ORIGINAL ARTICLE

Frequency and correlations of health risk behaviours of secondary school students in Vojvodina

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ABSTRACT

Aim To determine frequency, intercorrelation of health-risk behaviour among secondary school students and influence of sources of health-related information and social behaviour models on them.

Methods The reasearch was conducted in the form of a cross-sectional study. A sample included students from 1st to 4th grades of nursing and technical secondary schools in Sombor. Data were collected by interviewing students with a questionnaire consisting of two parts: Risk Behaviour Scale and set of questions about sources of information, social behaviour models and socio-demographic characteristics. Risk Behaviour Scale measured the following health-risk behaviors: risk behaviour in traffic, risk sexual behavior, unhealthy dietary habits and physical inactivity. Values $p < 0.05$ were taken as statistically significant.

Results Sample included 410 secondary school students aged 15 to 19. The most dominant health risk behaviour was risk sexual behaviour with more than a third of students, 138 (34.9 %) who had had sexual intercourse. Two patterns of health risk behaviour were found, first included risk sexual and risk behaviour in traffic ($p=0.00$) and the second one included unhealthy dietary habits and physical inactivity ($p=0.00$). Gender, age, type of school, school achievment, material status, health-related information and social behaviour models significantly influenced certain hrealth risk behaviours among adolescents.

Conclusion The most frequent health risk behaviour among secondary school students was risk sexual behaviour. Health risk behaviours were significantly intercorrelated showing two patterns, one including risk sexual and risk behaviour in traffic and other one including unhealthy dietary habits and physically inactivity. This could be a consequence of same factors which contribute to these behaviours.

Keywords: adolescents, child health, risk factors

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INTRODUCTION

Secondary school students are in developmental period of adolescence, that is characterised by very intensive psycho-psychical changes (1,2). This is the stadium of intensive sexual development, development of psychological independence and changes in social environment of adolescents (1,2). This is the reason why adolescence presents the most risky stadium of development. Adolescents must adopt to all changes in individual and social domains and respond to all demands that stand in front of them. Some risky behaviors normally appear in this period, when young people experiment with different patterns of behaviour, but if they become excesive, they can have very serious consequences (1,2).

Health risk behaviours in adolescence include use of psychoactive substances, risk sexual behaviour, risk behaviour in traffic, unhealthy dietary habits and physical inactivity (3). Most researches deal with use of psychoactive substances among adolescents because those behaviours expand most rapidly in early adolescence and can have many serious consequences on youth health (3-6). Although other health risk behaviours are also characteristic for adolescence, they have been less researched in this region. Results of great international studies showed that prevalence of using cigarettes, alcohol, illegal substances, practicing unhealthy dietary habits and physical inactivity significantly increase in the secondary school period (1, 4, 7). Expansion of health risk behaviours in adolescence is a result of different individual and social factors, such as developmental changes, personality traits, emotional states, family and peer influences and wide social context (1,5,8).

Monitoring of health risk behaviors and their determinants in adolescence is a first step towards their prevention and control (2-4).

As risk sexual behaviour, risk behaviour in traffic, unhealthy dietary habits and physical inactivity among adolescents have been less researched in this region, aims of this study were to determine frequency, and inter-correlation of risk sexual behaviour, influence of sources of health-related information and social behavior models on health-risk behaviors and influence of students' socio-demographic characteristics.

EXAMINEES AND METHODS

Research was carried out as a cross-sectional study. The sample included students from 1st to 4th grades of nursing and technical secondary schools in Sombor. Classes were randomly selected from each grade and each course. Data were collected by interviewing students during one school class from November to December 2011.

The research was approved by the Ethical Committee of the University of Novi Sad. All participants were read and signed informed consents about the purpose of the study (participation was voluntary and anonymous).

A questionnaire constructed for the purpose of this study was used as an instrument of this research. It consisted of two parts: Risk Behavior Scale and set of questions about sources of information, social behavior models and socio-demographic characteristics. Risk Behavior Scale consists of 17 items grouped into four subscales that measure following health-risk behaviors: risky driving (3 items), unsafe sexual behavior (8 items), inadequate nutrition (4 items) and insufficient physical activity (2 items). Participants were asked to determine frequency of each health-risk behavior on a four-degree Likert scales, with the offered numbers having the following meanings: 0 - no / never, 1 – sometimes, 2 - often, 3 - very often. Social behavior models were measured by two questions which asked whether participants thought that their family or friends took care of their health. Participants were offered two alternatives for these questions – "yes" and "no". Socio-demographic factors included in the questionnaire were: gender, grade, school achievement, material status and place of living.

