

Examine the relationship risky behavior, with general health, and suicidal thoughts in Azad university students of ILAM

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Abstract: **Introduction:** Committing risky behaviors including suicidal thoughts, along with the consequences of physical, psychological, social and negatively on individuals, and especially young people, especially universities students are, and their general health, endanger. Present study, with CORRELATIONAL method been, Statistical population of students constitute, that so far, has been guilty of risky behaviors, that with the loyalty and their trust them, 80 students who have high-risk behaviors been randomly assigned were selected, Measuring tool research questionnaires, Czech list of risky behaviors, Goldberg's General Health Questionnaire (GHQ), and the Beck Scale for suicide ideation (BSSI) was. Data analysis using software spss20, and Pearson's correlation coefficient test and t-test was performed. The research findings showed that the prevalence of suicidal ideation in girls than in boys are, in dimensions of four subscales mental health, there were significant differences between boys and girls, between Risky behavior, and suicidal thoughts, there was a significant positive correlation ($p < 0/000$), also between mental health and suicidal thoughts ($-0/26 = r, 0/82 = p$) a negative correlation reversed was. The results of this study indicate that committing of risky behaviors, raise risk and percent of suicide attempt, and have negative effects on public health aspects, in this direction, the implementation of modern methods of immunization against possible risks, and change people's attitudes, and also on family, and educate families In order to control risky behaviors, and effects, it is suggested.

Key words: *Risk behaviors; Substance abuse; Mental health; Suicidal thoughts*

1. Introduction

One of the serious no health threats, in recent years, due to rapid social change from health agencies, law enforcement and social policy, As one of the most important problems in the population are considered prevalence of risk behaviors among various groups. For example, is predicted that by 2030, only the rates of illness and mortality caused by tobacco consumption figure of 10 million individuals per year (Sluky, 2001), If the consequences of physical, psychological, social and other risky behaviors such as substance abuse, violence and AIDS into account, losses and damages, are increased. Nowadays health psychology with control and coping with stress reduction and smoking cessation and modification of risk behaviors (EG, substance abuse) role In encouraging people to be more healthy behaviors interesting role play (Curtis, 2003). According to statistics, the Center for Disease Control of Prevention prevalence of behaviors that endanger the health, in society, youth and seniors is growing. Smoking, tobacco, fatty foods, and low fiber intake, Physical Inactivity,

alcohol consumption, risky sexual behavior, substance abuse and other risky behaviors are considered to be (Malekshahi et al, 2007). Through high-risk behavior, particularly among the youth and students, can be to substance abuse (including opiates and psychotropic drugs, and sexual behaviors noted, Among youth, students in terms of intellectual and social position and prestige of current and future, with the remainder of its counterparts are different. them because of transitional nature of student life are exposed to the stressor agents. And should the demands of the growing world that need for things like occupation, lifestyle, friends, family religion and policy decisions. Cope and expectations of family, teachers, friends and other groups to meet, this stress, can cause several underlying abnormalities (Azadmarzabadi, 2004), Studies in the field of youth and students, of increase in drug use (Rahimimogher et al, 2006), alcohol consumption (Serahzadeh and Faizi, 2007), use of psychotropic substances, sexual risk (Mohtashamamiri et al, 2006), risk behaviors, in terms of injuries, and damages irreparable educational, psychological, medical, social, legal, economic and sanitary, such as drop-out rates, lack of educational and career success, academic decline,

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further release of drugs in the campus community and general public to promote the culture of consumption because idolize the educated class⁽³⁾ the risk of creating an unusual and risky sexual behaviors and increase the likelihood of catching a sexually transmitted disease, especially AIDS is considerable (Eisenber et al., 2007).

