



Original Research

Using the Behavioral Motivation to Enhancing Behavior of Students Towards Addiction

Rian Mahmood Ibrahim¹ | Mahmoud Mohammed Ahmed² Nasir Muwfaq Younis³

¹Assist.Lecture. College of Nursing / University of Mosul/ IRAQ

²Assist. Prof. PhD College of Nursing / University of Mosul/ IRAQ

³Prof. PhD. College of Nursing / University of Mosul/IRAQ

E-mail co-author:

nasir.mufaq@uomosul.edu.iq



Abstract:

Background: Behavior motives are both assumptions about behavioral outcomes and the acceptance of a particular behavior by significant others will encourage a person to perform certain behaviors.

Material and method: The goal of the current study is to determine the extent to which students' attitudes toward addiction can be changed between July 10, 2024, and Juan 10, 2024, using an intervention based on the health beliefs model. It accomplishes this by applying a true experimental design along with a randomized controlled trial methodology.

Results: The study's conclusions show that there were statistically significant variations in Using the Behavioral Motivation to Enhancing Behavior of Students Towards Addiction.

Conclusions: This study concluded that the intervention highly perceived susceptibility in changing students' beliefs at control and motivate to adopt habits of preventive addiction and perceived benefits are the very important structural features of the Health Belief Model and that understanding and it appears that instructional preparation should be given and carried out on the basis of behavioral change models such as HBM to prevent high-risk behaviors in study group.

Keywords: Behavioral Motivation, Enhancing, Addiction.

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Introduction:

Health Belief Model is a psychological model that seeks to describe and predict health behaviors and is one of the best-known and most commonly used theories in the study of health behaviors". The presumption is that if the individual believes that a negative health condition can be avoided, a person will take a health-related

action, has a rational expectation that has led to negative avoidance of the health condition and believes that his or her action can lead to positive health action. According to the HBM, three conditions must be fulfilled in order to alter the behaviors of individuals: (a) the person must be specifically exposed to the health problem, (b) the

individual must know that the hazard can cause substantial damage, and (c) the individual must understand what measures should be taken to prevent harm or benefits ⁽¹⁾.The researcher knows that interventions to support people changing health-related behavior patterns can be effective. Increases in physical activity, reductions in risky behavior in smoking, improved self-care for chronic conditions and uptake of health screening have all been observed following targeted interventions ⁽²⁾. For example, (NICE) the studies that included data from 103 comprehensive reviews of programs targeting (1 of 6) habits like "cigarette smoking, alcohol intake, physical activity, healthy eating, substance usage and sexual risk taking". This review showed that, while the degree of efficacy differed between populations and features of intervention, overall, interventions were showed to be successful in modifying patterns of behavior ⁽³⁾.Sutton (1998, p. 1317) observes that models that do not enable us to predict conduct are unlikely to be useful as explanatory models, so significant effort has been expended in testing the HBM's predictive utility. While the basic idea came from teaching health education, the application has proved to inspire researchers interested in behavior change approaches. The effectiveness of HBM isn't the strongest, and this study found evidence that behavior modification techniques don't perform well. beliefs that are associated with health practices might shift ⁽⁴⁾.The aim of the study to assess the using the behavioral motivation to enhancing behavior of students towards addiction.

Methods and Materials:

The goal of the current study is to determine whether a health beliefs model-based intervention can effectively change students' attitudes about addiction between July 10, 2024, and January 10, 2024. It employs a randomized controlled trial methodology in conjunction with a true experimental design to achieve this. The study sample consisted of eighty students who participated in a behavior modification training program. The study sample will consist of four colleges at the University of Mosul: engineering, science, medicine, and education. For each behavior, participants were assigned at random to the experimental or control groups. The experimental group received a health education lecture about substance use as an intervention. I ran chi-square, t-test, and descriptive and inferential statistics (Means, SD, Number, and Percent) on the data 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). A Pearson's correlation coefficient is also used to determine the relationship between Health Belief Model concepts, behavioral motivation, behavioral control, and intentions to changing beliefs related to substance use. ⁽⁵⁻⁸⁷⁾.

Results:

Table 1: Repeated Measures ANOVA Tests the health beliefs model in changing the belief related to substance use among university students (Behavioral Motivation):

Behavioral Motivation	“Repeated Measures ANOVA Tests”			
	F	P	(η2)	O.P.
Main time effect	19. 551	0.000	0.337	1.000
Between groups effect	17.318	0.000	0.182	0.984
Groups Interaction overtime	14.168	0.000	0.269	0.998

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

The results of Table 1 show that ($F = 19.551$, $p = 0.000$) the key impact of time is important. The broad interaction shows that the models of health belief between the participants in the research system (research and control) shift over time and

change in various ways, i.e., the lines of the two groups are not parallel in Figure (1). That's why student beliefs are increasing in the study group, as opposed to in the standard group.

Table 2: Post-hoc Test Using Bonferroni Corrections Procedure for Changing in the Students' Beliefs about Health beliefs Model (Behavioral Motivation) 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)
Behavioral Motivation	Exp	0.000	0.000	1.000
	Con	0.887	0.986	0.950

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.

This test revealed that the mean score of changed Health Belief Model (Behavioral Motivation) differed significantly among study group participants ($p > 0.000$). While, table 2 indicates that there is no substantial improvement in the mean score of beliefs over time in control group.

Discussion:

The participants of both groups showed changes in their Beliefs levels concerning Behavioral Motivation between students towards changing the belief related to substance use. There was a dramatic increase in Beliefs levels for study group participants at posttest-1 and then a minor decrease at posttest-2 in spite of the continuity of the educational program which hoped to retain their beliefs levels as much as possible. The main cause of increasing the students' beliefs at posttest-1 was certainly due to that students have benefited from the information that was learned from the program (Table 1). This study consistent with ⁽⁸⁸⁻⁹³⁾ who reported high significant difference in the adolescents motivation and HBM after the program. While there was a little decrease in Beliefs levels of control group participants at posttest-1 and then a slight decrease at posttest-2 too. This result was surely because the students of control group had not participated in the educational program (Table 1). For this constructs (Behavioral

Motivation), it is clear that the control group is decreasing in beliefs over time and the study group is increasing in beliefs over time. In other words, the lines of the two groups were not parallel. The post-hoc test revealed that the mean score of changed Health Belief Model (Behavioral Motivation) differed significantly among study group participants ($p > .000$). Specifically, the behavioral Motivation among study group at posttest-1 and posttest-2 differed significantly from pre-test. Conversely there was no statistically significant change from posttest-1 to posttest-2. This result indicated that the students Belief was improved significantly after intervention (Table 2). Concerning control group, the (Table 2) showed that there was no significant change in Health Belief Model (Behavioral Motivation) over time.

Conclusion:

This study concluded that the intervention highly perceived susceptibility in changing students' beliefs at control and motivate to adopt habits of preventive addiction and perceived benefits are the very important structural features of the Health Belief Model and that understanding and it appears that instructional preparation should be given and carried out on the basis of behavioral change models such as HBM to prevent high-risk behaviors in study group.

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