Statistical analysis was performed using the program SPSS Statistics Base 14.0 for Windows. Demographic data of the sample, sources of health-related information, social behavior models related to health and frequency of health-risk behavior were presented by descriptive statistics and absolute and relative numbers. Pearson correlation was used to examine inter-correlation of health-risk behaviors. Relationship between health-risk behaviors and gender and social behavior models was

analyzed using t-test. Relationship between health-risk behaviors and grade, school achievement and material status were examined by one-way ANOVA. Values p <0.05 were taken as statistical significant.

RESULTS

The sample included 410 students: 261 (63.7 %) from nursing and 149 (36.3 %) from technical secondary school, aged 15 to 19. There were equal numbers of female, 210 (51.2 %), and male, 200 (48.8 %), students. Most participants attended the 1st grade, 130 (31.7 %), and 76(18.5 %) were from the 4th grade. Most students had "very good" school achievement, 167 (40.7 %). There were more students from villages, 235 (57.3 %), than from the city, 174 (42.4 %). Most participants reported that their family had average material status, 383 (93.4 %).

A large number of students, 371 (90.5 %), reported that their family members took care about their health, but 105 (25.6 %) thought that their friends did not take care about their health (Table 1).

Table 1. Sources of health-related information and behavior models

		No (%)
Sources of health-related information	Family	158 (38.5)
	Teachers	17 (4.1)
	Media	28 (6.8)
	Health professionals	166 (40.5)
	Friends	3 (0.7)
Total		372 (90.6)
Behavior models		
Do you think that your family takes care of health?	Yes	371 (90.5)
	No	33 (8.0)
Total		404 (98.5)
Do you think that your friends take care of their health?	Yes	01 (73.4)
	No	105 (25.6)
Total		406 (99.0)

Table 2. Mean scores on each subscale of Risk Behavior Scale

Subscales of Risk Behavior Scale	Mean score (M) of subscale
Risk sexual behaviour	4.72
Risky driving	3.38
Nutrition	3.89
Physical activity	2.97

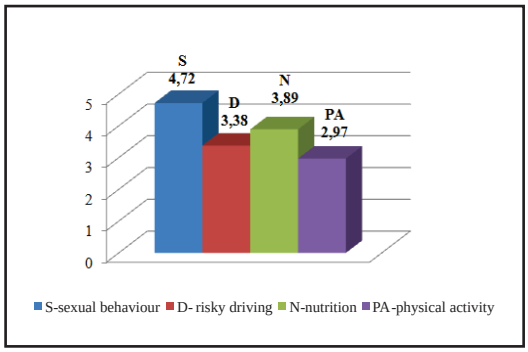

Figure 1. Mean scores on each subscale of Risk Behaviour Scale

Sexual behavior subscale has the highest mean score, which means that risk sexual behavior was the most dominant health risk behaviour among secondary school students (Figure 1, Table 2). More than a third of students, 138 (34.9 %), have had sexual intercourse and majority of them, 82 (21.2 %), started sexual activity before the age of 16. Majority of sexually active students reported that they had practiced one-night sexual relationship, 79 (20%), and 66 (16.6 %) have done it under the influence of alcohol (Figure1, Table 3).

Nutrition subscale had the second highest mean score. Although majority of students reported that they often ate fruit and vegetables, 367(89.5 %), it is important to highlight that almost all students, 400 (98 %), consumed fast food and majority of them did it often, 248 (60.5 %). Less than a third of participants, 118 (28.8 %), stated that they had regularly all five meals a day, 161 (39.3 %) were engaged in regular physical activity, and 290 (70.7 %) often spent more than one hour daily watching TV or playing computer games (Table 3).

Risk behaviour in traffic is also widespread among secondary school children. Almost all students, 370 (90.5 %), reported that they enjoyed fast driving, 208 (51.5 %) stated that they had driven or had been driven with someone who had been under the influence of alcohol (Table 3).