Always prevalence of risky behaviors, in addition to other risks, negative psychological effects as well, that In this study, the impact of these behaviors on public health and suicidal ideation is considered, According to Carl MANINGR, mental health is defined as the adaptation of the individual, or the world around them with greatest extent possible, so that makes fun, and effective harvest completely (Brooks et al., 2002). The results of a study to examine the relationship of risk behaviors with mental health symptoms, in 2224, high school students, ninth to twelfth basis, with a mean age of 16.2 years was conducted, in America State Massachusetts, Showed that the rates of depression, and stress reported by participants and increased risky behavior in them during the past month, there have been significant relationship. And a regression equation showed that feelings of depression, and the stress of having to increase the level of tobacco use increasing violence and physical conflicts unsafe having sex and unhealthy diet, is associated (Heeringan et al., 2008; Goldenberg 1999), also increasing prevalence of risk behaviors in adolescents with depression in them linked and believes. Nowadays due to increasing stress and pressure in adolescent's incidence of depression has increased during this period and the main reason for the migration of young adults to behaviors that threaten their health it also trying to get rid of the symptoms of depression. Other variables desired in this study, suicidal thoughts or tend to suicidal, committed suicide behavior is, to wide range of behaviors refers central core of them harming his intention to kill himself. Suicidal thoughts, suicide attempt and completed suicide are examples of this behaviors (Hemmati et al., 2004), in fact, suicidal thoughts, is a term that implies to occurrence of any self-destructive thoughts. This thought's is a spectrum of vague thoughts about the possible end of life it takes to complete suicide (Carmel et al., 2003). KARMAL et al., (2003) in a review of 328 students stated that almost a third of them during the course of their lives have been having Suicidal thoughts (Bapiri et al., 2010), In most research related suicide attempt, aged 15 to 24 years, the risk of suicide attempt is (Malakuti and Bolhari, 2007), Wide range of biological, psychological, social and spiritual affects in suicidal tendencies. Minors, drug abuse and repeated failures (Fedyszyn et al., 2012), hesitation, history of suicide among family members, some psychological disorders (Molavi et al., 2008), marital discord, poor of Coping Skills, personality characteristics (Lester, 2012), lack of social support, lack of religious beliefs (Taghavi, 1380) are risk factors for suicide in Iran.

Considering the content mentioned, the study seeks to response to this question is that whether

mental health and suicidal thoughts with behaviors risky to have a relationship or not, In other words, the researcher is looking at these issues, that mental health and its dimensions, with a strong desire to suicide in individuals who are risky behavior, at what level?

2. Method

The present study in terms of purpose, applicability, and in terms of methodology, is investigations CORRELATIONAL, that survey, and a questionnaire distributed was in designated individuals were identified. The statistical population present study, the students of Islamic Azad University, ILAM formations that with random sampling, 80 of whom were selected, Entering the study standard, having risky behavior, with the confirmation the person accountable was his view to cooperate in study. Measuring instruments of research: 1. Czech list of high risk behaviors, taking into consideration a variety of risky behaviors, in this research known four types of risk behavior, were considered, these behaviors include: 1. Drug consumption, 2. Pill's consumption and psychotropic drugs, 3. alcohol consumption, 4. sexual relationships, that questions about either of these items and range of response fourth option (always, sometimes, rarely, never) were designed. Form of 28-item General Health Questionnaire of Goldberg (1988) (GHQ) This questionnaire was composed of four subscales, each consisting of 7 questions. Questions 1 to 7 related to of somatic symptoms subtests, questions 8 to 14 related to sub-tests anxiety and insomnia subtests, Questions 15 to 21 related to of social dysfunction sub-tests, and questions 22 and 28 related to of the depression subtests, that general condition of psycho physical of the individual in Recent Month show. All questions have 4 options. Method for Scoring for This questionnaire form (3, 2, 1, 0) is. So that lower score indicate a higher general health. So individual scores will vary from, 0-84, Taghavi (1380), to investigate the reliability for this questionnaire 75 students of Shiraz University of Medical Sciences, to be examined (Taghavi, 1380). The reliability of this questionnaire, with three re-survey method, bisection, and CRONBACH's alpha were evaluated to arrange, reliability coefficients, and a 0.70, 0.90, 0.93 was obtained. Taghavi (1380), as well as for study mentioned validity of the questionnaire, of methods of this questionnaire correlated with the total score and factor analysis was used by Taghavi (1380). Correlation coefficients between the sub-tests this questionnaire with a total score is satisfactory and was variable between 0.72 and 0.87. Factor analysis indicates the presence of depression, anxiety, social dysfunction and somatic symptoms in of this questionnaire that on the whole, more than 50% of the total variance explained were tested Taghavi (1380). 3. Beck scale for suicidal thoughts (BSSI): One of the tools used in the study of suicidal thoughts, it includes 19 questions and each question

is a score from zero to two, therefore, the total score varies from zero to 38. Internal correlation of this test 0/89 percent, the tester reliability of $r=0/83$ is (19). Concurrent validity of this test, Assessment Scale of suicide risk, equivalent to $r=0/69$ and a $P<0/001$ were achieved (Dannitz, 2001). Score final of the test would be: 3-0 no suicidal thought, 11-4 has low risk suicidal thoughts and a 38 - 12 with risky suicidal thoughts. Of this test, in Iran translation, and preliminary studies for the enforcement of the Center for Cognitive Studies, ROOZBEH Hospital behavior was performed (Dannitz, 2001).

