



Original Research

Apply Health Beliefs Model Towards of Substance Abuse

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Abstract

Background: Substance use disorders (SUD) are significant health concern worldwide. Substance use is inveterate trouble which is associated with significant morbidity and mortality. These troubles also account for important health care employment and medical costs. However, the Substance use problems are associated with capitalize health retro gradation, weakness and death due to impacts and exceed. There is growing concern about the effects of conflict and wars on substance use in Iraq.

Methods: True experimental design, using a randomized controlled trial approach, is carried throughout the current study to determine the efficacy of health beliefs model-based intervention in changing the belief related to substance use among university students in Mosul City for period from 26-November 2019 to 1-March 2021.

Results: Findings of this study depict that there were statistically significant differences among all concepts of the Health Belief Model related to substance use, add to behavioral motivation, behavioral control and intension over time. On the contrary, the perceived barrier was the only belief that showed no significant changes over time.

Conclusion: This study concluded that designing an HBM-based study could affect students' understanding and their behaviors in the field of substance abuse. Considering the positive correlation between construct of HBM, particularly in "perceived benefits and perceived severity " related to students' beliefs. These beliefs implied a significant correlation with each other and with the attention to the prevention of addiction.

Key words: Health Beliefs Model, Substance Abuse

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Introduction:

The wellness creed focuses on health motivation by personal interpretation model (HBM) and is suitable for health behavior prediction, tackling

risky ones, and short- and long-term plans for improvement. There are in influencing people's prevention decisions, six key constructs were identified, screening and disease control: people

are likely to act if (a) they think they are susceptible (perceived susceptibility) to a disease, (b) assume severe consequences follow the condition (perceived severity), (c) assume it will take action decreasing the vulnerability or seriousness of the disease (perceived benefits), (d) assuming that the costs of taking action are greater than the benefits (perceived barriers), (e) are revealed signals that suggest action (cues to action), and (f) feel capable of being effective action-taking (self-efficacy) ⁽¹⁾. The HBM notes that if a person suspects that he or she is vulnerable to a serious health condition, the person is supposed to feel that the advantages outweigh the barriers associated with modifying his or her conduct in order to avoid the problem. The model of health belief is a fantastic tool for nurses to provide them with a theoretical structure to help their patients avoid chronic illnesses or enhance the quality of life if illness is present ⁽²⁾. The Health Belief Model theoretical constructs originate from theories in Cognitive Psychology ⁽³⁾. The expectation is that a certain health action could prevent the condition for which people consider they might be at risk. The HBM suggests that your belief in a personal threat together with your belief in the effectiveness of the proposed behavior will predict the likelihood of that behavior ⁽⁴⁾. Substance use and addiction are a major public health concern that is increasingly expanding across the world, affecting consumers, their communities and their environments causing psychological and economic problems for health and crippling societies, with a growing decrease in consumer age ⁽⁵⁾. The topic of drug use is harmful and people around the world are increasingly suffering from substance use disorder. It impacts the lives of people by causing many health conditions because it interferes with

individuals' mental wellbeing. The drug used is a long-lasting and reversing brain disorder which is characterized by the use and appetite of the drug without understanding its adverse effects. Examples of social harm associated with drug misuse are scarcity, illegality, high-risk behavior and many other branded diseases ⁽⁶⁾. The use of drugs among students has remained steady despite the recognition of the issue by educational institutions, and students regularly report higher rates of use (smoking, substance abuse, alcohol use) ^(7,8).

Methods and Materials:

True experimental design, using a randomized controlled trial approach, is carried throughout the current study to determine the efficacy of health beliefs model-based intervention in changing the belief related to substance use among university students in Mosul City for period from 26-November 2019 to 1-March 2021. The study sample consisted of 80 students who participated in training program for behaviors change. The study sample will be recruited from (4) colleges in the University of Mosul's Engineering, Sciences, Medicine and Education Colleges. The participants of each behavior were randomly allocated into one of two groups; (experimental group and control group). The intervention for the experimental group involved a health education lecture about substance use. Analyzed data using SPSS, Version23 using both descriptive statistics, inferential statistics (Means, and SD, Number and percentage) and chi-square, t-Test. A mixed design analysis of variance (ANOVA) is used to measure the changes among participant's beliefs, motivation, control and intentions over three times (pre-test, post-test1, and post-test2), as well as a Pearson's correlation coefficient used to identify the association between Health Belief Model concepts, behavioral motivation, behavioral control and Intentions to changing Beliefs related to substance use ⁽⁹⁻⁷⁴⁾.

