

# Health Concerns and Risk Behaviors Among University Students in Jordan

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## Abstract

**Background:** Recently, more attention has been given to the youth risk behaviors and factors associated with their physical and mental wellbeing. University students in Jordan are under-researched and little is known about their health status.

**Purpose:** The aim of this study was to describe the health concerns and risk behaviors of the Jordanian university students.

**Methods:** A survey of 800 university students from six universities in Jordan was conducted. The Adolescent Health Inventory was used to describe the risk behaviors and health concerns.

**Results:** The following were reported as always concerns: 10% of students concerned about their general health, 18.8% have vision problems, 13.5% have headache and teeth problems, 21% feeling lonely, 20% are confused about future, 7.7% feeling depressed, 13.5% smoke tobacco, and 11% have sexual abuse. Substance abuse problems have been strongly correlated with parents' use of tobacco, and suicidal ideation, troubles with laws and university, troubles with sexual potency and parents' use of drug/alcohol.

**Implication:** Mental health nurses and counselors have to screen students in their periodic assessment for risk behaviors and to make a connection between physical complains and psychosocial complains.

**Keywords:** Health concerns, Risk behaviors, University Students, Jordan, Nursing.

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## Introduction

Individual health refers to absence of disease and optimal functioning. The definition is applied to physical, mental, psychological, social and spiritual aspects of the individual person.

There are international studies conducted to address health concerns and risk behaviors among youth, but Jordanian youth have been ignored and under-researched. The university students, who are mainly at the age of 16 to 24 years, are vulnerable to life- long risk behaviors

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that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and Sexually Transmitted Diseases (STDs) including Human Immunodeficiency Virus (HIV) infection; unhealthy dietary behaviors; and physical inactivity plus overweight.<sup>1</sup> During the last few decades, more attention has been given to the youth risk behaviors and factors associated with their physical and mental wellbeing.<sup>2</sup> Sexuality, criminal activity, alcohol, and drug problems are among the most risk-taking behaviors committed by the youth that result in serious life-threatening consequences such as incarceration, disease, and death.<sup>3</sup> A previous study found that the common health concerns among young people in general were frequent headache and abdominal pain, general health in addition to psychosocial issues.<sup>4</sup>

Recently, university students have become a target population for a number of researches that examine mental and psychosocial health problems. Studies showed that university students are at risk of poor academic achievement,<sup>5</sup> impaired social functioning,<sup>6</sup> suicide,<sup>7</sup> and substance abuse.<sup>8</sup> The research findings evoke the need to address university students' mental, psychosocial and physical health aspects. Levine and Cureton<sup>9</sup> stated that university students nowadays are coming to university "overwhelmed and damaged more than those of previous years." (p 95). In the United States, Woolfson<sup>10</sup> reported that 40% of the surveyed university students pointed out depression as their major concern. It is also found that the perception of general health and social functioning among university student was associated with poor mental health.<sup>11</sup> The changes in social, economic, family, and demographic factors increased the challenges and stressors that university students are exposed to everyday. According to Gallgher, Gill and Sysko<sup>12</sup> the student's need for counselors' help is increasing because students are increasingly exposed to sociocultural factors such as divorce, family dysfunction, violence, exposure to drugs, and poor attachments.

In Jordan, there are few studies done in the last decade addressing the mental and psychosocial health aspects of university students. The conducted studies primarily focused on prevalence of substance use and abuse,<sup>13</sup> prevalence of psychiatric disorders,<sup>14</sup> and the accessibility and usage of general health care services.<sup>15</sup> Therefore, there is a need to study the risk behaviors and health concerns among university students to help health care professionals and counselors in students' clinics and in the primary mental health settings to address risk factors and use effective preventive measures, and to better plan for early interventions. This study comes to increase our knowledge and understanding of the nature of risk behaviors and health concerns among university students in Jordan. So, the purpose of this study was to describe the health concerns and risk behaviors of the Jordanian university students, but the specific research questions were:

- 1) What were the health concerns and risk behaviors of the Jordanian university students?
- 2) Were there any gender differences in risk behaviors and health concerns among university students?
- 3) What was the relationship between substance abuse problems and psychosocial health concerns?

