

Estimation of Health Hazards of Risky Behaviors and Psychological Features Related to its Degree

Veronika Sharok

Department of Sociology and Psychology,
National Mineral Resources University (Mining University), 199106 St. Petersburg, Russia

Abstract: The study has revealed estimation of health hazard of risky behavior among persons without risky behavior and individuals with different types of risky behaviors, such as drug and alcohol abuse and risky sexual behavior. Respondents extremely underestimate the danger of that kind of risky behaviors that is peculiar for them to the greatest extent. Drug users who deny danger of drug use are aggressive and unfriendly to other people. Alcohol users who underestimate health hazard of alcohol abuse feel sorry for their unrealized opportunities. Individuals prone to risk sexual behavior doubt their inherent worth have low self-acknowledgement and are less capable of long and productive work and volition action, they also feel sorry for their unrealized opportunities. However, among persons prone to risky behaviors there are those who realize health hazard of their behavior. So such drug users are characterized by strong feelings of guilt and existential fears: the fear of death and loneliness. Among individuals with risk sexual behavior with high grade of health hazard of their own behavior extraversion is more pronounced.

Key words: Risky behaviors, psychological features, estimation of health hazard, existential fears, loneliness

INTRODUCTION

Research relevance on estimation of health hazard of risky behaviors is caused by high prevalence of such behaviors, particularly among youth. Risky sexual behavior, including unprotected and casual sex, frequent change of sexual partners, drug and alcohol use lead to negative social consequences and contribute to the spread of HIV infection and other sexually transmitted diseases. Understanding the differences in personality features of those who underestimate health hazard of risky behaviors and those who grade health hazard of risky behaviors as high allow to conduct efficient preventive programs.

Moderate or high levels of knowledge about sexually transmitted diseases do not necessarily reduce risky behavior: there a lot of individuals with risky behavior who realize health hazard of such behavior (Sharts-Hopko and Bonas, 1998; Archibald, 2007; Tanaka *et al.*, 2008). Knowledge is significantly related to condom use and participating in safe sexual behaviors but knowledge alone is not sufficient to eliminate risky behavior (Sowell *et al.*, 1996). High levels of risky behaviors among individuals with high levels of knowledge about the disease means that radical approaches are required to role back the spread of the disease (Conjoh and Zhou, 2011).

One factor that has generally influenced sexual risk behavior for HIV infection among the youths is drug and alcohol usage. Participants most often cited being high on drugs and or alcohol while engaging in risk behavior. This behavior is not knowledge related because they often know of the consequences of their behaviors but they chose to do them. In fact it is reported that almost 20% of the participants in one study knew the risks and chose to take it (Sowell *et al.*, 1996).

Hypotheses:

- H₁: persons prone to risky behaviors underestimate health hazards of such behaviors
- H₂: differences in personality features of individuals prone to risky behaviors are correlated with high or low grading health hazards of risky behaviors

MATERIALS AND METHODS

As the most appropriate to hypotheses formulated in the study the following methods were used: Questionnaire "Evaluation of risky behaviors" (Sharok, 2010). Questionnaire consists of 4 units. The first unit includes questions about personal data. The second unit aims to estimate attitudes towards risky behavior. The unit contains a scale for grading health hazard (from 0 "No health hazard" to 10 "Deadly") of different type

of risky behaviors (smoking, different kind of drugs and alcohol use, unprotected and casual sex, frequent change of sexual partners), environmental factors, medical service and heredity. According to the results, we can conclude whether the person considers dangerous factors to be harmful and establish a relationship between behavioral and environmental risky factors. The third unit is aimed to assess respondent's own risky behaviors. This set of questions gives an idea of what kind of risky behaviors is common for the subjects and how often they behave in this way (never, 1-2 times a year, 1-2 times a month, 1-2 times a week, every day). The fourth unit contains incomplete sentences. Here we can identify motivation of subjects to engage in risky or riskless behaviors and the implicit idea of risky behavior and existential values and their importance to respondents.

Method of self-attitude study (Pantileev, 1993). This method reveals nine types of self-attitude: sociability-closeness, self-confidence, self-management, reflected self-attitude (expected attitude of the others to oneself), inherent worth, self-acknowledgement (agreement with one's own internal incentives), self-attachment (absence of desire to change proper "I"), proneness to intrapersonal conflict, self-condemnation. The test consists of 110 questions implying answers "yes" or "no". Answers are compared with the test-key and then according to a special scale transformed into standard assessment from 1-10.

National Character Survey, NCS (Terracciano *et al.*, 2005), based on "Big Five" model (Laak and Brugman, 2003). The test measures 5 personality traits: openness, conscientiousness, extroversion, agreeableness, neuroticism. The test consists of 30 points 6 bipolar scales for each trait with two or three adjectives or phrases at each end of the scale, the initial values for each item: 0, 1, 2, 3, 4. Thus, the maximum possible range of values for each factor ranges from 0-24.