Data analysis software with SPSS 20, in descriptive level, mean, and standard deviation, and inferential statistics, of Pearson correlation coefficient and t-test were used.

3. Findings

Results are in Table 1.

Table 1: Frequency distribution of Sex and Marital Status Students

		Frequency	
Gender	Man	45	56.25%
	Woman	35	43.75%
	Collect	80	100%
Marital Status	Man	23	28.75%
	Woman	57	71.25%
	Collect	80	100%

Table 2: The extent of risk behaviors of participants

Types of risk behavior	Categories	Percent	Frequency	Types of risk behavior	Categories	Percent	Frequency
Alcohol Consumption	Never	43	53.75	Drug use	Never	54	67.5
	Rarely	10	12.5		Rarely	4	5
	Sometimes	12	15		Sometimes	8	10
	Ever	15	18.75		Ever	14	17.5
Consumption of Pills psychotropic	Collect	80	100	Collect	80	100	Sexual relations
	Never	30	37.5	Never	24	30	
	Rarely	6	7.5	Rarely	28	35	
	Sometimes	24	30	Sometimes	16	20	
	Ever	20	25	Ever	12	15	
Collect	80	100	Collect	80	100		

4. Discussion

According to Table 1 about the gender of the respondents, respectively, 56.25% male and 43.75% of them were female, also, 28.75% of the respondents were married, and 71.25 is single. According to Table 3, the mean and standard deviation, a variety of risky behaviors among students taking psychotropic tablets ($3.90 = m$) has the highest mean and sexual relations with behavior ($2.04 = m$) has been the least. According to Table 4, based on a scale of suicidal thoughts, suicidal thoughts students (58.75 percent), preparing for suicide (30 percent) and attempting suicide attempts (25.11 percent), While Looking at two groups of male and female students, more women than men have suicidal thoughts.

As shown in Table 5, the mean score for depression and anxiety and social functioning of

among females are more men. The mean scores of SOMATIZATION in men is, more than women And according to the calculated value of T, the mental health sub-scales that , from amount of t table with 80 degrees of freedom is smaller in 99.0. So observed difference is statistically significant. Also results of the test t, comparison based on gender is significant

Table 3: Mean and standard deviation of all kinds of risky behavior in response

kinds of risky behavior	Mean	Standard deviation
Alcohol Consumption	2.63	1.81
Consumption of Pills psychotropic	3.90	1.79
Drug use	2.72	1.57
Sexual relations	2.04	2.16

Table 4: Frequency distribution of suicidal thoughts, according to the gender variable

variable	Woman		Man		Collect	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
suicidal thoughts	35	43.75%	45	56.25%	80	100%
Intention of suicide attempts (Very High Risk)	7	% 20	2	4.5	9	11.25
Preparation for suicide (High Risk)	10	% 28.6	14	31.1	24	30
Having suicidal thoughts (Low Risk)	18	51.4 %	29	64.4	47	58.75

Table 5: Mean mental health scores and t-test results divided by gender

Component of mental health	gender	Mean	standard deviation	df	t	
Somatic symptoms	Woman	5/42	4/58	80	8.46	0.000
	Man	5/87	4/72			
Anxiety	Woman	8/76	6/65	80	0.977	0.019
	Man	7/64	5/32			
Social dysfunction	Woman	8/34	4/23	80	1.002	0.000
	Man	8/02	4/85			
Depression	Woman	6/00	6/52	80	3.359	0.240
	Man	5/12	5/96			

Table 6: correlation coefficient between risky behaviors, with mental health and suicidal thoughts in students

variable name	risky behaviors	
	correlation coefficient	P- Value
mental health	-0.26	0.82
suicidal thoughts	0.84	0.000

This result's indicates that the mental health of students is higher students. As in Table 6 summarizes between the thoughts of suicide, risky behavior and There was significant positive relationship ($p < 0.000$), in other words, the increase in risky behaviors, amount of suicide thoughts, will be also individuals more; also, according to the findings from the above table, between the mental health and risk behavior, with a correlation coefficient ($r = -0.26$) is negative relationship and adversely were; in this way, the engagement of high-risk behaviors increase, on the contrary, mental health level is lowered.