## **Methods**

### **Design**

This was a descriptive study conducted in Amman, Jordan funded by the University of Jordan. The data were collected through using a self-administered questionnaire distributed in governmental and private universities. The research team (PI and research associate) first met the students in their universities. The researchers described the study for the students and explained its purpose, answered students' questions and assured them of its confidentiality and that participants' rights are protected. Researchers requested students' participation and informed them that they will be asked questions related to their health concerns and behaviors.

A description of the study was provided. The questionnaires were administered during the university time. To complete the survey, 15 minutes was required. The researchers explained and read the instructions prior to starting filling the questionnaires, then the students fill the questionnaire each one individually. The package that was introduced to students was all in Arabic language. A total number of 800 packages was distributed and a total of 652 was returned with an 81.5% response rate.

### **Sample and Setting**

A total of 652 university students filled and returned the self-reported questionnaires. After screening and cleaning, 645 questionnaires were subject to analysis. The students represent three governmental universities and three private universities. A total of 394 (61%) students were from governmental universities while 251 (39%) students were from private universities. The inclusion criterion was that the student should be enrolled in any faculty of the university. There were no exclusion criteria so that to maximize the participation and variation of participates. The principal investigator obtained approval of the scientific committee at the Faculty of Nursing, University of Jordan. The study also has been reviewed by the board of Academic Research at the Deanship of Academic Research at the University of Jordan. Confidentiality was maintained and data were kept in a closed cabinet at the Faculty of Nursing, University of Jordan.

### **Instrumentation**

For the purpose of this study the instrument was translated into Arabic language. All original norms were applied for the translated scales. A translation and back-translation were carried out by linguistic professionals, and a pilot testing of the instrument was also carried out to check the clarity and the time required to fill the questionnaire. The translated versions of the Adolescent Health Inventory (AHI)<sup>16</sup> were used to measure health concerns and risk behaviors.

AHI is an instrument to determine the health needs and concerns of adolescents, and it consists of 39 questions grouped for reporting four categories: general health, psychosocial health, substance abuse, and sexual behaviors. Responses are made using a Likert scale it range from never (0) to always (3). AHI has a good internal consistency as Cronbach's Alpha for it ranges from .52 to .80 across categories.<sup>16</sup> In this study, the internal consistency had almost similar Cronbach's Alpha results to those reported, and it ranged from .54 (sexual behaviors) to .74 (psychosocial concerns).

### **Potential Covariants**

Gender, age group, student's faculty, students' academic year at university, family history of substance use, parents' divorce, parents' separation, birth order, number of siblings, working status, means of transportation to university, family history of psychiatric disorders, and sources of social support all were treated as covariants. The demographic information was obtained from an investigator-developed subject profile.

### **Data Analysis**

Data was screened and cleaned and examined for patterns of missing values. Health concerns and problems and risk behaviors were described using the central tendency measures (means, and medians) and the dispersion measures (standard deviation and ranges). Spearman rank correlation coefficient ( $r_s$ ) was used to examine the relationship between health concerns and risk behaviors. Chi-square was also used to examine the gender differences in health concerns and risk behaviors and the selected demographic factors.

### **Results**

#### **Demographic Characteristics**

The sample consisted of 645 university students after screening and cleaning. Three hundreds and twenty eight (51%) were males while 317 (49.4%) were females.

Almost 84% (n = 542) were 17 to 24 years of age. Students were almost equally represented in regard to their study level, in which almost 20 % (n = 129) were at their first year, 22 % (n = 142) at their second year, 29 % (n = 187) at their third year and 25 % (n = 161) at their fourth year, while only 4% (n = 26) were at their fifth academic year. Students of scientific faculties represented 46 % (n = 297) while students of medical faculties were 31% (n = 200) and students of the humanities faculties were 23% (n = 248).

### **Health Concerns**

Descriptive analysis was used to describe incidence of health concerns and risk behaviors. For the ease of comprehension, responses of "often" and "always" regarding health concerns and risk behaviors were all collapsed into "always".

Overall, the survey of the 645 university student showed that approximately 10 % (n = 64) reported that they are worried about their general health. As showed in table (1), the most frequent reported concerns were, vision problems, teeth problems, headache, and feeling tired. The number of students who complained of vision problems were 121 (18.8%). The highest rate of complaints problems with vision was among the 1<sup>st</sup> year students (28%, n=34). Stating it more gender, specifically there is 1:1 ratio of male to female.

