

Risk Taking Behaviors among Nursing Students

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Abstract

Background: Risk taking behaviors represent one of the leading causes of morbidity and mortality worldwide, especially among college students. Risk taking behaviors are defined as engagement in any activity with a frequency or intensity that increases risk of disease or injury. **Aim of the study:** is to assess risk taking behaviors among nursing students. **Materials and method:** this study was conducted on 618 students at Faculty of Nursing, Tanta University, Egypt. A questionnaire sheet which was derived from the National Youth Risk Behavior Surveillance System (YRBSS) (2011) was used to collect the risk taking behaviors and the necessary data. **Results:** 38.5% and 25.2% of male and female students respectively reported intake of fast and canned food 4 times or more last week. About 44.1% of male students compared to 47.7% of females reported intake of soda beverages 1-3 times last week. More than half of the studied students reported never or rarely using a safety belt while driving a car. Meanwhile, 62.9% of the students did not practice regular exercises. Only 6% of the students were current smokers, 1.8% of them ever had alcohol drink, 2.8% of the studied students reported intake of illicit drugs and only 1.9% of the students reported having extramarital sex. **Conclusion:** Unhealthy dietary behavior was found to be the most experienced risk taking behavior among the studied students, followed by violence and unintentional injuries, then physical inactivity. **Recommendations:** Health education programs are strongly recommended for the university and nursing students to prevent risk-taking behaviors through encouraging them to adopt healthy lifestyle behaviors.

Key words:- Risk, behaviors, nursing, college, students.

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Introduction

Risk taking behaviors (RTB) are defined as engagement in any activity with a frequency or intensity that increases risk of disease or injury. They are considered the most serious threat to health and well-being. They are often established during adolescence and extend to adulthood contributing to the leading causes of morbidity and mortality. Everyone may engage in more than one risk behavior at the same time, thus these risk behaviors are interrelated and might cluster together into a risky lifestyle. Risk taking behaviors can lead to negative health outcomes as unwanted pregnancy, sexually transmitted diseases, severe disability and death^(1,2).

Risk taking behaviors are prevalent during all stages of development, but they are especially noticed during adolescence and young adulthood. Adolescence and young adulthood periods are one of the most important periods of human development due to physical, psychological and sexual changes occurring in these periods. World Health Organization (WHO) defined young adults as people aged 18-24 years. University students are at this category, they comprise a quarter of the world's population, and nearly 90% of them live in low-income and middle-income countries⁽³⁾.

University students engage in risk-taking behaviors more than any other population for several factors as being not fully capable of understanding complex concepts as the relationship between behavior and consequences, separation from their families, facing peer pressures and exposure to new experiences. Also, university is the time for identity development. Moreover, age, socio-economic level, gender, parents' level of education, family monthly income and environmental factors such as family, school, and community characteristics are significant contributors to unhealthy lifestyles⁽⁴⁾.

The National College Health Risk Behavior Survey (NCHRBS) and Youth Risk Behavior Surveillance System (YRBSS) have developed by CDC since 199 to monitor six categories of risk behaviors, these behaviors are: 1) Behaviors that contribute to unintentional injuries and violence; 2) Tobacco use; 3) Alcohol and drug

use; 4) Sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus infection; 5) Unhealthy dietary behaviors and 6) Physical inactivity⁽⁵⁾.

An estimated 80% of all chronic disease-related deaths occur in low or middle income countries and one of the major causes of these related deaths can be because of adoption of risk behaviors. However, chronic diseases associated with unhealthy behaviors are now the greatest public health problem in most countries of the world. Without research and prevention efforts to address risk behaviors, global deaths caused by chronic diseases are expected to rise to 73% by 2020⁽⁶⁾.

Data on prevalence of risk taking behaviors among university nursing students are lacking. Understanding the mechanism of risk taking behaviors among university students can help to improve future interventions to reduce it. So, it is necessary to collect baseline information about the magnitude of the problem, prevalence rates, risk factors, and consequences of these risk behaviors among those students⁽⁷⁾.