5. Conclusion

Risk behaviors are behaviors that health and well-being of adolescents and young people are at risk (Kaviani, 1380). Accordingly, high risk behaviors are divided into two groups, the first group includes behaviors are that incidence of one's own health, endangers And second group are behaviors that threaten the health and well-being of the community (Ozer et al, 2003). Present research was carried out on a population of students who have high-risk behavior. The results of this study are in connection with higher frequency of suicidal thoughts in girls compared to boys, with research findings Hemmati (1383), in their investigation had concluded that the frequency of suicidal ideation among boys, more the girls, ran; But with findings of Mosakeni (1383), Rezayian (1384), Yasami et al., (1381), is consistent. Results of some studies have shown that women are four times more likely to attempt suicide but fewer of them die. In other words, male suicides (four to five times more than women) and women attempted suicide (four to eight times more likely) have more. Also suicide rate among married persons, compared with the group of divorced and widowed and unmarried is much lower (Zargham et al., 2001), the results of this study showed that mental health is inversely associated with of suicidal thoughts, in other words, the greater the mental health, they become less risk of suicidal thoughts, on the contrary, in case of loss, mental health, suicidal thoughts and suicide attempts, is more, This finding is consistent with results BRUJENI and et al (1389) is

(Reininberg et al., 2005), they showed in their study, young people who have higher levels of depression, of suicidal thoughts, in this study, the mean depression score in individuals who had higher scores on of suicidal thoughts was higher. RNAFSKI (1997) stated that feelings of depression, isolation and loneliness often has a direct correlation with risky behaviors in adolescents, particularly suicide (Taraghijah and Najafi, 2008). In this study, a significant direct positive correlation between risky behavior and of suicidal thoughts was observed. These results are consistent with other studies in this field (Field et al, 2008; Rutter and Behrendt, 2004), they showed that the problem of drug use, and suicidal tendencies, it is important that a close relationship with mental health. In this study, a significant inverse association was found between risk behavior and health. Therefore, the hypothesis regarding the relationship between health and risk behaviors confirmed. Probably this is because in most cases the relationship between the people who are aggressive and health risk behaviors, show, and subsequently their health, at risk. According to the results obtained in the present study, considering the likelihood of disruptive behaviors in young people, the importance of family, and the social protection of persons in the family, young people can Hedging of risks affect. That solidarity and a sense of belonging, as a symbol of healthy family relationships, and sturdy, in a lower incidence of suicidal thoughts, is considered important. Since this study was based solely on the student community, another group of young people who are not educated, they do not cover. While many studies have shown that the prevalence of risk behaviors in youth who are not in school, or high school, they have completed more than others. So it is likely that the prevalence of risk behaviors in the study sample were estimated to be less than its true. Therefore recommended that, in future studies, to provide a sufficient sample size in each of the areas of high risk behavior, to investigate this question, for each, and compare them with each paid.