The sentence completion test (Sacks and Levy, 1950). The Russian adaptation of this test has been devised by Rumjancev. The test consists of 60 incomplete sentences and measures attitude toward 15 groups (4 sentences for each group): self, father, mother, family, opposite gender, sex, friends, colleagues, subordinates, superiors, unrealized opportunities, future, past, fears, guilt. The attitudes toward each sentence are evaluated as positive, negative or indifferent: scale from -2 (clearly expressed strongly negative attitude) to +2 (clearly expressed strongly positive attitude). Then evaluations for each group are summarized.

Data analysis: For processing we used the following methods: qualitative method for nominative data and

quantitative methods for metric data (Student's t-test). Statistical processing was performed using Statistica 6.0 software.

Participants: According to the results of the questionnaire "Evaluation of risky behaviors" respondents were divided into 3 empirical groups depending on their inherent form of risky behaviors: drug or alcohol use and risky sexual behavior. The group of drug users consists of 71 respondents who use drugs often than twice a week: 42 men and 29 women, mean age 21.15, SD = 3.18. The group of alcohol users consists of 45 people who use alcohol every day: 26 men and 19 women mean age 23.39, SD = 4.15. The group of individuals prone to risky sexual behavior consists of 63 respondents who change sexual partners often than twice a month and at the same time have unprotected sex: 27 men and 36 women, mean age 22.56, SD = 3.7.

Since for many respondents with risky behaviors multiple kinds of risky behaviors are typical at the same time to identify differences it is advisable to compare each empirical group with the respective control group, where the present type of risky behaviors is missing while other types may be represented insignificantly (once a year for drug use and risky sexual behavior and once a month for alcohol use). So, 3 control groups were formed respectively: the individuals who don't use drug (162 respondents: 52 men and 110 women, mean age 24.42, SD = 3.68), respondents who don't use alcohol (54 persons: 20 men and 34 women, mean age 25, SD = 4.03) and persons without risky sexual behavior (94 individuals: 34 men and 60 women, mean age 23.69, SD = 3.83). The total number of subjects 302 people aged 15-35 (mean age 23.43, SD = 3.86).

RESULTS AND DISCUSSION

The comparative analysis of estimation of health hazard of risky behaviors revealed the following. Respondents extremely underestimate the danger of that kind of risky behaviors that is peculiar for them to the greatest extent.

Drug users mostly underestimate health hazard of drug use: cannabis ($t = 10.98, p < 0.001$), opiates ($t = 4.43, p < 0.001$), cocaine ($t = 7.21, p < 0.001$), stimulants ($t = 5.22, p < 0.001$), hallucinogens ($t = 7.55, p < 0.001$). Also they underestimate health hazard of casual sex ($t = 3.9, p < 0.001$), frequent change of sexual partners ($t = 3.38, p < 0.001$) but see more danger in external factors ($t = -1.97, p < 0.05$) such as environmental factors, medical service and heredity.

Alcohol users mostly underestimate health hazard of alcohol abuse ($t = 3.31, p < 0.001$), cannabis ($t = 2.39, p < 0.05$) and suppose that external factors are more dangerous ($t = -2.77, p < 0.01$).

Persons with risky sexual behavior mostly underestimate health hazard of casual sex ($t = 4.32, p < 0.001$), unprotected sex ($t = 2.16, p < 0.05$), frequent change of sexual partners ($t = 3.97, p < 0.001$) and also each kind of drugs: cannabis ($t = 4.38, p < 0.001$), opiates ($t = 2.73, p < 0.01$), cocaine ($t = 3.09, p < 0.01$), stimulants ($t = 2.09, p < 0.05$), hallucinogens ($t = 1.98, p < 0.05$).

It should be noted that danger of cannabis use is underestimated by all respondents with any kind of risky behaviors. It is caused by attitude toward cannabis as a soft drug. Also persons prone to risk behaviors tend to underestimate not just their own risky behavior but also other kinds of risky behaviors. It is because for many respondents with risky behaviors multiple kinds of risky behaviors are typical at the same time.

Despite the fact that individuals prone to risky behaviors, in general, deny health hazard of their behavior, there are yet those who are aware of the health hazard of their behavior. The following differences were detected in empirical groups depending on their low or high grading health hazard of risky behaviors.