The second highest were teeth problems and headache which were reported with equal numbers. The number of students who reported complaints of teeth problems and headache was 86 (13.5%) each, with 26% (n = 30) as the highest incidence of complaints of teeth problem among the 3<sup>rd</sup> year students. More gender specifically, there is 2: 1 ratio of female to male. Regarding headache, the highest rate was among the 3<sup>rd</sup> year students with 26% (n = 30). More gender specifically, there is 1.5: 1 ratio of female to male.

The chi-square test was used to test differences between male and female university students regarding the general health concerns after collapsing the responses into two main categories concerned and not concerned. The category of concerned refers to those who reported "occasional", "often", and "always" concerns in their responses. The category of not concerned refers to those who reported "never concerned" in their responses. As shown in table (1), male and female university students were statistically different in their complaints of headache, night wet, and practicing exercise with a p value less than 0.5 two-tailed test.

### **Psychosocial Concerns**

Approximately, 8.5 % (n = 54) of the university students reported the psychosocial issues as their always concern. The most frequent reported issues were feeling lonely, confused about future, trouble at home, feeling depressed, and lack of a best friend. The "always" concerns of feeling lonely was reported by 21.6 % (n = 137); from which about 58 % (n = 79) were female and 42 % (n = 59) were male students. Being always confused about future was reported by 20% (n = 130) of the students (58 % females and 42% males). Nevertheless, thinking of suicide was not among the highest reported always psychosocial concerns (3.2%, n = 20), gender speaking, the ratio was 3:1 of female to male.

To test the differences between male and female university students, chi-square test ( see table- 1) showed that male and female university students were statistically different in their thinking of suicide ( $\chi^2=10.52$ ,  $p=.001$ ), problems at the university ( $\chi^2= 6.93$ ,  $p=.007$ ), and problems with the law ( $\chi^2= 7.17$ ,  $p=.007$ ) as for general health concerns, male and female university students were different in their concerns of bedwetting ( $\chi^2=8.63$ ,  $p=.003$ ), headache ( $\chi^2=24.0$ ,  $p< .001$ ), and frequency of exercise ( $\chi^2=21.02$ ,  $p< .001$ ).

**Table 1: Gender Difference in Health Concerns and Risk Behaviors: concerned versus not concerned.**

Concerns	Not concerned				Concerned				Test statistic	
	Male		Female		Male		Female		$\chi^2$	p-value
	N	%	N	%	N	%	N	%		
<b>General health</b>										
Problems in weight	190	46	219	53	65	28	162	71	19.3	<.001
Problems with teeth	107	49	110	51	148	35	220	65	11.5	.001
Problems with vision	148	44	188	56	104	35	191	65	5.1	.024
Bedwetting	233	39	370	61	17	60	8	32	8.63	.003
Headache	79	58	56	42	175	35	322	65	24.0	<.001
Frequency of exercise	46	34	90	66	206	42	289	58	21.02	<.001
<b>Psychosocial concerns</b>										
Thinking of suicide	118	37	198	63	134	43	181	57	10.52	.001
Troubles at the university	117	40	178	60	138	41	201	59	6.93	.007
Troubles with the law	208	38	344	62	43	56	34	44	7.17	.007
Feeling tired	40	64	23	36	213	37	357	63	16.13	<.001
Having intimate friends	25	61	16	39	230	39	365	61	7.56	.005
<b>Risk behaviors</b>										
<b>Substance abuse problems</b>										
Drinking alcohol	201	35	370	65	51	84	10	16	53.86	<.001
Smoking tobacco	135	28	352	72	108	80	29	20	103	<.001
Parents' use of alcohol	237	39	374	61	13	65	7	35	5.56	.018
Driving under influence of alcohol/drugs	234	38	377	62	19	82	4	17	18.15	<.001
Riding with people under influence of alcohol/drugs	216	37	371	63	37	79	10	21	31.90	<.001
<b>Sexual behaviors</b>										
abuse history	222	40	339	60	27	40	40	67	3.51	.05
Available information about sex	23	14	138	68	226	49	234	51	60.30	<.001
Self-exam of genitalia	197	37	331	63	50	54	43	46	8.94	.003
Getting AIDS	224	38	376	62	19	95	1	5	26.42	<.001
Getting Venereal diseases	219	38	359	62	30	61	19	39	10.27	.001
Problems with sexual potency	221	39	352	61	26	74	9	26	17.45	<.001

