively. 27.2 percent had bought cigar themselves, 46.9 percent accepted their friends' offers and 22.2 percent had consumed their family members' cigars.28.1 percent of them responded that there are smokers among their close friends and 43.4 percent of them responded that there are smokers in their own family who is often28.1 percent their father. Having asked about hookah smoking, 30 percent answered yes, but 71.7 percent of them believed that hookah smoking was harmful for health.46.6 percent of them had close friends who smoked hookah.29.8 percent of them reported that their family has been smoking hookah.10 percent of them had used alcohol and had the same starting age of cigar for this. 2 percent of them had experienced heroin use. Other studies on the prevalence of other types of risky behaviors indicate that university students have experienced alcohol consumption by 17.1 percent, cannabis by 7.4 percent, opium by 8.4 percent, heroin by 7.0 percent, Ecstasy by 7.2 percent and the other substances by 2.5 percent, once or more during their life. Also, regular consumption of these substances was calculated as follow: alcohol 1.1 percent, cannabis 0.1 percent, heroin 0.1 percent and Ecstasy 0.1 percent. They also obtained a meaningful relationship among substance abuse with gender, age, living with friends and studying medicine but no significant relationship was found between substance abuse and marital status and father education [19]. Taromian (2006) conducted a research among university students in Tehran and found the following prevalence rates: alcohol 17 percent, opium 2.3 percent, cannabis 2.2 percent and Ecstasy 0.7 percent.

Analyzing the frequency of drug abuse among medical students in Rafsanjan, 38.8 percent of the students had a history of alcohol consumption, 34.1 percent had a history of drug abuse and 12.9 percent had a history of cannabis use [17].

Najafi et al. (2004) conducted a research titled as "prevalence of drug abuse among high school students in Rasht city" and found that the prevalence of one-time substance abuse in their lifetime including cigarette was 23.3 percent and excluding cigarette was 13.1 percent. These percent was 14.4 and 32 percent, including cigarette, for and girls and boys respectively and regardless of smoking was 6.2 and 7.19 percent respectively. Also, the relative frequency of at least one-time use of each drug in a lifetime was as follows: cigarette 18.3 percent, alcohol 12.6 percent, opium 1.4 percent, cannabis 1.3 percent, Ecstasy 0.7 percent and heroin 0.3 percent. They also found a significant relationship between gender and the prevalence of substance use in a manner that the prevalence of substance use was higher in boys than in girls. In their study, Atai et al. (2011) found the most common risky behaviors as follows: smoking 31.3 percent, drug abuse30.1 percent, the number of times arrested 26.3 percent, illegitimate sexual relations 22.1 percent, alcohol, illegitimate sexual relation and temporary marriage record, each 17.8 percent, smoking, alcohol and drug abuse in family members as 60.2 percent, 26.9 percent and 39.2 percent, respectively.

Also, Sharifzadeh (2007) conducted a research titled as "prevalence of using addictive substances" and reported smoking prevalence of 30 percent, smoking experiences of 43 percent, drug abuse of 9.9 percent, drug abuse experiences of 22.7 percent, the prevalence of alcoholism of 14.5 percent, experience of alcohol consumption of 25.4percent and experience of Ecstasy pill use of 7.5 percent [16]. With regard to this fact that approximately 40 percent of our population is under age group of 20 years old (as cited by Statistical Center of Iran),conducting this research in order to develop scientific strategies and interventions in this age group, who will build the future of our society, seems to be necessary and appropriate. Thus, the researcher will try to show the prevalence rate of risky

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behaviors among students in Shaahed and Non-Shaahed schools and to find the relationship between risky behaviors and religious orientations.

MATERIALS AND METHODS

Population, sample and sampling method
Regarding the aim and method of data collection, this study was an applied one and used descriptive-cross sectional correlation method.

Population of this study were all male and female high school students (Shaahed and Non-Shaahed) in the city of Tehran who had been enrolled in2011-2012 school year. In this study, a multi-stage cluster sampling method was used. It was done through obtaining the necessary permits from the Department of Education of the counties of Tehran province and then randomly selecting schools from three eastern, central and western counties of this province, namely Robat-karim, Pakdasht and Chahar-daange. Then, the required numbers of schools were randomly selected again. Furthermore, the numbers of required classes were selected and questionnaires made available to them. According to the research hypotheses and with regard to both range and population size which were up to 160,000 people and 95 percent of confidence level, the sample size was set at 450.