Aim of the study

The aim of this study is to assess risk taking behaviors among nursing students at the Faculty of Nursing - Tanta University, Egypt.

Research question:

What is the risk taking behaviors among nursing students?

Materials and method

Materials

Study design:

Descriptive cross sectional study design was used in this study.

Setting: This study was conducted at the Faculty of Nursing, Tanta University, Egypt.

Subjects:

The sample was selected from the Faculty of Nursing, Tanta University, Egypt. Students were chosen randomly by Equal proportion allocation technique using clustering technique to select 30% of all the students in the four academic years. The total number of the selected students was 618 students.

Tool of data collection:-

A questionnaire sheet was used in order to collect the necessary data for this study. It consisted of the following parts:

Part I:- Socio demographic characteristics of nursing students:-

This part aimed to collect socio demographic data as age, sex, academic year, and student's place of residence.

Part II:- Risk- taking assessment :-

The aim of this part was to collect data related to students' risk-taking behaviors using Youth Risk Behavior Surveillance System (YRBSS) (2011) as follows:-

1- Assessment of violence related behaviors and unintentional injuries such as: Riding a motor bike, wearing a helmet while riding it, and wearing a seat belt while driving a car or being a passenger.

2- Assessment of tobacco use such as: Current smoking, type, time and duration, age of starting, source of getting cigarettes, and if trying to quit smoking.

3- Assessment of alcohol and other drug use such as: Current alcohol or drug use, type and duration, age of first use and number of intakes during last month,.

4- Assessment of sexual behaviors such as: Having illegal sexual intercourse currently, and age of first intercourse.

5- Assessment of unhealthy dietary behaviors including questions about:

Self-rating of body weight, eating habits during last week as:- eating fast and canned food, milk, use of soda.

6- Assessment of physical inactivity such as: Doing any type of physical activity or practicing exercises and how many times per week.

Scoring system:-

The score for each category of risk taking behaviors was estimated, where the highest score indicated the high exposure to the risky behavior.

Method

1. Official permission to conduct the study was obtained from the Dean of the Faculty of Nursing.

2. Data collection tool:

-Study tool was taken from The National Youth Risk Behavior Surveillance System (YRBSS) (2011). It was modified and translated into Arabic language by the researcher in order to fit with the Egyptian culture.

-The study tool was tested for face and content validity by a jury committee of five expertises. Validity of the questionnaire based on the experts' opinion was calculated and found to be (95%).

3. Pilot study:

-A pilot study was carried out on 62 nursing students (10% of the total sample) from the four academic years to test the tools for its clarity and applicability

-To assess **reliability** of the tool, the study tool was given to 62 students from the four grades (pilot study), two weeks later after the first administration and retested by computing it with Kronbach's test, which was found to be (0.97066) and internal consistency reliability was (0.9882).

4. Actual study:

The data was collected by the researcher over a period of about three months (from the end of February, 2015 until the end of May, 2015).

5. Ethical consideration :-

- Confidentiality and privacy regarding the data collected was put into consideration
- The questionnaire sheet was anonymous.
- It was approved from the ethical committee.

6. Statistical analysis:

The collected data were organized, tabulated and statistically analyzed using SPSS version 19. For numerical values the range mean and standard deviations were calculated. The differences between two mean values were used using students't-test. For categorical variable the number and percentage were calculated and differences between subcategories were tested by chi square (X^2). When chi square was not appropriate Fisher and Monte Carlo exact testes were used. The level of significant was adopted at $p < 0.05$.

Results

Table (1) shows the distribution of the studied students according to their socio-demographic characteristics. The age of the studied students ranged between 18-24 years, with a mean 20.33 ± 1.26 years. As for gender, most of the studied students (73.9%) were females. More than half of the students (63.7%) were from rural area while the majority of them (93.7%) were single.