## Risk Behaviour

**Substance Abuse Problems:** The results showed that 13.5% (n = 86) reported always smoking tobacco, and 9.6% (n = 61) reported smoking tobacco occasionally. Three percent (n = 18) reported always drinking of alcohol, and about 6.7% (n = 43) reported drinking alcohol occasionally. Chi-square test showed that male and female students were different in their use of alcohol and smoking tobacco ( $\chi^2 = 53.86$ , p = <.001 and  $\chi^2 = 130.0$ , p = <.001, respectively). Only 5.6% (n = 1) of those who reported always drinking of alcohol were females while 94.4% (n = 17) were male students.

On the other hand, 79% (n = 34) of the students who reported occasionally drinking of alcohol were male students and 20% (n = 9) were female students. Among those who reported always smoking tobacco, 88% (n = 76) were male students and 11.6% (n = 10) were female students. There were 69% (n = 42) male students among those who reported occasional smoking of tobacco while 31% (n = 19) were female students.

Furthermore, there were 32.5% (n = 207) of the students who reported parental use of alcohol/drugs, and about 15% (n = 98) who reported that they have never been told about the problems of alcohol and drugs. While almost 37% (n = 238) of the student reported being told about the problems of alcohol and drugs occasionally.

**Sexual Behaviors:** Twenty six percent (n = 162) of the students said that sex information was available to them. About 9.5% (n = 30) of the female students reported that they have trouble with menstrual. Acne was a problem for 8.4% (n = 53) of the students. Only 2.0% (n = 13) reported always doing the breast or testicular test and 12.8% (n = 80) said that they do occasional breast or testicular test. About 9% (n = 57) of the students reported that they have occasionally been sexually abuse while 1.6% (n = 10) have been always sexually abused. Dividing by gender, the ratio of 2:1 of males to females said they have always been sexually abused. Of those who reported occasional sexual abuse there were 65% (n = 37) female students and 35% (n = 20) male students.

As mentioned in table (1), male and female students were significantly different in the following sexual issues: abuse history, available information about sex, self-exam of genitalia, being worried of getting AIDS, worries of getting venereal diseases, and sexual potency. The highest significant difference between male and female students was observed in "availability of information about sex" ( $\chi^2 = 60.30, p < .001$ ).

### **Relationship Between Health Concerns and Risk Behaviors**

Analysis was conducted using Spearman rank correlation coefficient ( $r_s$ ), and using the four levels of responses (never, occasional, often, and always) on the AHI to address the relationship between practicing exercise and concerns of being overweight, headache, worry about health, feeling lonely, feeling depressed and confusion about future.

Also, analysis was conducted to address the relationship between substance abuse problems (alcohol use, tobacco use, and using non-prescribed medication) on one hand and selected health concerns and risk behaviors on the other hand.

The analysis showed that there were significant negative associations between concerns of practicing exercise and being overweight ( $r_s = -.11, p = .008$ ), practicing exercise and headache ( $r_s = -.10, p = .03$ ), and practicing exercise and worry about health ( $r_s = -.18, p < .001$ ). This indicates that students who practice exercise more frequently have lower concern about themselves being overweight, have less frequent headache, and less worry about their health. Also, frequency of exercise was correlated negatively with feeling lonely ( $r_s = -.10, p = .008$ ), feeling depressed ( $r_s = -.15, p < .001$ ), and thinking of suicide ( $r_s = -.08, p = .01$ ). Although the analysis showed a significant correlation between exercise and the selected psychosocial concerns, the magnitude of correlations was low.

As shown in table (2) substance abuse problems (alcohol use, tobacco use, and using non-prescribed medications) have a positive and significant correlation with parents' use of alcohol/drugs, and with problems with sexual potency. Although alcohol and tobacco use had significant correlations with thinking of suicide and troubles with law, the analysis showed no significant correlation with using non-prescribed medications.

