



Original Research

Perceived Benefits Related to Drug Abuse among Students

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Abstract:

Background: Perceived benefits Refer to the evaluation by an individual of the effectiveness of participating in a health-promoting action to minimize the risk of an illness. The aim of the study to assess of Perceived Benefits Related to Drug Abuse among Students

Material and method: 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 5-January 2023 to 1-February 2024. The study sample consisted of 80 students who participated in training program for behaviors change.

Results: Findings of this study depict that there were statistically significant differences among Perceived Benefits related to substance use.

Conclusions: 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 Perceived Benefits.

Keywords: Perceived Benefits, Drug Abuse, Student

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Introduction:

Perceived benefits Refer to the evaluation by an individual of the effectiveness of participating in a health-promoting action to minimize the risk of an illness. The HBM states that the more people believe that a particular activity would be beneficial in relation to a perceived danger, the

more likely they would be to participate in that behavior, regardless of objective facts relating to the effectiveness of the action ⁽¹⁾. Perceived benefits in this study conceptualized as Mosul university student's beliefs that getting help for substance use problems solving would increase my

ability to protect them from addiction. The power of the health belief model to clarify and predict individuals' health actions through its logical thinking, which illustrates how demographic variables are connected to human values and ultimately affect individual behaviors and lifestyles, has made it the model of choice for many health promotion and disease prevention programs ⁽²⁾.The present study tries to clarify the efficacy of the health belief model in changing the belief related to substance use among university students. It is clear that the original model shape contains four important constructs of perceived intensity or gravity, perceived vulnerability, perceived barrier and perceived benefits ⁽³⁾. The model has been extended in recent years, however, and two additional buildings have been added to its initial buildings; the reasons for intervention and self-efficacy ⁽⁴⁾. The aim of the study to assess of Perceived Benefits Related to Drug Abuse among Students

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 5-January 2023 to 1-February 2024. 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⁽⁵⁻⁷⁷⁾.

Results:

Table 1: Repeated Measures ANOVA Tests the health beliefs model in changing the belief related to drug abuse among university students (Perceived Benefits):

Perceived Benefits	“Repeated Measures ANOVA Tests”			
	F	P	(η ²)	O.P.
Main time effect	26.075	0.000	0.404	1.000
Between groups effect	7.877	0.006	0.092	0.792
Groups Interaction overtime	11.948	0.000	0.237	0.994

η²: Partial Eta Squared (size effect). O.P. Observed Power.

The findings of Table 4.11 show that the interaction of time and group is significant ($F= 11.948, p= 0.000$) and that the key impact of time is significant ($F= 26.075, p= 0.000$) in the subject's test. And the test between groups shows the importance of the variable group $F= (7.877, p= 0.006)$ there.

The important interaction indicates that the Health Beliefs Models among the research participants (research and control) are evolving over time and are evolving in different ways, i.e., the lines of the two groups are not parallel in figure (1).

In this particular case, it is clear in Figure (1) that the study group increases in beliefs over time as compared to the control group, which decreases in beliefs over time. The impact size table 1 shows that about 40 percent of the variation from modified expectations (perceived be benefits) is responsible for the time table 1.