Table (1): distribution of the studied students according to their socio-demographic characteristics

Variables	Number (n=618)	%
Age in years:		
• 18-	188	30.4
• 20-	321	52
• 22-24	109	17.6
Range	18- 24	
Mean \pm SD	20.33 \pm 1.26	
Gender:		
• Males	161	26.1
• Females	457	73.9
Academic grade:		
• First	175	28.3
• Second	155	25.1
• Third	193	31.2
• Fourth	95	15.4
Residence:		
• Rural	394	63.7
• Urban	176	28.5

• Students' residence house	48	7.8
Marital status:		
• Single	579	93.7
• Married	39	6.3

Table (2) shows the distribution of the studied students in relation to violence related behaviors and unintentional injuries. It showed that the majority of both males and females who ride a motor bike (91.5% and 94.6% respectively) reported never or rarely wearing a helmet while riding it. More than half (59.5%) of males who drive a car reported never or rarely using a safety belt while driving a car, while 63.6% of females reported sometimes using safety belt. The difference between them was statistically significant (p=0.001). The majority of male and female students (80.1% and 80.5% respectively) reported never or rarely wears a safety belt while being in a car with a driver.

Table (2): Distribution of the studied students in relation to violence related behaviors and behaviors that contribute to unintentional injuries

Violence behaviors	Males (n=161)		Females (n=457)		Total (n=618)		X ²	p
	n	%	n		N	%		
Riding a motor bike	94	58.4	112	24.5	206	33.3	61.488	0.001*
Wearing helmet while riding a bike:	N=	94	N=	112	N=206		MCET	0.001*
• Never or rarely	86	91.5	106	94.6	192	93.2		
• Sometimes	7	7.4	5	4.5	12	5.8		
• Always	1	1.1	1	0.9	2	1.0		
Driving a car	37	23.0	11	2.4	48	7.8	70.351	0.001*
Using safety belt while driving a car:	N=	37	N=	11	N=48		MCET	0.001*
• Never or rarely	22	59.5	4	36.4	26	54.2		
• Sometimes	14	37.8	7	63.6	21	43.8		
• Always	1	2.7	0	0.0	1	2.0		
Using safety belt while being in a car with a driver							MCET	0.456
• Never or rarely	129	80.1	368	80.5	497	80.4		
• Sometimes	31	19.3	80	17.5	111	18.0		
• Always	1	0.6	9	2.0	10	1.6		

*Significant at p< 0.05 MCET = Monte Carlo exact test

Figure (1) shows the distribution of the studied students in relation to their gender and tobacco use behavior. It illustrated that only 19.3% of males and 1.3% of females were current smokers.

Figure (1): Distribution of the studied students in relation to gender and tobacco use behaviors:

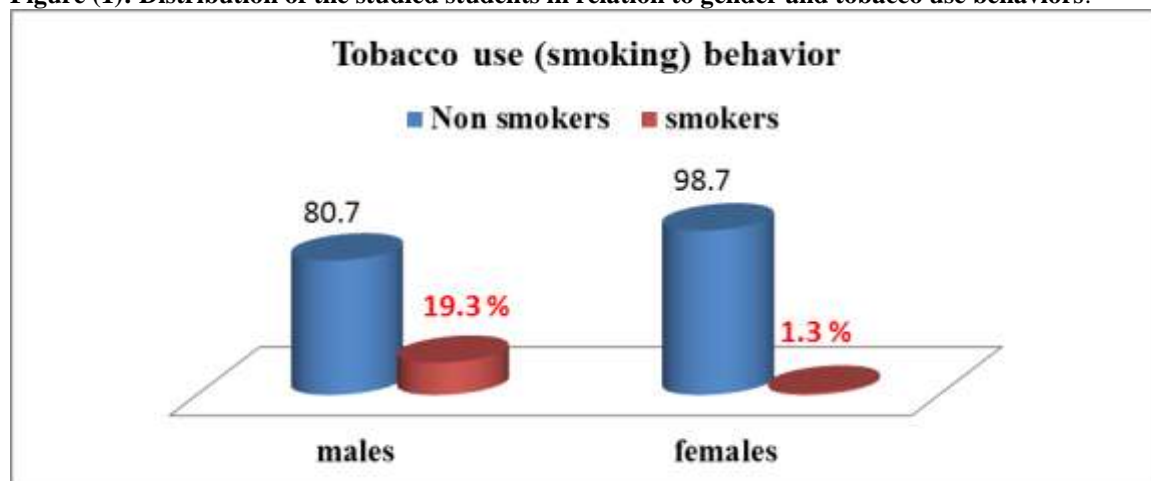


Figure (2) shows the distribution of the studied students in relation to their alcohol use behaviors. It illustrated that only 1.8% of studied students ever had alcohol drink.

Figure (2): Distribution of the studied students in relation to alcohol use behaviors:

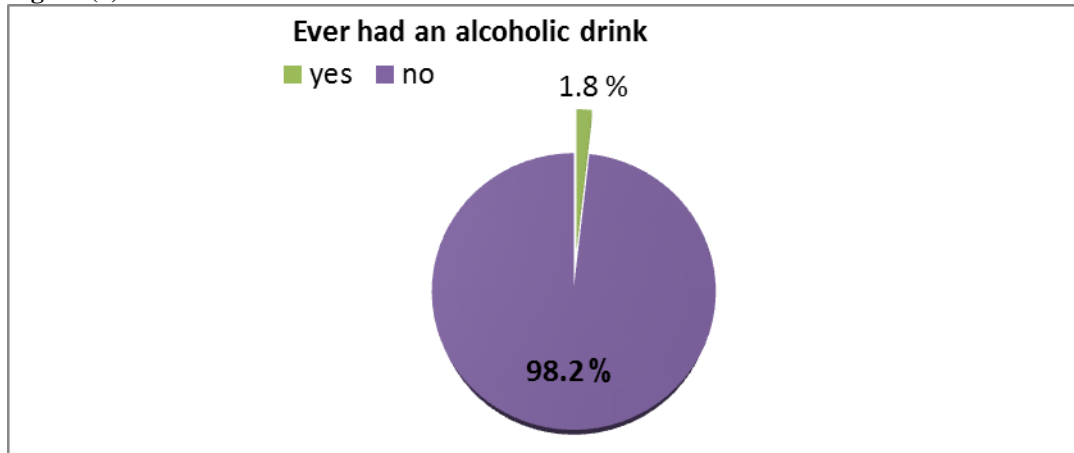


Figure (3) shows the distribution of the studied students in relation to their illicit drug use behavior. The table revealed that, only 2.8% of the studied students reported intake of illicit drugs.

Figure (3): Distribution of the studied students in relation to illicit drug use behaviors:

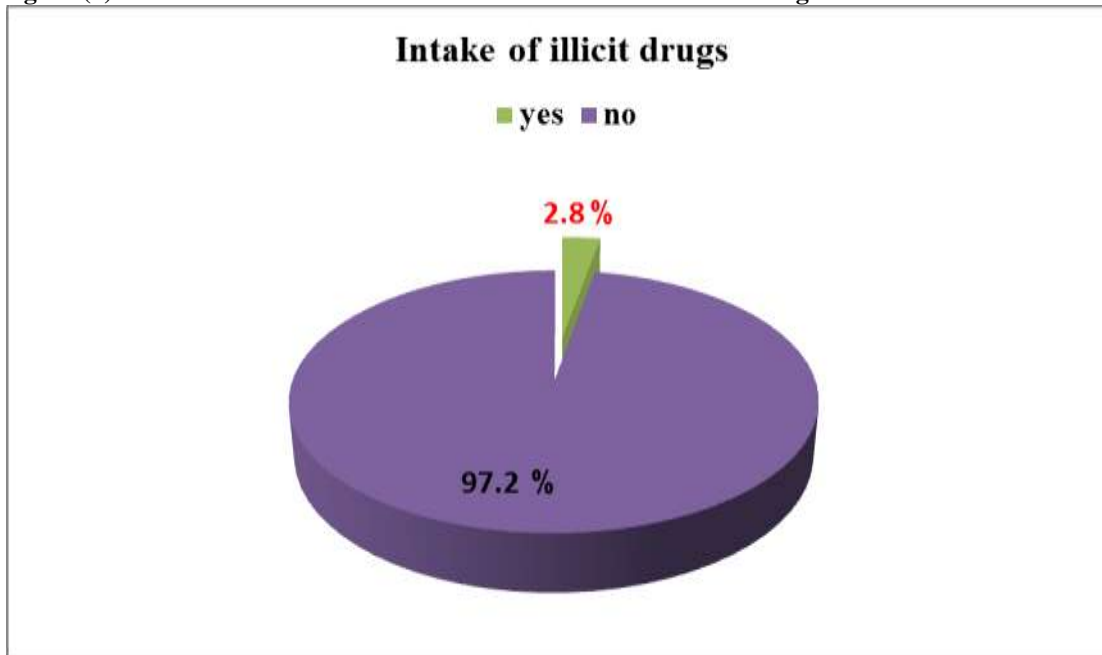


Table (3) shows the distribution of the studied students in relation to their gender and sexual behaviors. Only 1.9% of the studied students (3.7% of the males and 1.3% of the females) reported having extramarital sex. Of them, 66.7% of the males had their first sexual relation at 15 to less than 20 years, while all females (100%) had their first sexual relation between 20-23 years, this difference was statistically significant (p= 0.005).

Table (3): Distribution of the studied students in relation to gender and sexual behaviors:

Sexual behaviors	Males (n=161)		Females (n=457)		Total (n=618)		X ²	p
	n	%	n	%	n	%		
Ever had an extramarital sex:	6	3.7	6	1.3	12	1.9	FE	0.089
Age at first sexual relation:	N=	6	N=	6	N=	12	MCET	0.005*
• 15-	4	66.7	0	0.0	4	33.3		
• 20-23	2	33.3	6	100	8	66.7		

Figure (4) shows distribution of the studied students in relation to gender and self-rating of body weight. It indicated that, most of the studied students (63.3%) considered themselves had normal weight while about one quarter of them (24.8%) reported overweight and only 2.7% reported obese.

Figure (4): Distribution of the studied students in relation to gender and self-rating of body weight:

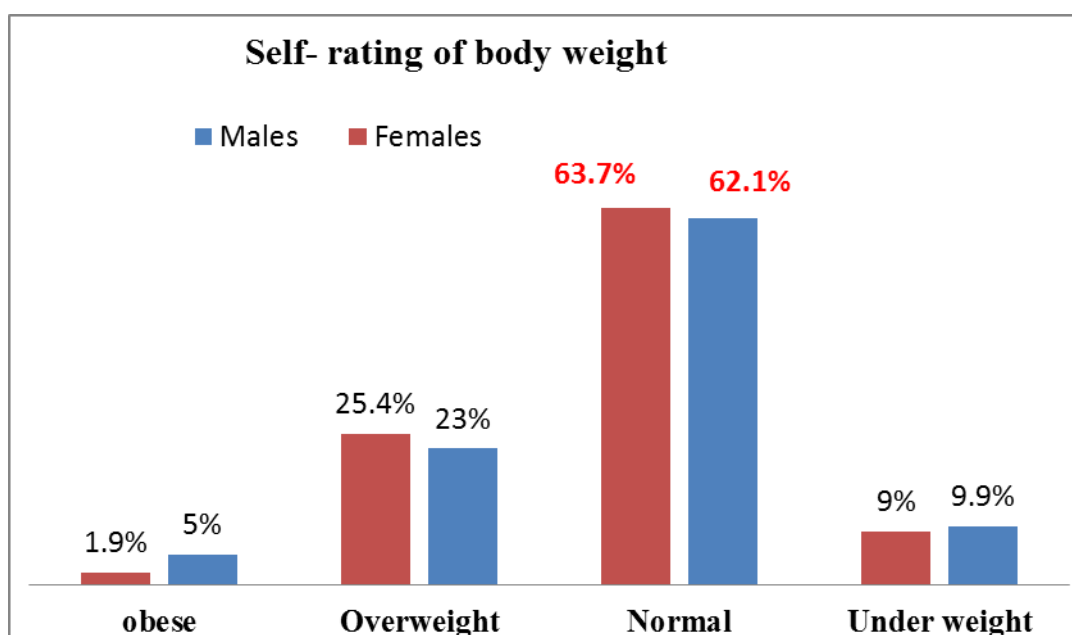


Table (4) shows distribution of the studied students in relation to gender and unhealthy dietary behaviors. In relation to intake of milk, almost half of the studied students (46.3%) didn't drink milk last week (36.7% of males and 49.7% of females). More than one third of male and female students (36% and 35.6% respectively) reported intake of milk 1-3 times last week. As for intake of soda beverages, 44.1% of male students compared to 47.7% of females reported intake of soda beverages 1-3 times last week. The difference between them was statistically significant where (p=0.001). As for intake of fast and canned food last week, (38.5% and 25.2% of male and female students respectively) reported intake of fast and canned food 4 times or more last week. The difference between them was statistically significant (p=0.004).

Table (4): Distribution of the studied students in relation to gender and unhealthy dietary behaviors:

Dietary behaviors	Males (n=161)		Females (n=457)		Total (n=618)		X ²	P
	n	%	n	%	n	%		
Intake of milk last week							14.558	0.001*
• None	59	36.7	227	49.7	286	46.3		
• 1-3 times	58	36.0	162	35.4	220	35.6		
• 4 times or more	44	27.3	68	14.9	112	18.1		
Intake of soda beverages last week							18.959	0.001*
• None	27	16.8	134	29.3	161	26		
• 1-3 times	71	44.1	218	47.7	289	46.8		
• 4 times or more	63	39.1	105	23.0	168	27.2		

Intake of fast/canned food last week						11.287	0.004*
• None	33	20.5	133	29.1	166	26.9	
• 1-3 times	66	41.0	209	45.7	275	44.5	
• 4 times or more	62	38.5	115	25.2	177	28.6	

Table (5) shows the distribution of the studied students in relation to their gender and physical inactivity. It was found that, only 37.1% of the studied students practiced regular exercises. Of them, 40.2% reported practicing exercises 5 times or more / week. Concerning hours of watching TV/ day, 22.4% of the males and 25.8% of females reported watching TV for 4hours or more /day, this difference was statistically significant (p=0.013). About 25.9 % of the students reported playing computer and video games for 4 hours or more / day.

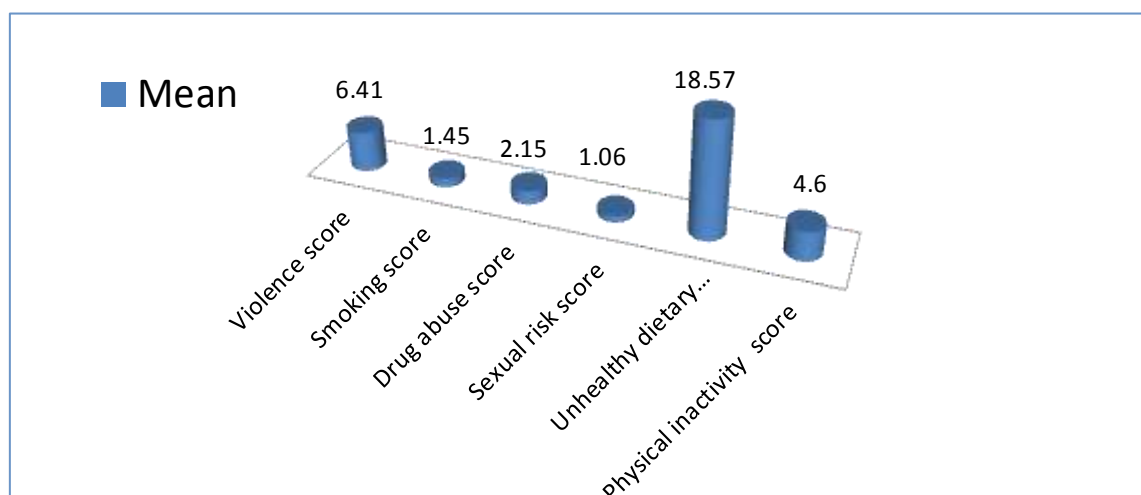
Table (5): Distribution of the studied students in relation to gender and physical inactivity

