



Original Research

Perceived Barriers for substance Abuse among Students

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Abstract:

Background: Perceived barrier refers to a person's feelings about the barriers to taking a desired action on safety. There is wide variation in the person's feelings of barriers, or impediments, leading to an analysis of cost / benefit. The aim of the study to Perceived Barriers for substance 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 no significant differences among Perceived Barriers related to substance use.

Conclusions: This study concluded that the perceived barrier to substance use were the only variables that show no significant improvement after the intervention. This may reflect the participants 'lack of conviction in the ability of governments to provide special treatment facilities for addicts.

Keywords: Perceived Barriers, substance Abuse, Students.

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Introduction:

Perceived barrier refers to a person's feelings about the barriers to taking a desired action on safety. There is wide variation in the person's feelings of barriers, or impediments, leading to an analysis of cost / benefit ⁽¹⁾. The perceived barrier conceptualized in this study as Mosul university student's beliefs about the difficulties was related to the exorbitant cost of substance use treatments is a factor impeding substance use quitting. For example, if everyone from your university goes out

drinking every day, it may be very difficult to cut down on your alcohol intake. 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⁾. 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 ⁽⁵⁾. 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 Barriers for substance 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, Version 23 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 ⁽⁶⁻⁷⁷⁾.

Results:

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

Perceived Barriers	"Repeated Measures ANOVA Tests"			
	F	P	(η ²)	O.P.
Main time effect	0.167	0.046	0.004	0.075
Between groups effect	3.527	0.064	0.043	0.458
Groups Interaction overtime	0.207	0.814	0.005	0.081

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

The findings of table 1 show that there is no major primary time impact (F= 0.167, p= 0.046). No significant interaction shows that the Health Beliefs Models among the research participants (research and control) change over time and do not change in different ways, i.e., the lines of the two groups are parallel in figure (1)

Table 2: Post-hoc Test Using Bonferroni Corrections Procedure for Changing in the Students' Beliefs about Health beliefs Model (perceived Barriers) 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 Barriers	Exp	0.660	0.719	0.936
	Con	0.882	0.766	0.656

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 score of the changed Beliefs related to perceived Barriers difference no significantly among study and control group participants over times ($p < 0.05$) (Table 2).

Discussion:

Perceived barriers it is because of paying greater attention to eliminating barriers to implementing a conduct that perceived challenges have no significant connection with substance abuse. Perceived barriers it was found students belief concerning the actual costs of following the behavior. The program did not affect behavioral change due to the high costs of establishing specialized addiction treatment centers. These findings are consistent with the reduction of obstacles toward addiction⁽⁷⁸⁾, this study found that the most significant challenge in the area of addiction prevention is the lack of a curriculum to educate on the harms using of substance in universities.⁽⁷⁹⁾ In Iranian study about "The effect of education about prevention of addiction through health belief model (HBM) on knowledge and perceptions of high school students in Saveh" mentioned study the most significant perceptions related to perceived barrier was inability in refusal to colleagues and family or saying no. Some results reported similar⁽⁸⁰⁾ they found the behavior relations with decreased perceived barriers have been proven. The main causes the perceived barriers to be decrease: Costs of treatment, cost of referring to addiction center, unavailability of medications, family problems, lack of knowledge, cultural, and economic factors. The findings showed that the HBM had the least effect on the

dimensions of the perceived barriers. This may be because of the age-related characteristics of the students, which lead them to behave without planning or awareness and the other reason can be caused by the emotional and social situation of students. The post-hoc test revealed that the mean score of changed Health Belief Model (perceived Barriers), indicated that the study and control group participants, the findings showed that there was no significant change in mean score of Beliefs over the period of the educational program (Table 2). This research agrees with⁽⁸¹⁻⁸⁵⁾, which identified no substantial difference in the perceived obstacles of the participants and HBM after health education.

Conclusion:

This study concluded that the perceived barrier to substance use were the only variables that show no significant improvement after the intervention. This may reflect the participants' lack of conviction in the ability of governments to provide special treatment facilities for addicts.

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