

Apply Health Beliefs Models (Cues to action) Toward Drugs Abuse

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Abstract:

Background: Cues to action refer to Is the strategy for preparation, which may be internal or external for providing to information, raising awareness and incorporating an appropriate system of reference that can stimulate health behavior. The aim of the study to assess of Apply Health Beliefs Models (Cues to action)

Material and method: Using a randomized controlled trial methodology and a true experimental design, the current study aims to determine how well a health beliefs model-based intervention can change the attitudes of university students in Mosul City toward drugabuse between January 15, 2024, and February 28, 2024.

Results: Findings of this study depict that there were statistically significant differences among Cues to action toward drugs abuse among Students.

Conclusions: The results of this study suggested that the way an HBM-based study is designed may have an impact on students' knowledge and smoking-related behaviors. Taking into account the construct of Cues to action and its positive correlation

Keywords: HBM ,Cues to action, drugs abuse

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Introduction:

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 ⁽¹⁾. The Health Belief Model theoretical constructs

originate from theories in Cognitive Psychology ⁽²⁾. 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 ⁽³⁾. The HBM is one of the theories of individual (Intrapersonal) behavior that focuses primarily on an individual's awareness, attitude and actions. For nearly eighty

years, HBM has been used effectively to foster good safe behaviors ⁽⁴⁾. HBM was mostly used to explain why some people support condition-prevention behaviors and others do not ⁽⁵⁾.Cues to action Incidents that serve as a warning of the intensity or risk of an illness are described as ⁽⁶⁾.Cues to action are external events which prompt a desire to make a change in health. A prompt to action is something that helps drive someone to actually make the change from trying to make a health change ⁽⁷⁾.The people’s behaviors are also influenced by cues to action, modifying variables and their self-efficacy. The people's behaviors are also influenced by cues to action, modifying variables and their self-efficacy. Act construction may involve a number of behavioral variables, ranging from mass media advertising comprehension and recall, to leaflets and letters of reminders, to perceived descriptive and injunctive regulatory regulation by health care practitioners⁽⁵⁾. The aim of the study to assess Cues to action toward drugs abuse of among Students

Methods and Materials:

Using a true experimental design and a randomized controlled trial methodology, the current study aims to determine how well a health

beliefs model-based intervention can change the attitudes of Mosul City university students toward substance use between January 15, 2024, and February 28, 2024. The study sample consisted of eighty students who participated in a behavior modification training program. The study sample will be selected from four colleges at the University of Mosul: engineering, science, medicine, and education. Participants in each behavior were randomly assigned to one of two groups: the experimental group or the control group. The experimental group received a health education lecture about substance use as an intervention. I analyzed the data using chi-square, the t-test, and both descriptive and inferential statistics (Means, SD, Number, and Percent) using SPSS, Version 23. A mixed design analysis of variance (ANOVA) is used to measure changes among participant beliefs, motivation, control, and intentions over three times (pre-test, post-test1, and post-test2), in addition to a Pearson's correlation coefficient used to determine the relationship between Health Belief Model concepts, behavioral motivation, behavioral control, and intentions to changing beliefs related to substance use. ⁽⁸⁻⁸⁷⁾.

Results:

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

Cue to action	“Repeated Measures ANOVA Tests”			
	F	P	(η2)	O.P.
Main time effect	39. 543	0.000	0.407	1.000
Between groups effect	15.842	0.000	0.169	0.976
Groups Interaction overtime	4.546	0.014	0.106	0.758

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

The results of table 1 illustrate that the test inside the subjects shows that the test principal time effect is important (F= 39.543, p= 0.000).

The important interaction indicates that the Health Beliefs Models among the research participants (experiment 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 example, it is apparent in Figure (1) that the study group increases in beliefs over time as compared to the control group, which

decreases in beliefs over time. Regarding the size of the effect, (Table 1) reveals that about 40% of variance from altered beliefs (Cues to action) is responsible for the time.