Instruments and procedure of research
For data collection, the following tools were used: 1) Iranian Adolescents Risk Scale (IARS) 2) Stark-Gluck Religiosity Test.

Validity and reliability of measurement instruments
Iranian Adolescents Risk Scale (IARS): this questionnaire was standardized in Mohammadi Zadeh's (2008) survey who obtained the following Cronbach's alpha levels: dangerous driving 0.74, smoking, 0.93, drugs and psychotropic 0.90,alcohol 0.90, violence 0.78, friendship with the opposite sex 0.83 and sexual relationship and behavior0.87. The present study obtained the following Cronbach's alpha levels: dangerous driving 0.83, violence 0.81, smoking, 0.81, drugs 0.81, alcohol 0.79, friendship with the opposite sex 0.81 and sexual relationship and behavior 0.82.

Stark-Gluck Religiosity Test: To standardize this scale, several studies have been conducted in several European, American, African and Asian countries on religions of Christianity, Judaism and Islam (as cited in Mohammad Reza Taleban, 1998) and this scale has been adapted to Islam [20]. The validity of this questionnaire has been determined in several studies on different samples which indicate the high validity of this scale in different dimensions. The last performance of the test on students indicates an overall alpha 0.83. The alpha values for the variables were as such: ideological dimension 0.81, emotional dimension 0.75, consequential dimension 0.72 and ritual dimension 0.83 [12]. Also, the present study found the following reliability levels: ideological dimension 0.86, emotional dimension 0.80, consequential dimension 0.76 and ritual dimension 0.75.

Determining Content Validity of this research:
Firstly, the questionnaires (Iranian Adolescents Risk Scale (IARS) and Stark-Gluck Religiosity Test) along with the test objectives were given to 5 professors of enough experience in the related field of research in order to judge about the content of the questionnaires and their relations to the objectives and hypotheses of the research. Then, based on their comments, corrections were made.

RESULTS

A) Data description: According to participants' views of our statistical sample, the mean and standard deviation of the main variables of research are presented in line with the research hypotheses.

Table 1. The mean of risky behaviors and religious orientations

variable	Std. Deviation	Mean	Maximum	Minimum	Kolmogorov			Shapiro		
					Statistic	df	Sig.	Statistic	df	Sig.
Religiosity	36	72.6	72.6	23.64	0.067	450	0.000	0.980	450	0.000
Risky behavior	36	111	70.08	88.09	0.125	450	0.000	0.920	450	0.000

As can be seen in Table 1, the means of risky behaviors and religious orientations are72.9 and70.08, respectively.

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Table 2. The prevalence of risky behaviors (low risk, medium risk, high risk)

	Level	Public	Shaahed	Shaahed Shaahed
Risky behaviors	low risk	29.1%	35.4%	22.6%
	medium risk	62.7%	63.7%	74.2%
	high risk	8.2%	1.5%	3.2%

Table 2 shows the low risk rate in public school students is 29.1 percent, in Shaahed students is 35.4 percent and in Shaahede Shaahed students is 22.6 percent. Besides, medium risk rate in public students is 62.7 percent, in Shaahed students is 63.7 percent and in Shaahede Shaahed students is 74.2 percent. Finally, high risk rate in public students is 8.2 percent, in Shaahed students is 1.5 percent and in Shaahede Shaahed students is 3.2 percent.

Table 3. The mean scores of risky behaviors, according to school type (public, Shaahed and Shaahed Shaahede)

Group status	variable	Mean	Std. Deviation	N
public	risky	74.46	25.150	354
Shaahed	risky	64.02	14.957	65
Non- Shaahed	risky	69.26	15.157	31
Total	risky	72.60	23.637	450

As Table 3 shows, mean scores of public, Shaahed and Shaahed Shaahed students's risk scale were 74.46, 69.26, and 64.02, respectively.