Those drug users who underestimate health hazard of drug use have low agreeableness ($t = -2.27; p < 0.05$), negative attitude toward past ($t = -2.41; p < 0.05$), low grade of health hazard of alcohol abuse ($t = -2.4; p < 0.05$) and risky sexual behavior ($t = -3.17; p < 0.01$). Drug users who gave high grade of health hazard to their behavior more often have existential fears ($t = 3.13; p < 0.01$) and strong feelings of guilt ($t = 2.86; p < 0.01$).

Alcohol users who underestimate health hazard of alcohol abuse feel sorry for their unrealized opportunities ($t = -2.23; p < 0.05$) and also underestimate health hazard of other kind of risky behavior: smoking ($t = -4.54; p < 0.001$), drug use ($t = -2.77; p < 0.01$) and risky sexual behavior ($t = -4.58; p < 0.001$).

Those respondents with risky sexual behavior who underestimate health hazard of their behavior have low inherent worth ($t = -2.53; p < 0.05$). If respondents underestimate health hazard just of casual sex, they have low self-acknowledgement ($t = -2.22; p < 0.05$), low inherent worth ($t = -2.35; p < 0.05$) and low extroversion ($t = -2.24; p < 0.05$). Those who underestimate health hazard of abortion have low self-management ($t = -2.32; p < 0.05$) and they feel sorry for their unrealized opportunities ($t = -3.13; p < 0.05$). If individuals with risky sexual behavior realize that unprotected sex is dangerous they are extroverted persons ($t = -2.05; p < 0.05$).

Denial of health hazard caused by their behavior makes it impossible to adequately assess the situation. Shifting the responsibility is a natural consequence of the denial of the relation between their behavior and the inevitable consequences. Therefore, people who use drugs and alcohol tend to attach more importance to external factors than their own behavior.

CONCLUSION

Respondents extremely underestimate the danger of that kind of risky behaviors that is peculiar for them to the greatest extent. However, among persons prone to risky behaviors there are those who realize health hazard of their behavior. Level of health hazard estimation of their behavior enhances the specificity of personality features of persons prone to various types of risk behaviors.

So, drug users who gave high grade of health hazard to their behavior are characterized by strong feelings of guilt and existential fears: the fear of death and loneliness. Among individuals with risk sexual behavior with high grade of health hazard of their own behavior extraversion is more pronounced.

Drug users who deny danger of drug use are aggressive and unfriendly to other people. Alcohol users who underestimate health hazard of alcohol abuse feel sorry for their unrealized opportunities. Individuals prone to risky sexual behavior doubt their inherent worth, have low self-acknowledgement and are less capable of long and productive work and volition action. They also feel sorry for their unrealized opportunities.

Studying these differences in personality traits of individuals who have low and high grade of health hazard of their own behavior help us to understand the role of risky behaviors in their lives.

REFERENCES

- Archibald, C., 2007. Knowledge and attitudes toward HIV/AIDS and risky sexual behaviors among Caribbean African American female adolescents. *J. Assoc. Nurs. AIDS Care*, 18: 64-72.
- Conjoh, A.M. and Z. Zhou, 2011. Relationship between adolescents and young adults knowledge about HIV/AIDS and risk behaviors: How can knowledge be complemented. *Pak. J. Soc. Sci.*, 8: 52-54.
- Laak, J. and G. Brugman, 2003. *Big 5: How to Measure the Human Individuality: Measures and Description*. University Book House, Moscow, Russia.
- Pantileev, S.R., 1993. *Method of Self-Attitude Study*. SMYSL, Moscow, Russia.

- Sacks, J.M. and S. Levy, 1950. The Sentence Completion Test. In: Projective Psychology: Clinical Approaches to the Total Personality. Bellak, L. (Ed.). Knopf Publishing, New York, USA., pp: 357-402.
- Sharok, V.V., 2010. Features of motivational and value sphere and self-attitude of personality prone to risk behavior. Ph.D Thesis, St. Petersburg State University, St. Petersburg, Russia.
- Sharts-Hopko, N.C. and G.H. Jr. Bonas, 1998. HIV/AIDS risk in the college population: Modifying the culture in a private religious university. *J. Assoc. Nurses AIDS Care*, 9: 72-79.
- Sowell, R.L., B.F. Seals and K.D. Phillips, 1996. Knowledge and risk behaviors of people seeking HIV antibody testing at a community site. *J. Assoc. Nurses AIDS Care*, 7: 33-41.
- Tanaka, Y., O. Kumii, T. Hatano and S. Wakai, 2008. Knowledge, Attitude and Practice (KAP) of HIV prevention and HIV infection risks among congolese refugees in Tanzania. *Health Place*, 14: 434-452.
- Terracciano, A., A.A.M. Khalek, N. Adam, L. Adamovova and C. Ahn *et al.*, 2005. National character does not reflect mean personality trait levels in 49 cultures. *Sci.*, 310: 96-100.