Sexual abuse and trouble at the university appeared to have stronger correlation with using non-prescribed medications than alcohol and tobacco use. The highest correlation among substance abuse problems and all selected health concerns and risk behaviors was between alcohol use and parents' use of alcohol/drugs ( $r_s = .38, p < .001$ ). The second highest correlation was between using non-prescribed medications and headache ( $r_s = .32, p < .001$ ). The highest correlation with tobacco use was with troubles in sexual potency ( $r_s = .24, p = .001$ ).

**Table 2: Relationship between Substance Abuse Problems and Selected Health Concerns and Risk Behaviors: report of Spearman rank correlation coefficient ( $r_s$ ).**

ITEM	Test Statistics $r_s$
<b>Relationship with alcohol use</b>	
Parents' use of alcohol/drugs	.38**
Problems in sexual potency	.21**
Thinking of suicide	.19**
Having troubles with law	.18**
Confused about future	.10*
<b>Relationship with tobacco use</b>	
Parents' use of alcohol/drugs	.22**
Problems in sexual potency	.24**
Thinking of suicide	.22**
Having troubles with law	.21**
Sexual abuse	.10*
<b>Relationship with using non-prescribed medication</b>	
Parents' use of alcohol/drugs	.17**
Problems with sexual potency	.10*
Sexual abuse	.11**
Headache	.32**
Depressed	.11**
Troubles at the university	.17**

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

## Discussion

Studying health concerns and risk behaviors is important to prevent any deterioration in students' feeling of wellness and in the cost of health care. Overall, the findings of this study showed that almost 10% of university students were worried about their general health, and about 8.5% reported worry about their psychosocial status. The most frequently reported health concerns were vision problems, teeth problems, headache, and feeling tired; whereas, the most frequent psychosocial issues were feeling lonely, confusion about future, trouble at home, feeling depressed, and lack of a best friend. Tobacco use, parents' use of tobacco, occasional use of non-prescribed medication, occasional sexual abuse, and occasional use of alcohol were the mostly reported risk behaviors of the Jordanian university students.

One fourth of the students said that information about sex was available to them. The findings of this study were the first to report health concerns and risk behaviors among university students in Jordan. No previous study addressed such an important health issue. Generally, the proportions reported in the international studies correspond with what have been found in this study.

In this study, almost 13% of the students reported suicidal ideation (occasional and always thinking of suicide), which is almost similar to what Brenner<sup>17</sup> found (that 10% of American students were thinking seriously of suicide). In Britain, Doll<sup>18</sup> reported that 9 % of the students were thinking of committing suicide. But these proportions were lower than what is reported about university students in Switzerland and Australia (45% and 61% respectively).<sup>4-19</sup>

However, the reports of substance use among the Jordanian university students were lower than what has been reported in the international studies. In this study, use of tobacco and alcohol was 21% and 10%, respectively. Sell and Robson<sup>21</sup> reported that 24 % of female and 40 % of male students were exceeding the safe limit of alcohol consumption. In a Lebanese study, Baddoura and Wehbeh-chidiac<sup>22</sup> found that 48% was the prevalence of smoking among the 20-40-year-old people.

Feeling always depressed was reported by 8 % of the students in this study, while in a study conducted in South Africa, 14 % of the students reported moderate to severe depression,<sup>23</sup> and in Britain 12% of male and 15% of female students reported measurable level of depression.<sup>24</sup> In this study, almost 50% of the university students reported feeling depressed.

This findings regarding the association between practicing exercise and general and psychosocial concerns correspond with previous studies. It was found that college students who moderate to vigorous sports have almost half odds of reporting suicidal behavior than those who are considered not active.<sup>25</sup> In this study, 20% of the Jordanian students said that they always practice exercise, which is considered to be low compared to the international proportions. Patrick and colleagues<sup>26</sup> found that 44% of the college student in United State reported practicing aerobic physical activity on 3 reaching to 7 days. One limitation of our study is that the instrument used was a translated Arabic version of the AHI. An instrument that is originally developed in Arabic language may be more informative. Another limitation is that the study measures concerns and risk behaviors using single- item scale, a multiple item scale might have been more accurate.