Physical inactivity	Males (n=161)		Females (n=457)		Total (n=618)		X ²	p
	n	%	n	%	n	%		
Regular exercises:							64.650	0.001*
• Yes	102	63.4	127	27.8	229	37.1		
• No	59	36.6	330	72.2	389	62.9		
Frequency of exercise/week	N=	102	N=	127	N=	229	16.680	0.001*
• 1-2 times	26	25.5	23	18.1	49	21.4		
• 3-4 times	50	49	38	29.9	88	38.4		
• 5 times or more	26	25.5	66	52	92	40.2		
Hours watching TV/day:							8.635	0.013*
• None	40	24.8	67	14.7	107	17.3		
• 1-3	85	52.8	272	59.5	357	57.8		
• 4±	36	22.4	118	25.8	154	24.9		
Hours playing computer games/day:							20.037	0.001*
• None	41	25.4	207	45.3	248	40.1		
• 1-3	65	40.4	145	31.7	210	34.0		
• 4±	55	34.2	105	23.0	160	25.9		

Figure (5) shows the mean of total scores for risky behaviors among the studied students. The highest score of risky behaviors among studied students was found to be for the unhealthy dietary behaviors with a mean 18.57±2.51, followed by violence with a mean 6.41±2.16, then physical inactivity with a mean 4.6±1.35.

Figure (5): Mean of total scores for risky behaviors among the studied students:

Discussion



Risk-taking behaviors among university students are usually the major cause of morbidity and mortality during this period. University students are considered very important in our society and represent the future of families and communities and act as role model for the public. However, they engage in risky behaviors that threaten both their current and future health. Understanding patterns and trends of risk behaviors among university students is of major importance for the assessment of the burden of these behaviors in the society and for determining the efforts to decrease it^(8, 9). Therefore, the aim of this study was to assess risk-taking behaviors among nursing students.

The present study showed that, the age of the studied students ranged from 18- 24 years, with the mean age (20.33 years), most of the studied students were females and single. More than half of the students were from rural area. The most experienced risk-taking behavior among the studied students in this study was found to be unhealthy dietary behavior, followed by violence and unintentional injuries, then physical inactivity. This contradicts with *Khamaiseh (2011)*, who assessed risk behaviors among university students in Jordan and reported that smoking, obesity and domestic violence were the most common risk behaviors among students⁽¹⁰⁾.

Unhealthy dietary habits include intake of fast food such as fried food, snacking, canned food and soda beverages that can adversely affect students' health status. Students often select fast food due to its palatability, availability and convenience^(11, 12). The present study indicated that prevalence of fast/ canned food intake was higher among males than females. This could be due to that males in general stay outside the home long times than females and are therefore exposed to the fast food more often. Similarly, the study conducted by *Yahia et al., (2008)*, about eating habits among Lebanese university students indicated higher prevalence of fast food among male Lebanese university students than females⁽¹³⁾.

Violence related behaviors and behaviors that contribute to unintentional injuries are the second common risk behavior among students in this study. One of the most common behaviors that contribute to unintentional injuries was neglecting wearing the seat belt. Seat belt use has been demonstrated to save lives and reduce the severity of road traffic injuries. The present study indicated that nearly half of the students who drive a car reported never or rarely using a safety belt while driving (table 3). This result is near to the results of the study performed by *El-Gendy et al., (2015)*, who reported that 44.5% of the students in University of Banha did not use a seat-belt while driving⁽¹⁴⁾.