Analyzing influence of students' socio-demographic characteristics on health-risk behaviours, it was confirmed that male students

Table 3. Frequencies of health-risk behaviors among secondary school student

	No (%) of examinees			
Risk behaviors	**Never**	**Sometimes**	**Often**	**Very often**
Have you ever had sexual intercourse?	267 (65.1)	58 (14.1)	31 (7.6)	49 (12.0)
Have you started sexual activity before you were 16 years old?	323 (78.8)	36 (8.8)	10 (2.4)	36 (8.8)
Have you practiced one-night sexual relationship?	328 (80.0)	30 (7.3)	21 (5.1)	28 (6.8)
Have you practiced sexual relationship under influence of alcohol?	342 (83.4)	33 (8.0)	9 (2.2)	24 (5.9)
Do you use protection during sexual intercourses?	230 (56.1)	23 (5.6)	27 (6.6)	100 (24.4)
Have you ever had sexually transmited desease?	398 (97.1)	5 (1.2)	3 (0.7)	3 (0.7)
Have you ever been in a relationship with more than one person at the same time?	302 (73.7)	55 (13.4)	26 (6.3)	26 (6.3)
Have you ever had sexual relations outside relationship?	339 (82.7)	32 (7.8)	10 (2.4)	24 (5.9)
Do you enjoy fast driving	39 (9.5)	153 (37.3)	78 (19.0)	139 (33.9)
Do you wear seat bealt?	37 (9)	85 (20.7)	78 (19)	210 (51.2)
Have you ever driven or have been driven by someone who was under influence of alcohol?	199 (48.5)	149 (36.3)	28 (6.8)	31 (7.6)
How often do you eat fruits and vegetables?	1 (0.2)	39 (9.5)	108 (26.3)	259 (63.2)
How often do you eat fast food?	8 (2.0)	152 (37.1)	164 (40.0)	84 (20.5)
How often do you have five meals a day?	50 (12.2)	114 (27.8)	126 (30.7)	118 (28.8)
Have you ever used methods such as diets, vomitting, laxatives and other drugs, to control your weight?	295 (72)	78 (19)	22 (5.4)	14 (3.4)
How often do you engage in physical activites which make you sweat and breath faster?	9 (2.2)	105 (25.6)	134 (32.7)	161 (39.3)
How often do you spend more than one hour daily watching TV or playing computer games	15 (3.7)	105 (25.6)	128 (31.2)	162 (39.5)

were more prone to risky sexual behaviour (p=0.00) and risky driving (p=0.00), and female students were more prone to physical inactivity (p=0.00) (Table 4). It was confirmed that students from the 4th grade had statistically significant higher mean score on the nutrition subscale than students from other grades (p=0.00). Students from the 2nd and 3rd grades had significantly higher scores on risky driving subscale than students from other grades (p=0.04) (Table 5). Students with low school achievment were more likely to engage in risky driving (p=0.00) and risky sexual behaviours (p=0.00) (Table 6).

Table 4. Differences in health-risk behaviour according to students' gender*

	Gender	**N**	**M**	**SD**	**SE**	**df**	**t**	**Sig.**
Physical activity	Male	199	2.79	1.1861	.0840	407	-3.027	.003
	Female	210	3.14	11443	.0789			
Risky driving	Male	200	3.92	2.1663	.1531	404	5.327	.000
	Female	206	2.85	1.8569	.1293			
Risk sexual behavior	Male	186	5.87	4.9171	.3605	369	5.693	.000
	Female	185	3.55	2.5341	.1863			

*N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; t, napisati puni naziv skraćenice t test ; sig., significance;

Table 5. Differences in health-risk behaviour according to grade*

	Grade	**N**	**M**	**SD**	**df**	**F**	**Sig.**
Risky driving	1st	129	2.0238	2.023	3	2.816	.039
	2nd	99	2.1891	2.189			
	3rd	101	2.3061	2.306			
	4th	76	1.5808	1.580			
Nutrition	1st	128	3.3672	1.541	3	7.909	.000
	2nd	98	4.0612	1.585			
	3rd	100	3.9000	1.962			
	4th	75	4.5333	1.750			

* N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; F, F test (one way ANOVA); sig significance;

Table 6. Differences in health-risk behaviour according to school achievment*

	School achievment	N	M	SD	df	F	Sig.
Risky driving	Sufficient	47	3.5319	2.041	4	11.606	.000
	Good	68	4.2353	2.172			
	Very good	164	3.4512	1.954			
	Excellent	114	2.5000	1.839			
Risk sexual behavior	Sufficient	45	5.6444	5.473	4	7.113	.000
	Good	59	5.8814	4.799			
	Very good	140	4.5857	3.938			
	Excellent	114	3.5351	2.361			

* N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; F, F test (one way ANOVA) ; sig., significance

Students who reported friends as most common sources of health-related information were more prone to risk behavior in traffic (p=0.00) and unhealthy dietary habits (p=0.02) (Table 7). There was statistically significant difference between health-risk behaviors and social behavior models. Thus, students who thought that their family members did not take care about their health were more likely to practice risk behavior in traffic (p=0.02), risk sexual behaviors (p=0.00) and unhealthy dietary habits (p=0.00) (Table 8). Also students who reported that their friends did not take care about their health were more likely to practice risk behavior in traffic (p=0.00), risk sexual behaviors (p=0.02) and unhealthy dietary habits (p=0.00) (Table 9).