2) Data analysis:
The first main hypothesis: "there is a difference in the prevalence of risky behaviors between public, Shaahed and Shaahed Shaahed students."

Table 4. Analysis of One-Way ANOVA

Source	Sum of Squares	df	Mean Square	F	Sig.
Between groups	6365.448	2	3182.724		
Within groups	244484.943	447	546.946	5.819	.003
Total	250850.391	449			

As can be seen in Table 4, the significance level for this test was0.0003, which as it is smaller than 0.01, the null hypothesis is rejected and the researcher's hypothesis is approved; This means that there is a significant difference between the mean scores of students in risky behavior of three groups of students (public, Shaahed and Non-Shaahed). Also, the Post-hoc Scheffe test was conducted in order to find the actual differences between groups. The results are depicted in table 5.

Table 5. The Post-hoc Scheffe Test

Indicator Type of school		Mean Difference	Std. Deviation	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Public	**Shaahed**	10.448*	3.156	.004	2.70	18.20
	Shaahede Shaahed	5.205	4.380	.494	-5.55	15.96
Shaahed	**Shaahede Shaahed**	-5.243	5.105	.591	-17.78	7.29

According to Table 5 and a significant level of 0.004, we can conclude that there is a significant difference between public school students and Shaahed students in public schools (public and public students enrolled in Shaahed schools) in terms of the mean scores of risky behavior. This means that the mean scores of risky behavior in public and Shaahede Shaahed students and also between Shaahed and Shaahede Shaahed students show no significant difference.

The second hypothesis of the study: "there is a significant relationship between the risky behaviors and religious tendencies." To examine the second hypothesis and sub-hypotheses of the study, Pearson's correlation coefficient, Spearman's, T-test and chi-square test were used.

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Table 6. Correlation coefficient matrix

	Risky behavior		
	Public school students	**Shaahed students in public schools**	**Shaahed students in Shaahed schools**
Gender	-0.274 0.748		
Age	0.125* 0.023	0.153 0.175	0.328 0.102
Father's education	0.381 0.432	4.844 0.184	0.381 0.432
Father's job	3.812 0.432	1.627 0.804	1.255 0.740
Field of study	16.471** 0.002	0.919 0.498	4.094 0.251
Education level	2.495 0.476	0.225 0.974	0.100 0.951
Place of living	1.688 0.430	2.851 0.091	1.060 0.303
Number of family members	0.016 0.769	0.085 0.466	-0.272 0.179
Order of birth	0.041 0.454	0.098 0.395	-0.186 0.383
Religious tendencies	-0.254*** 0.000	-0.373** 0.000	-0.029 0.875

P < 0.01*   P < 0.05**

According to Table 6, there is a significant negative relationship between religious tendencies and risky behaviors of students in public and Shaahed schools; that is, the higher the level of religious tendencies, the lower the numbers of students'risky behaviors.

Sub-hypotheses: Having studied demographic factors, it is revealed that there is a significant positive relationship among are age (p<0.5) and field of study (p<0.5) with risky behaviors of public school students. This means that as the age of students increase, the tendency toward risky behaviors increases. Also, there was a significant negative relationship between the religious tendencies (p<0.01) with risky behaviors among public and Shaahed school students. This means that high religious tendencies lead to lower risky behaviors among students. In terms of other demographic factors associated with risky behaviors, the correlation was not significant.

CONCLUSION

The results showed that the prevalence of risky behaviors was 8.2 percent in public school students, 1.5 percent in Shaahed school students and 3.2 percent in Shaahede Shaahed students. Also, there was a significant difference between public school students and Shaahed students in public schools, in terms of the mean scores of risky behavior. Besides, a significant negative relationship was observed between religious tendencies (p<0.01) and risky behaviors of public and Shaahed students. Considering subsidiary hypotheses, it was indicated that there was a significant positive relationship between age (p<0.05) and field of study (p<0.01) with risky behaviors in public school students. The findings of the study are in accordance with some parts of Iranian and foreign researchers' and scholars' findings; some of these scholars are as follows: Zarif-sanayiet al. (2005), Sharif-zadeh (2007), Shams-alizadeh (2007), Khavari et al. (2009), Ayatollahi et al. (2006), Soleimani-nia et al. (2007), Bakhshani et al. (2007), Shojayiet al. (2007), Baricani (2007), Najafi et al. (2006), Jafar (2006), Baher et al. (2005), Jennifer (1999), Inon et al. (2006), Maziak (2002).