Physical inactivity is interrelated to unhealthy dietary behaviors as well as body mass index. It increases risk of overweight and obesity⁽¹⁵⁾. In the current study, physical inactivity was the third risk behavior among the students. Slightly more than one third of the studied students practiced regular exercises. This is nearly similar to the results of *Al-Naggar et al., (2013)*, who mentioned that more than half of the Malaysian university students never exercised⁽¹⁶⁾. On the other hand, *Aboufotouh et al., (2007)*, found that only 33.8% 600 of students attending Alexandria University hostels reported that they were physically inactive⁽¹⁷⁾. This may be due to increased awareness of the students at Alexandria University about the importance of physical activity and the availability of places for practicing exercises.

Alcohol use is another risk behavior that has become a serious public health issue among university students in many countries⁽¹⁸⁾. The current study revealed that, only 1.8% of the studied students ever had alcohol drink. This is in accordance with *Abd-El Rahim (2005)*, who mentioned that only 5.4% of the students at Ain Shams University drank alcohol⁽¹⁹⁾. This may be because alcohol drinking is forbidden in Islamic countries including Egypt.

Drug use is another risk behavior which has become of concern in Egypt especially among university students⁽²⁰⁾. However, the present study revealed low prevalence of drug use among students (2.8%). This is similar to the findings of the study conducted by *Hassan et al., (2013)*, who reported that the prevalence of drug used among the studied students in Port Said was 2.4%⁽²¹⁾. On the other hand, this disagrees with the results of *Fantahun et al., (2015)*, who reported that 68.6% of the studied students at Mekelle University, College of Business and Economics, Ethiopia used illicit drugs during the 12 months before the survey⁽²²⁾. These differences may be due to cultural differences and religious values as Islamic religion prohibits this behavior.

Tobacco use is another risk-taking behavior which is a critical health problem among university students in the world⁽²⁰⁾. However, the present study indicated that only 6% of the studied students were smokers. This is supported by the results of *Hassan et al., (2013)*, who reported that the prevalence of smoking among the studied students in Port- Said was 5.3%⁽²¹⁾. On the other hand, this is in contrast with *Rotimi (2005)*, who mentioned that nearly 30% of university students in Nigeria were current cigarette smokers⁽²³⁾. This may be due to lack of awareness of the smoking harmful effects on health and the belief that smoking reduces tension and enhance pleasure.

The present study indicated that only 1.9% of the studied students reported having extramarital sex (sexually active). This is in line with *Abou Seif et al., (2011)*, who carried out a study to assess health risk behaviors among Ain-Shams University students and mentioned that prevalence of illegal sexual relations among the students was 5.8%⁽²⁴⁾. This contradicts with *Agardh et al., (2011)*, who reported that 59% of Ugandan university students had previously sexual intercourse⁽²⁵⁾. This difference may be due to the culture difference between Egypt and other countries. Also, Islam and law

prohibit such behaviors. However, these low figures for Egypt were drawn from self-report survey, where there may be under reporting by the students.

Conclusion

Based on the findings of the present study, it can be concluded that unhealthy dietary behavior was the most common and prevalent risk- taking behavior among the studied students, followed by violence and behaviors that contribute to unintentional injuries, then physical inactivity. Alcohol and illicit drug use, smoking and risky sexual behaviors are also present among nursing students, but with lower prevalence.

Recommendations

- 1- Health education programs should be designed and directed to university and nursing students to prevent risk- taking behaviors through encouraging them to adopt healthy lifestyle behaviors.
- 2- Nutritional programs are needed for university students to increase their awareness about healthy dietary behaviors. Fresh juice and milk should be available at the canteen of the faculties instead of coffee, tea and soda beverages.
- 3- Physical activities should be encouraged through applying well planned programs for the university students.

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