References

- AZADMARZABADI, E. (2004). Examine the role of culture in mental health stress. Presented at the Third Seminar on mental health. TMU.
- BAPIRI, AA. BAHAMIN, GH. FAIAALLAHI, A. (2010). Effect of group problem-solving training on some of the psychological characteristics of adolescent suicide attempters, *Journal of ILAM University of Medical Sciences*, Volume XVIII, Number One.
- Brooks, T. L. Harris, S. K. Thrall, J. S. Woods, E.R. (2002). Association of Adolescent Risk Behaviors with Mental Health Symptoms in High School Students, *Journal of 31 (3):240-246*.
- Carmel M, Paul C, Helen S K, Ivan J P. (2003). Risk of suicide ideation associated with problem- solving ability and attitudes toward suicidal behavior in university Students. *J of Crisis Intervention and Suicide Prevention*; 24: 67-160.
- Curtis, J., Anthony. (2003). *Health Psychology*, translated by FARAMARZ SOHRABI, Tehran: the dawn of knowledge.
- DANNITZ, M. (2001). *Suicide an unnecessary death*. London. UK
- EISENBERYG, Daniel. GOLLUST, E. GOLBERSTEIN, E. Hefner, JENNIER, L. (2007). Prevalence and correlates of Depression, anxiety, and SUICIDALITY among University students, *American Journal of ORTHOPSY CHIATRY*, 2007, VOL, 66, No 4, 534-542.
- FEDYSZYN, I. Robinson, J. Harris, M. Paxton, S. FRANCEY, S. (2012). Predictors of suicide-related behaviors during treatment following a first episode of psychosis: The contribution of baseline, past, and recent factors. *Schizophrenia Res*; 140(1):17-24. [DOI]
- Field, T. Diego, M.E. Sanders, C. (2001). Adolescent SUICIDIAL ideation. *Adolescence*, 36(142), 241-248.
- HEMMATI, N. BADRI, D. PANAGHI, L. (2004). The prevalence of suicidal thoughts among high school students ABDANAN city of ILAM, *New Journal of Cognitive Science*, VOL 6, No. 1.
- KAVIANI, H. (1380). *Interviews and psychological subjects*. Publications: Center for Cognitive Sciences, Tehran, Iran.
- Lester, D. (2012). Spirituality and religiosity as predictors of depression and suicidal ideation: an exploratory study. *PSYCHOL Rep*; 110(1):247-50. [DOI]
- MALAKUTI, SK. BOLHARI, J. (2007). A predictor model for suicide attempt: evidence from a population-based study. *Arch Iran Med*; 10(4):452-8.
- MALEKSHAHI, F. MOMEN NASAB, M. (2007). The effect of high-risk behavior prevention education on knowledge and attitudes of school health educators KHORRAMABAD, *Quarterly Results*, Summer 9 (2), s 32.
- MOHTASHAMAMIRI. Z. KHALILIMUSAVI, A. DUSTDARSANAEIA, M. JAFARISHAKIB, A. POURSOHEILI, Z. M. MEHDIPUR, M. (2006). Ecstasy use among students of GILAN province. *Quarterly monitoring*, Issue 8, Volume IV.
- MOLAVI, P. KARIMMOLLAHI, M. ABBASI-RANJBAR, V. MOHAMMADIAN, H. (2008). Assessment of suicide risk factors among attempted suicide in Ardabil. *Annals Gen Psychiatry*; 7:S320. [DOI]
- MOSAKENI, Z. (2007). Look at the suicide and its causes in the community. *Monthly social, cultural, educational and training reform*. Third year. No. 31. Tehran.
- OZER, EM. Park, MJ. Paul, T. BRINDIS, CD. Irwin, CE. (2003). *America's Adolescents: Are They Healthy?*, San Francisco, CA, University of California, National Adolescent Health Information Center.
- RAHIMIMOGHER, SAHIMI AFARIN, EZADIAN, E. YUNESIAN, M. (2006). Review the status of student drug use in the country. *Quarterly monitoring period (5) 2*.
- REININBERG, BM. Evans, AE. Griffin, SF. Sanderson, M. Vincent, ML. Valois, RF. Parra-Medina, D. (2005). Predicting Adolescent Risk Behaviors Based on an Ecological Framework and Assets, *American Journal of Health*.
- REZAIAN, M. (2008). Epidemiology of suicide. *Journal of Public Health and Institute of Health Research*. Third year, No. 1.
- RUTTER, P.A. BEHRENDT, A.E. (2004). Adolescent suicide risk: Four psychosocial factors. *Adolescence*, 39, 295-302.
- SERAHZADEH, H. FAIZI, E. (2007). Check the status of drugs and alcohol among students: survey of public universities under the Ministry of Science, *Journal of Social Welfare*, (2) 7.
- SLUKY, RI. (2001). Decreasing High-risk Behavior in Teens. A Theatre Program Empowers Students to Reach out to Their Peers, *Health Care Exec*, 19(1):48-9.
- TAGHAVI, M. (1380). Reliability and validity of the General Health Questionnaire. *Journal of Psychology*. Fifth year.
- TARAGHIJAH, S. NAJAFI, M. (2008). Relationship between vulnerability to drug abuse and the risk of suicide and mental health and the use of religious beliefs, *Fourth National Conference on Mental Health*. Shiraz.
- Van HEERINGEN K, HAWTON K, Williams G, Mark J. (2008). Pathways to suicide: an integrative approach. *The Inter Handbook of Suicide and Attempted Suicide*. 2008; 223-34.

- YASAMI, M. and et al (2005). Through forensic epidemiology of suicide in the province. *Journal of Thought and Behavior*. Title 4.
- ZARGHAM BORUJENI, A. YAZDANI, M. YAZDANNIK, AR. (2001). Communication patterns of parents with depression and suicidal thoughts in teens. *Journal of SHAHREKORD University of Medical Sciences*. 1380; 3 (2).