DISCUSSION

Risk sexual behavior confirmed to be the most prominent health risk behavior of secondary school students. More than a third of students from this research reported sexual activity, which is consistent with other studies conducted in the United States and Europe (3,7,9). Although studies have shown that average age of starting sexual activity is 16 (3,7,9), majority of students from this study reported that they had done it before the age of 16. Inconsistently with results of other studies (3,9,10),

Table 7. Differences in health-risk behaviour according to sources of information*

	Sources of information	N	M	SD	df	F	Sig.
Risky driving	Family	156	3.1987	2.099	4	2.250	.005
	Teachers	17	2.7059	2.201			
	Media	28	3.6071	1.812			
	Professionals	165	3.6848	1.993			
	Friends	3	6.6667	3.214			
Nutrition	Family	154	3.8506	1.664	4	1.955	.017
	Teachers	17	4.0000	2.000			
	Media	28	4.3929	2.132			
	Professionals	162	3.8580	1.622			
	Friends	3	5.6667	2.887			

*N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; F, F test (one way ANOVA) ; sig., significance

Table 8. Differences in health-risk behavior according to family members as social behavior models

	Did students think that their family members take care about their health?							
		N	M	SD	SE	df	t	Sig.
Risky driving	Yes	367	3.3134	2.043	.107	-2.394	398	.017
	No	33	4.2121	2.315	.403			
Risk sexual behaviour	Yes	335	4.4806	3.717	.203	-4.072	363	.000
	No	30	7.6000	6.574	1.200			
Nutrition	Yes	364	3.7967	1.665	.087	-3.379	394	.001
	No	32	4.8750	2.366	.418			

*N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; t, t test ; sig., significance.

Table 9. Differences in health-risk behavior according to friends as social behavior models

Did students think that their friends take care about their health?								
		N	**M**	**SD**	**SE**	**df**	**t**	**Sig.**
Risky driving	Yes	298	3.1946	1.997	.116	-3.228	400	.001
	No	104	3.9519	2.231	.219			
Risk sexual behaviour	Yes	268	4.4328	3.668	.224	-2.345	365	.020
	No	99	55556	5.007	.503			
Nutrition	Yes	297	3.6970	1.647	.096	-3.620	396	.000
	No	101	4.4158	1.935	.193			

*N, number; M, mean; SD, standard deviation; SE, standard error; df, degree of freedom; t, t test ; sig., significance.

most sexually active students from this study reported regularity of contraceptives usage. According to our results almost all students reported that they had never had any sexually transmitted infection although some studies indicated high prevalence of these infections among adolescent girls (11).

Almost all students from this study reported the consumption of fast food, which confirms the consumption of fast food to be one of the main problems of adolescent nutrition habits (12,13). Almost a third of students have used different methods to control their weight in this study confirming results of other studies that indicated body image as an important determinant of adolescent behaviour (14,15). Majority of our students often consumed fruits and vegetables, which is not consistent with other researches (3,7,16). This inconsistence could be explained by participants' tendency of giving socially desirable answers or their perception of what means to consume fruit and vegetables "often".

According to the results of this study only a third of students reported regular engagement in physical activities and majority of them often spent more than one hour daily watching TV or playing computer games confirming that physical inactivity is widespread among adolescents (3,7,17,18). Sedentary lifestyle is one of the most important risk factors for developing obesity among adolescents (19,20).

Almost all of our examinees reported that they enjoyed fast driving and had driven or had been driven by someone who had been under the influence of alcohol, which is expected in this developmental period characterized by seeking for excitement and sensation (1,5). This is specially worrying because traffic injuries present one the most common causes of death among youth (16).

This study has shown two patterns of risk behaviour among secondary school students. Students who engaged in risk sexual behaviour were more prone to risk behaviour in traffic. Students who had unhealthy dietary habits were less physically active. These results indicate that same factors influence each of these patterns of risk behaviors among adolescents (1,21).