Shojaei et al. (2008) asserted that according to 2005census, the prevalence of daily smoking in the population range of15-64 years was 11.09 percent. Baricani (2005) conducted a research entitled as "risky behaviors of adolescents in Guidance and high-schools of Tehran "and concluded that the prevalence of smoking and the average age for starting smoking were 12 percent and 14 years (SD 3.1), respectively. 10 percent of this population had consumed alcohol in the past year. Also, Jafar et al. (2006), reported alcohol use in Oman as 4.3 percent. Khavariet al. (2009) in their study of the prevalence of alcoholic and psychotropic use in high school male students of Mehriz city in 2009, announced a 6.1percentprevalence of alcohol use. Soleimani-nia et al. (2007) asserted the prevalence of drug use among adolescents in the 12 months prior to the study as 19.1 percent in boys,2.5 percent in girls and total of 10.1 percent for the total.

Jafaret al. (2006) estimated the rate of drug use among students in Oman at 8 percent.

Baher et al. (2006) reported that in Taiwan, 6.6 percent of students between the ages of18 to 16 years old have used drugs. In Aynon et al. (2006), 8.4 percent of students had attempted suicide. Bakhshaniet al. (2005) conducted the same research on high school students in Zahedan and the following results were obtained: carrying guns by 6.7 percent, not going to school because of feeling unsafe by 14.4 percent, threatened to by 11.7 percent in the past 12 months. In order to analyze and interpret the findings of the first hypothesis'findings with regard to the low prevalence of risky behaviors in Shaahed and Shaadehe Shaahed students, one can point to the religious context of the family environment in Shaahed students and the role of religion in prevention of prevalence of these kinds of behaviors in them. Many psychology experts have approved the role of religious teachings in the prevention of mental disorders and behavioral abnormalities. In other words, a religious world view gives meaningfulness to life and has a profound effect on mental health of individuals. This means that the religion gives direction to a human's life and to protect him against psychological stresses, which reduces problems such as depression, anxiety, suicide, low self-esteem and to be lonely. Having mentioned all the cases above, we can say that parents of Shaahed students can play a key role in reducing their children's tendency to risky behaviors such as drug use, smoking, alcohol, etc. in the community. There was a significant negative relationship between religious tendencies and risky behaviors in Shaahed and public school students. In other words, as the level of religious orientations increases, students' risky behaviors decrease. The findings of this part of study are in accordance with some parts of Iranian and foreign researchers' and scholars' findings; some of these scholars are as follows:

Jan-bozorgi (2007), Sharifi et al. (2002), Rostami (2004), Bahrami-mashuf (1992), Razfareh (2000), Karam-allahi and Agha-mohammadi (2000), Salehi et al. (2007), Sohrabian (2000), Khalili (2000), Abdol-rasoli (2008), Khotbesara (2005), Sinha et al. (2006), Albersht and Miller (1999), Nunamaker, Mackley and Bloom (2003), Maya kritchman et al. (2011).