### **Implications for Researchers and Clinicians**

In conclusion, Jordanian university students are subject to a number of general health and psychosocial concerns, and they are involved in a

number of risk behaviors that may influence their health status and feeling of wellness. Consequently, their ability to function and succeed in their social and academic life will be affected. The study has an implication for mental health nurses and mental health counselors at the student's health services and centers. Mental health nurses and mental health counselors have to screen students in their periodic assessment and during students' visit to the health centers for risk behaviors and health concerns and make a connection between the physical complaints and psychosocial ones. This study used a sample of 652, however, a larger sample size may help rule out better findings, and the conducting interventional studies may provide better understanding for risk behaviors and health concerns among university students in Jordan.

The study findings imply that the following actions are needed in Jordanian health institutions; particularly in universities:

- 1) Enacting and implementing legislations that allow for periodic health assessment and screening for risk behaviors, and health problems for university students.
- 2) Cooperation and collaboration with professional health institutions to address youth health especially the mental and psychosocial needs, and 3) Promoting sustainable preventive programs to address risk behaviors and psychosocial needs of adolescents and young people; particularly high-school students and university students.

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### **References**

1. Grunbaum JA, Kann L, Kinchen S et al. Youth risk behavior surveillance: United States, 2003, Morbidity and mortality weekly report. Surveillance Summaries 2004; 53: 1-96.

2. King RA, Schwab-Stone M, and Flisher AJ et al. Psychosocial and risk behavior correlates of youth suicide attempts and suicidal ideation. *Journal of the American Academy of Child & Adolescent Psychiatry* 2001; 837-846.
3. Adams G, Cantwell AN, Matheis S. Substance use and adolescence. In: C. A. Assau (Ed.), *Substance abuse and dependence in adolescence*. New York, NY: Brunner-Routledge, 2002.
4. Hallfors DD, Waller MW, Ford CA, Halpern CT, Brodish PH, Iritani B. Adolescent depression and suicide risk: Association with sex and drug behavior. *American Journal of Preventive Medicine* 2004; 27:224 -230.
5. Marmorstein NR, & Iacono WG. An investigation of female adolescent twins with both major depression and conduct disorder. *Journal of American Academic for Child and Adolescent Psychiatry* 2001; 40(3):299-306.
6. Renouf AG, Kovacs M & Mukerji P. Relationship of depressive, conduct, and comorbid disorders and social functioning in childhood. *Journal of American Academic for Child and Adolescent Psychiatry* 1997; 36(7):998-1004.
7. Angst J, Angst, F & Stassen HH. Suicide risk in patients with major depressive disorder: *Journal of Clinical Psychiatry* 1999; 60(Supp12:57-62, discussion 75- 76):113-116.
8. Hickie IB. Choosing antidepressant drugs in general practice. *Australian Family Physician* 2001; 30(7):663-667.
9. Levine A & Cureton S. When hope and fear collide: A portrait of today's college students. San Francisco. Jossey Bass; 1998.
10. Woolfson M. *The Effects of Depression and Anxiety on Academic Achievement*. Nottingham, UK: Nottingham University; 1997.
11. Omokhodion FO & Gureje O. Psychosocial problems of clinical students in the University of Ibadan Medical School. *African Journal of Medicine and Medical Sciences* 2003; 32(1):55-58.
12. Gallagher R, Gill A & Sysko H. National survey of counseling center directors. Alexandria, V A: International Association of Counseling Services; 2000.
13. Haddad LG, & Malak MZ. Smoking habits and attitudes towards smoking among university students in Jordan. *International Journal of Nursing Studies* 2002; 39(8):793-802(10).
14. Jadou H. Psychiatric disorders among adolescent Jordanian returnees from Kuwait during the 1991 Gulf War. *East Mediterranean Health Journal* 2003; 9(1-2):20-27.
15. Kreishan NI. Reasons of inadequacy of health care services in Jordan for the period (1980-1992). Amman, Jordan: University of Jordan; 1995.
16. Nelson L, Barnard, M, King C, Hassanein R, Ropoff M. Instrument development for the determination of adolescent health needs. *Journal of Adolescent Health* 1993; 12(2): 164.
17. Brenner ND, Hassan SS, Barrios LC. Suicidal idea among college student in the United States. *Journal of Consulting and Clinical Psychology* 1999; 67: 1004-1008.
18. Doll H, (ed). *Eating disorders and emotional and physical well-being association between self-report of eating disorders and quality of life as measured by the SF-36 (draft- report)*. Oxford: Health Services Research Unit, Institute of Health Science, 2000.
19. Schweitzer R, Kalyich M, McClean J. Suicidal ideations a behaviors among students in Australia. *Australian & New Zealand Journal of Psychiatry* 1995; 24:473-479.
20. Stempliak VA, Barroso LP, Andrad AG, Nicastris S and Malbergier A. Comparative study of drug use among undergraduate students at the university of São Paulo –São Paulo campus in 1996 and 2001. *Revista Brasileira de Psiquiatria* 2005; 27(3):185- 193.
21. Baddoura R, Wehbbbeh-Chidiac C. Prevalence of tobacco use among the adult Lebanese population. *Eastern Mediterranean Health Journal* 2001; 7 (4/5):819-828.
22. Dyrbye LN, Thomas MR, Huschka MM et al. *Mayo Clinic Proceed* 2006; 81(11): 1435-1442.
23. Martin CA, Kelly TH, Rayens MK et al. Seeking, puberty, and nicotine, alcohol, and marijuana use in adolescence. 2002. *Sensation. Journal of the American Academy of Child & Adolescent Psychiatry* 2002; 41: 1495- 1502.
24. Brown DR, Blanton CJ. Physical activity, sports participation, and suicidal behavior among college students. *Medicine & Science in Sports & Exercise* 2002; 34(7): 1087- 1096.
25. Patrick K, Fulop M, Covin JR, Lavoato C and Galfas K. Health risk behaviors among California college students. *Journal of American College Health* 1997; 45(6):265-272.