Consistently with other studies, male students had more tendency to engage in risky sexual behaviour and risky driving while female students were less physically active (3,7). Gender differences are expected due to the fact that

Table 10. Pearson intercorrelation coefficients (r) between health-risk behaviors

		Physical activity	**Risky driving**	**Risk sexual behavior**	**Nutrition**
Physical activity	Pearson orrelation	1	.007	-.064	.290
	Significance		.891	.217	.000
Risky driving	Pearson correlation	.007	1	.448	.113
	Significance	.891		.000	.025
Risk sexual behavior	Pearson correlation	-.064	.448	1	.092
	Significance	.217	.000		.079
Nutrition	Pearson correlation	.290	.113	.092	1
	Significance	.000	.025	.079	

boys are more impulsive and girls are more inert (1,21,22). Our results have shown that older students were more prone to unhealthy dietary habits, which is expected as nutrition habits significantly change in the transiton from childhood to adulthood (17). The finding of this study that younger students had more tendency to be engaged in risk behaviour in traffic confirmed previously published results that tendency for breaking social rules and sensation seeking decrease in the transition from adolescence to adulthood (1,22). Our students with poor school achievement were more prone to practising risk sexual and risk behaviour in traffic, which indicates that same factors influence poor school achievement and these risk behaviours (1,21,22).

Most students in this study reported proffessionals and family as most dominant sources of health-related information consistently with some studies (24). Students examined who reported friends as most common sources of health-related information were more prone to risk behavior in traffic and unhealthy dietary habits confirming that peers significantly influence adolescent behavior (1,2,21). Students who taught that their family members and friends did not take care about their health were more prone to risk behavior in traffic, risk sexual behaviors and unhealthy dietary habits indicating that family and friends present very important social models of behavior (1,2,21).

Possible limitations of this study refer to the problem of the research. Its nature and sensistivity could be reasons for underestimation of real frequency of health risk behaviors among adolescents.

Confirming findings of other studies, this study showed that all examined health risk behaviours were present among secondary school students. Significant contribution of this study is that it showed exsistance of two different patterns of risk behavior among secondary school students, which are influenced by different factors. This study also indicated factors which should be further analysed in the future studies and gave some implications for practicioners showing the way in which preventive programs should be organized.

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Učestalost i međusobna povezanost zdravstveno-rizičnih ponašanja srednjoškolaca u Vojvodini

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SAŽETAK

Cilj Ispitati učestalost i međusobnu povezanost zdravstveno-rizičnih ponašanja među učenicima srednje škole, te uticaje izvora informisanja o zdravlju i socijalnih modela ponašanja na ovakva ponašanja.

Metode Istraživanje je sprovedeno u obliku presečne studije. Uzorak su činili učenici od prvog do četvrtog razreda srednje medicinske i tehničke škole u Somboru. Podaci su prikupljani anketiranjem učenika pomoću upitnika koji se sastojao iz dva dela – skale rizičnih ponašanja, te seta pitanja koja su se odnosila na izvore informisanja o zdravlju, socijalne modele ponašanja i sociodemografske karakteristike. Skala rizičnih ponašanja registrovala je rizična ponašanja u saobraćaju, rizična seksualna ponašanja, nepravilne navike vezane za ishranu i nedovoljnu fizičku aktivnost. Vrednosti $p<0.05$ uzimane su kao statistički značajne.

Rezultati Uzorkom je obuhvaćeno 410 učenika uzrasta od 15 do 19 godina. Najučestalija rizična ponašanja bila su rizična seksualna ponašanja, pri čemu je 138 (34.9 %) učenika imalo seksualne odnose. Utvrđena su dva obrasca rizičnih ponašanja – prvi su činila rizična seksualna i rizična ponašanja u saobraćaju ($p=0.00$), a drugi nepravilna ishrana i nedovoljna fizička aktivnost ($p=0.00$). Pol, uzrast, vrsta škole, školski uspeh, materijalni status, izvori informisanja i socijalni modeli ponašanja, pokazali su značajan uticaj na pojedina zdravstveno-rizična ponašanja adolescenata.

Zaključak Najučestalija rizična ponašanja bila su rizična seksualna ponašanja. Rizična ponašanja bila su međusobno povezana pokazujući dva obrasca, od kojih su prvi činila rizična seksualna i rizična ponašanja u saobraćaju, a drugi nepravilna ishrana i nedovoljna fizička aktivnost. Navedeno može biti posledica istih faktora koji doprinose ovim ponašanjima.

Ključne reči: adolescenti, zdravlje dece, faktori rizika**.**