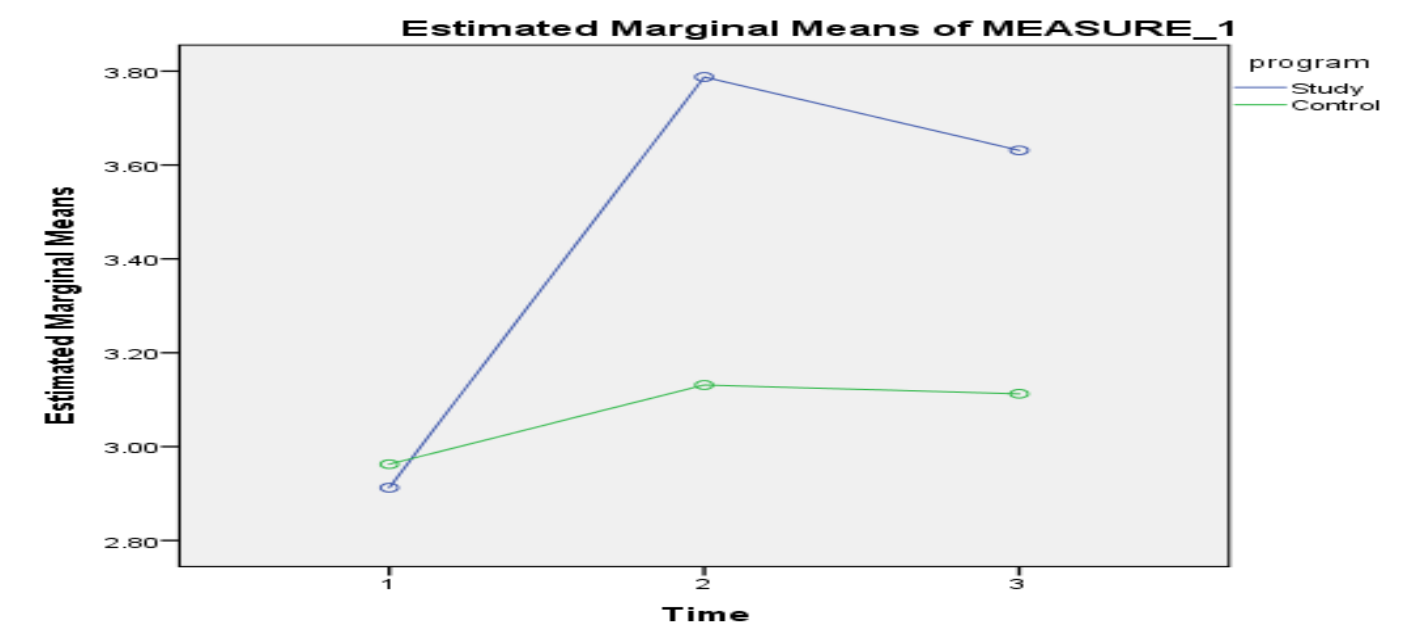


Figure 1: Changing in beliefs related to drug abuse among university students (Perceived Benefits) for the study and control groups throughout the three times.

Table 2: Post-hoc Test Using Bonferroni Corrections Procedure for Changing in the Students' Beliefs about Health beliefs Model (perceived Benefits) among Study and Control Group over Times

HBM	Groups	Post hoc Using Bonferroni		
		(pretest) vs (post 1)	(pretest) vs (post 2)	(Post1) vs (post 2)
Perceived Benefits	Exp	0.000	0.000	0.645
	Con	0.616	0.681	1.000

Based on estimated marginal means. The mean difference is significant at the 0.05 level. Adjustment for multiple comparisons: Bonferroni. $p < 0.05$ indicated in bold.

With respect to the variations in the Health Belief Model's (perceived benefits) throughout the three times, Table 2 shows that there are substantial

variations in the research group participants' perceived benefits of beliefs. Concerning control group, the table 2 reveals the fluctuation of Beliefs

over time. However, no exact improvement or stable continues change in students Belief is observed.

Discussion:

Perceived benefits is one of preventive factor contributes to more preventive habits than other constructions. Therefore the perceived advantages of the present study were high and the highest mean score was associated with this section. Perceived benefits was found that the belief students ' in the benefits of the methods to reduce the risk of the spread of addiction, and here the educational program played an important role in changing students' behavior from negative to positive. The study and control groups were changing over time but in different levels in their students Belief about perceived benefits. There was a major increase in Beliefs levels for study group participants at posttest-1 and then a slight decrease at posttest-2 in spite of the continuity of the educational program which hoped to retain their Beliefs levels as much as possible. This result was certainly due to that students have benefited from the information that was learned from the program. This study showed that the perceived advantage of shifting the perception of drug use among students increased after health education among the intervention community. The research is consistent with the perceived benefit that increased after the intervention ⁽⁷⁸⁾. These findings agree with ⁽⁷⁹⁾, who found the repeated measures ANOVA is a significant differences in the study group in Health Belief Model constructs and also perceived benefits toward substance abuse ($P < 0.001$). On the other hand, the effect size associated with changed Beliefs was high (Perceived Benefits) was

observable, with time accountable for about 40% of the variance from changed Beliefs. This result indicates that the students' Beliefs are improved significantly after education. The post-hoc test revealed that the mean score of changed Health Belief Model (perceived Benefits) differed significantly among study group participants ($p > .000$). Relative to control group participants, the findings showed that there was no significant change in mean score of Beliefs over the period of the educational program. Specifically, the score of Health Belief Model (Perceived Benefits) among study group at post-test-1 and post-test-2 differed significantly from pre-test. Conversely there is no significant change from posttest-1 to posttest-2. This result indicates that the student Belief is improved significantly after education. These findings corresponding with the findings of ⁽⁸⁰⁻⁸⁵⁾, who reported that study group participants had a high impact of health education on the study group's perceived benefits of drug abuse.

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 Perceived Benefits.

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