## الاهتمامات الصحية وسلوكيات المخاطرة عند طلاب الجامعات الأردنية

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### الملخص

ازدادت مؤخراً الاهتمامات البحثية المتعلقة بسلوكيات المخاطرة عند الشباب والعوامل المؤثرة في مستوى الصحة الجسمية والعقلية. وأظهرت نتائج البحوث السابقة أن هناك حاجة إلى الاهتمام بالجوانب العقلية والنفسية عند فئة الشباب. في الأردن يعتبر ناتج البحث العلمي قليلاً فيما يتعلق بالجوانب الصحية؛ النفسية ومنها العقلية عند طلاب الجامعات في الأردن. طريقة البحث: تم جمع بيانات من (800) طالب جامعي من ست جامعات أردنية. جمعت البيانات من خلال ملء استبانة " منظور الصحة عند اليافعين" التي تصف سلوكيات المخاطرة والاهتمامات الصحية عند اليافعين.

### النتائج: خرجت الدراسة بالنتائج التالية:

الاهتمامات الصحية بشكل دائم كانت على النحو الآتي: (10%) اهتمام بالصحة بشكل عام، (18.8%) لديهم مشاكل في النظر، (13.5%) لديهم صداع وآلام سنية، (21%) يشعرون بالوحدة، (20%) مشوشون حيال المستقبل، (7.7%) يشعرون بالاكئاب، (13.5%) يدخنون السجائر و(11%) تمت الإساءة إليهم جنسياً.

كما أظهرت الدراسة أن سوء استخدام الأدوية والعقاقير المخدرة يرتبط بشكل إيجابي مع العوامل التالية: تدخين الأرب للسجائر، التفكير في الانتحار، مشاكل مع القانون والجامعة، مشاكل متعلقة بالقدرة الجنسية، واستخدام الأرب للمخدرات/الكحول.

الخلاصة: يعتبر الكشف الصحي في أثناء زيارات الطلبة للعيادات الصحية والمختصة عن سلوكيات المخاطرة والاهتمامات الصحية عند طلبة الجامعات أمراً مهماً للحيلولة دون تفاقم المشكلة، وطريقة وقائية لمعالجتها قبل فوات الأوان. الكلمات الدالة: الاهتمامات الصحية، سلوكيات المخاطرة، طلبة الجامعة، التمريض، الأردن.