Nunamaker, Mackley and Bloom (2003) conducted a study to investigate the relationship between religiosity and adolescent health and found that religiosity protected adolescents from behaviors such as smoking, drinking alcohol and marijuana and unconventional sexual relationships. Jan-bozorgi (2007) and Sharifi et al. (2002) conducted some studies and concluded that there was a direct relationship between religiosity and mental health. Rostami (2004) in a study on the relationship between the religious status and emotional intelligence found that moral teachings and mental health are interrelated. This study also showed that emotional intelligence has a significant positive correlation with the religious status. Besides, some scholars [1, 3, 16] conducted several studies and demonstrated a significant inverse correlation between the severity of depression and anxiety in adults with strong religious views. Also, the research conducted by Salehi et al. (2007) suggests that religious people have an internal control center. A research conducted by Sohrabian (2000) and Khalili (2000) also showed that there was a positive and significant relationship between the religious attitude and personal and social adjustment of students. Abolrasooli (2008) conducted a study titled as "investigating the effective factors leading Tehrani young adolescent between 14 and 29 years to addiction based on theory Agnew's theory" and achieved the following results:1. There was an inverse relationship between religiosity and drug addiction; that is, the more religiosity of respondents, the less tendency toward addiction.2. There was no significant difference between two groups of addicts and non-addicts in terms of ideological dimension. Habib-zadehkkotbesara (2005) conducted a study entitled "studying religiosity types among students of Tehran University" and found that: there was a considerable variation in terms of student's commitment to various aspects of religiosity; this meant that respondents got the highest scores in the dimensions of religious beliefs, morality and individual assignments, but they got the lowest scores in the dimensions of collective and individual worships and religious knowledge. Jill W. Sinha et al. (2006) conducted a study entitled as "adolescent risk behaviors and religion: findings from a national study" and ran down to the conclusion that religiosity was consistently associated with reduced risk behaviors in the areas of truancy, sexual activity, marijuana use, and depression. A study done by Albrecht Meyer and Miller (1992) indicated that religiosity has been effective in reducing the tendency to drug and alcohol abuse.

Maya Kritchman et al. (2011) conducted a study on Israeli medical students in Tel Aviv and concluded that there was a significant inverse relationship between depression and religiosity.

In terms of interpretation of findings related to the second hypothesis, it can be acknowledged that modern man is involved in many issues and problems and he uses different tools to eliminate or alleviate them. Among the strategies that have been posed to humans from the past, one can name seeking refuge in the power of eternal God.

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Hence, religious beliefs play an important role in reducing drug use, alcohol, smoking, unsafe sexual behavior, and so on. Those who have accepted the religious principles and have a sense of coherence to these principles, have a less tendency to risky behaviors than those who are less religious persons. The previous investigations also confirmed that feeling of security which comes as the result of participation in religious circles, making life purposeful, and increasing self-esteem, belonging to a group of friends and obtaining constructive values, active participation in religious groups and a way from destructive ones, prevent adolescent from incidence of risky behaviors. It can be concluded that although the prevalence of risky behaviors in Iranian culture is lower than the foreign ones, but some trends of behaviors such as alcohol use, relationship with the opposite sex and sexual relationship and behavior have a high prevalence rate. Since there is a significant correlation and relation between these behaviors, there must be comprehensive and practical plans to prevent adolescents' risky behaviors tendencies, especially adolescent students. On the other hand and with regard to low mean scores of ritual and consequential dimensions, the role of religion, especially in its practical aspects, can play an important role to in this regard.

Limitations of the study:
1. Existence of ethical, social and legal limitations for investigating risky sexual behaviors that finally led to the removal of a question about sexual relationship and behavior subscale.
2. Problems caused by participants' self-reporting in filling the questionnaires. 3. Impossibility of generalizing the results of this study to Guidance school' levels.

Suggestions:
Applicable suggestions:
1. It is suggested that more attentions be paid to risky behaviors in students and to include instructional materials in textbooks and communicate more with parents.
2. The findings of this study should be provided to education practitioners and parents.
3. There must be special attentions to the consequential and ritualistic aspects of religion and furthering their status by raising students' worldviews and encouraging them to actively and consciously participate in practical religious rituals. The latter is suggested because despite high scores on the ideological and emotional aspects of religion, they have low scores on consequential and ritual aspects.

Research suggestions:
1. The main proposal is as such: conducting a study to investigate the cause of low status of ritualistic and consequential dimension of religiosity, despite very high scores for ideological and emotional aspects of religiosity of students which is consistent with some previous studies.
2. It did not happen to conduct such a research in Tehran because the officials, explicitly, opposed to the very subject of this study. So, the researcher suggests that such a study be conducted in Tehran.
3. Besides, it is suggested that a research be conducted in the context of other risky behaviors such as industrial drug abuse, suicide and domestic violence.
4. Like the other countries, it is recommended that the survey be repeated every two or three years in a national format.

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