Results:

Table 1: Descriptive Statistics Measuring Change in Health Belief Model Concepts, Motivation, Behavioral Control and Behavioral Intentions Across Study Group and Over Times.

HBM Concepts	Groups	M (SD)		
		(T 0)	(T 1)	(T 2)
Perceived Susceptibility	Exp	2.42 (0.76)	3.25 (0.41)	3.21 (0.46)
	Con	2.39 (0.48)	2.44 (0.70)	2.51(0.62)
Perceived Severity	Exp	3.12 (0.71)	3.89 (0.38)	3.82 (0.33)
	Con	3.17 (0.67)	3.28 (0.79)	3.23 (0.64)
Perceived Benefits	Exp	2.91 (0.76)	3.78 (0.41)	3.63 (0.90)
	Con	2.96 (0.78)	3.13 (0.72)	3.11 (0.88)
Perceived Barriers	Exp	2.75 (0.59)	2.69 (0.50)	2.70 (0.56)
	Con	2.91 (0.56)	2.93 (0.51)	2.87 (0.70)
Cue to action	Exp	2.31 (0.70)	3.18 (0.78)	3.35 (0.40)
	Con	2.27 (0.61)	2.61 (0.62)	2.83(0.61)
Perceived Self-Efficacy	Exp	2.27 (0.91)	3.22 (0.60)	3.26 (0.56)
	Con	2.41 (0.99)	2.56 (1.00)	2.55 (0.95)
Motivation	Exp	2.77 (0.76)	3.62 (0.36)	3.58 (0.48)
	Con	2.69 (0.90)	2.78 (0.77)	2.72 (0.91)
Behavioral Control	Exp	2.83 (0.99)	3.38 (0.30)	3.36 (0.45)
	Con	2.73 (0.54)	2.81(0.51)	2.89 (0.59)
Behavioral Intentions	Exp	2.81(1.05)	4.07 (0.70)	3.71 (0.69)
	Con	2.92(0.86)	3.08 (1.02)	3.04 (0.89)

Table(2):Results of score Range, Weighted Mean and Rank for Change in Health Belief Model Concepts, Motivation Behavioral Control and Behavioral Intentions across study group.

HBM Concepts	Score Rang	Weighted Mean			Range	Rank
		T0	T1	T2		
P. Susceptibility	(1-5)	2.42	3.25	3.21	1.5	8
P. Severity	(1-5)	3.12	3.89	3.82	1.4	1
P. Benefits	(1-5)	2.91	3.78	3.63	4	3
P. Barriers	(1-5)	2.75	2.69	2.70	2.2	9
Cue to action	(1-5)	2.31	3.18	3.35	1.66	6
Self-Efficacy	(1-5)	2.27	3.22	3.26	2.5	7
Motivation	(1-5)	2.77	3.62	3.58	1.62	4
B. Control	(1-5)	2.83	3.38	3.36	2.12	5
B. Intentions	(1-5)	2.81	4.07	3.71	3	2
Total Mean	(1-5)	2.69	3.45	3.40		

HBM: Health Belief Model, WM: Weighted mean, , Minimum score range = 1, Maximum score range= 5

Discussion:

Table 1: indicated that before the intervention, mean scores for all concepts of HBM, add to Motivation, Control, and behaviors intensions of students they were almost equal. However, after the intervention were significantly different in the study group, while it was not significant in the control group. The difference was higher among the intervention group than the control group and it was positive for all concepts except for perceived barriers. This issue indicates that education caused significant increase in scores of sensitivities, severity, perceived benefits, cues to action, self-efficiency, motivation, behavioral control and intensions. It further reduced perceived barriers of students in the intervention group. The visual observation for (Table 1) shows that the Mean scores and the Standard Deviations for the variables under the study were changed among participant's over times. To determine the significance of this changes in the mean scores and if our health education session based on health belief model was successful in promoting enhancement among participant beliefs. Table (2): This table shows (Range score, Mean, Total mean rank and range). There was a clear change between (T1, T2 and T0) as a result of the educational program used among students. It turns out that (Perceived Severity, intentional and perceived benefits) are the highest in terms of Weighted Mean, which are estimated to be in terms of (3.81,3.71, 3.63) respectively.

Conclusion:

This study concluded that designing an HBM-based study could affect students' understanding and their behaviors in the field of substance abuse. Considering the positive correlation between construct of HBM, particularly in "perceived benefits and perceived severity " related to students' beliefs. These beliefs implied a significant correlation with each other and with the attention to the prevention of addiction.

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