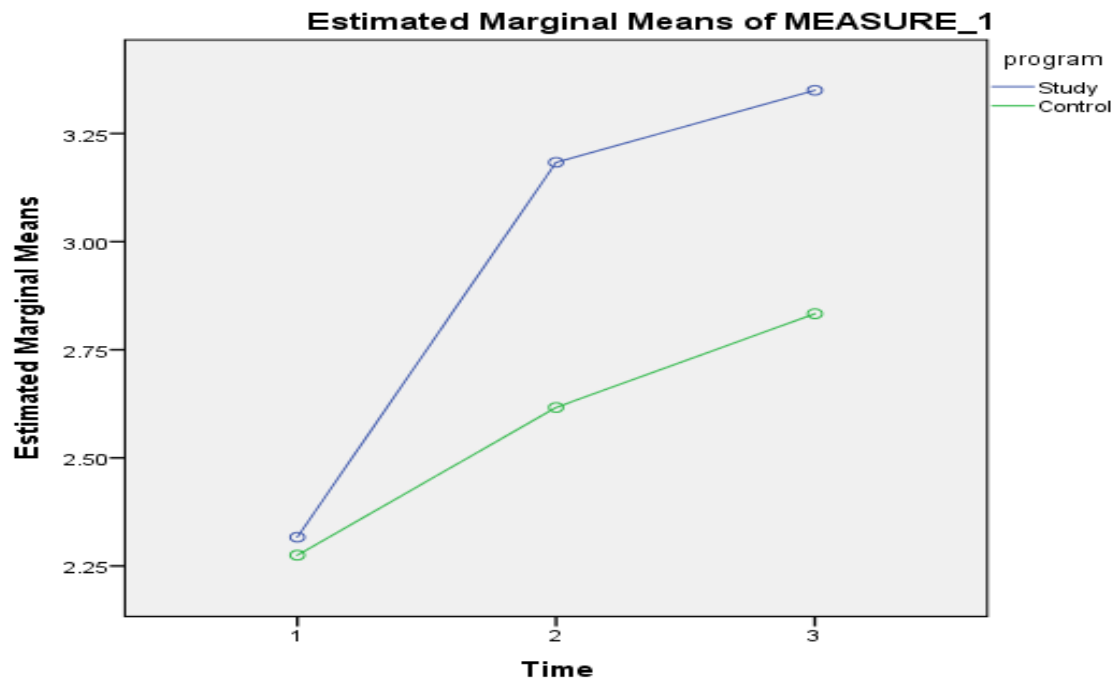


Figure 1: Changing in beliefs related to drug abuse among university students (Cue to action) for the study and control groups throughout the three times.

Table 2: Post-hoc Test Using Bonferroni Corrections Procedure for Changing in the Students' Beliefs about Health beliefs Model (Cues to action) 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)
Cues to action	Exp	0.000	0.000	0.766
	Con	0.044	0.119	0.357

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.

The table 2 shows that the score of Health Beliefs Model (Cues to action) among study group participants differed significantly from pre-test to posttest-1 ($\text{sig}=0.000$) and from pre-test to posttest-2 ($\text{sig}=0.000$). There are no statistically significant variations in the information score from posttest-1 to post-test-2. Table 2 indicates that there is no statistically meaningful change in student views over time when it comes to the control group.

Discussion:

All participants of this study were changing over the period of the educational program but in different levels of their students Beliefs about Cues to action .There was a major increase in Beliefs levels for study group participants at posttest-1 and then a slight decrease at posttest-2. This result was certainly due to that students have benefited from the information that was learned from the program. Table (1).This research showed that the mean score

of Cues to action in changing the belief of drug use among university students after the educational course increased significantly in the experimental study group relative to the control group. Table (1). Cues to action, here students, the person feels the need to take action, through the educational program, following up with family members and friends, and social media guidelines, could be used as cue to action in changing the behavior of substance users towards substance use. While there was a very little increase in Beliefs levels for control group participants at posttest-1 and then a slight decrease at posttest-2. This result was surely because the students of control group had not participated in the educational program (Table 1; Figure 1). The significant interaction revealed that the beliefs among the participants under the study (study and control) was changed over time and it is changing in different ways. In other words, the lines of the two groups are not parallel. For this construct it is clear that the study group is increasing in beliefs over time conversely to the control group which is decreasing in beliefs over time (Figure 1). These results were compatible with the study of ⁽⁸⁸⁾, which entitled "Effectiveness of life skills training program in prevention of drug use among secondary school students" who mentioned that The influence of family, peers and friends be well impressive, they can increase cue to action or social norms. So, student's behaviors will be changed gradual positively. The findings showed that the score of Health Belief Model (Cues to action) among study group participants differed significantly from pre-test to posttest-1 ($\text{sig}=.000$) and from pre-test to posttest-2 ($\text{sig}=.000$). (Table 2) These findings consistent with ⁽⁸⁹⁻⁹²⁾ who found were significant inter- and intra-group differences, as well as the group-time interaction in cues to action ($P < 0.001$). However, there was no statistically significant differences in the score of student Beliefs from posttest-1 to posttest-2. These results indicated that Beliefs among study group was improved after education with no significant changes from this improvement after three months. Concerning control group, the (Table 2) revealed that there was no statistically

significant change in students' Belief over the period of the educational program.

Conclusion:

The results of this study suggested that the way an HBM-based study is designed may have an impact on students' knowledge and drug abuse - related behaviors. Taking into account the favorable relationship between the cues to action construct.

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