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RESEARCH

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HEALTH RISK BEHAVIORS IN COLLEGE STUDENTS OF A PUBLIC INSTITUTION

Comportamentos de risco a saúde em universitários de uma instituição pública

Comportamientos de riesgo de salud en estudiantes universitarios de una institución pública

Líscia Divana Carvalho Silva¹, Juliana Carline Martins Costa², Flávia Danyelle Oliveira Nunes³, Patrícia Ribeiro Azevedo⁴

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ABSTRACT

Objective: quantitative cross-sectional study in order to check the prevalence of health risk behaviors in college students. **Method:** sample of 52 (52) internes the last year of the degree course in nursing of a public University in the northeast of Brazil. The Youth Risk Behavior Survey. **Results:** prevailed 39 (75%) female, average age 24.8 years, white 29 (55.7%), normal body weight 35 (67.3%) and sedentary 34 (65.4%), soft drink consumption 25 (48%), fruits and vegetables 23 (44.2%), liquor 42 (80.8%) and cigarettes 21 (40.4%). Cannabis was reported by 13 (25%), in addition to other substances 14 (26.9%), 44 (84.6%) declare sexual experience, home to 17 years 18 (34.6%), use of the male condom 20 (38.5%) and 16 (30.8%) reported sadness, 14 (26.9%) intention of suicide and 47 (90.4%) denied threats or aggression. **Conclusion:** the present College of health risk behaviors considered adopting attitudes and harmful conduct.

Descriptors: Health promotion; Cardiovascular diseases; Risk factors; Students; Nursing.

RESUMO

Objetivo: estudo transversal quantitativo com objetivo de verificar a prevalência de comportamentos de risco à saúde em universitários. **Método:** amostra de cinquenta e dois (52) estagiários do último ano do curso de graduação em enfermagem de uma Universidade pública no nordeste do Brasil. Utilizou-se o Youth Risk Behavior Survey. **Resultados:** prevaleceu sexo feminino 39 (75%), média de idade 24,8 anos, cor branca 29 (55,7%), peso corporal normal 35 (67,3%) e sedentarismo 34 (65,4%), consumo de refrigerantes 25 (48%), frutas e verduras 23(44,2%), bebida alcóolica 42 (80,8%) e cigarros 21(40,4%). A maconha foi relatada por 13 (25%), além de outras substâncias 14 (26,9%); 44 (84,6%) declaram experiência sexual, início aos 17 anos 18 (34,6%), uso do preservativo masculino 20 (38,5%) e 16 (30,8%) relataram

- 1 Nurse. PhD. Professor, Nursing Department, Federal University of Maranhão (UFMA). São Luís, Maranhão, Brazil. ORCID: 0000-0002-3624-6446. E-mail: liscia@elointernet.com.br
- 2 Nurse. Department, Federal University of Maranhão (UFMA). São Luís, Maranhão, Brazil. ORCID: 0000-0002-2727-9705. E-mail: julianacarline@hotmail.com
- 3 Nurse. PhD. Professor, Nursing Department, Federal University of Maranhão (UFMA). São Luís, Maranhão, Brazil. ORCID: 0000-0001-7771-8369 E-mail: enflaviadanyelle@hotmail.com
- 4 Nurse. PhD. Professor, Nursing Department, Federal University of Maranhão (UFMA). São Luís, Maranhão, Brazil. ORCID: 0000-0001-7726-1063. E-mail: prazevedo12@hotmail.com

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tristeza, 14 (26,9%) intenção de suicídio e 47 (90,4%) negaram ameaças ou agressão. **Conclusão:** os universitários apresentam comportamentos considerados de risco a saúde adotando atitudes e condutas prejudiciais.

Descritores: Promoção da saúde; Doenças Cardiovasculares; Fatores de risco; Estudantes; Enfermagem.

RESUMÉN

Objetivo: estudio cuantitativo transversal para comprobar la prevalencia de comportamientos de riesgo de salud en estudiantes universitarios.

Método: una muestra de 52 (52) interna del último año de la Licenciatura en enfermería de una universidad pública en el noroeste de Brasil.

Encuesta de comportamiento el riesgo de la juventud. **Resultados:** prevaleció 39 (75%) femenino, media edad 24,8 años, blanco 29 (55,7%),

peso corporal normal 35 (67,3%) y 34 sedentarios (65,4%), consumo de bebida 25 (48%), frutas y verduras 23 (44,2%), licor 42 (80,8%) cigarrillos

y 21 (40,4%). Cannabis fue reportado por 13 (25%), además de otras sustancias 14 (26,9%), 44 (84,6%) declarar la experiencia sexual, inicio a

17 años 18 (34,6%), uso del condón masculino 20 (38,5%) y 16 (30,8%) tristeza reportado, 14 (26,9%) intención de suicidio y 47 (90,4%) negó las

amenazas o la agresión. **Conclusion:** el actual Colegio de comportamientos de riesgo de salud considera la adopción de actitudes y conductas nocivas.

Descriptor: Promoción de la salud; Enfermedades cardiovasculares; Factores de riesgo; Estudiantes; De enfermeira.

INTRODUCTION

The number of higher education institutions in Brazil has been steadily increasing over the past thirteen years, with a total growth of 102.6%. The Southeast Region is responsible for 47.2% of enrollments in classroom courses in higher education in Brazil, followed by the Northeast (20.9%), South (15.6%), Midwest (9.4%), and Norte (6.9%)¹ The number of Brazilian students enrolled in higher education institutions has been growing, and the expansion of the university population represents an opportunity to identify health risk behaviors.²

Behavior results from the interrelationship of internal and external variables and it is with respect to these characteristics that it is possible to build spaces of understanding for young people to become effective agents for the development of their own beliefs, values, and attitudes that affect their lives.³ Risk behavior has been associated with youth, as it is a phase of life that involves physical, emotional and social transformations permeated by the search for independence, autonomy and contact with new experiences, and can be considered as a period of greater vulnerability to risk.⁴

Vulnerability can be seen more frequently as the number of semesters attended increases, which can be explained by the new phase that the young person is facing, being marked by the uncertainty of the future and possible beginning of the career path, which generates a high stress load.⁵

Young people are an important group vulnerable to situations of exposure to risky behaviors. Although health care students have access to specific information, this situation does not seem to determine healthy practices, as they report that they cannot always transpose into their own lives and continue to adopt harmful habits and styles, neglecting their own health.⁶ From this perspective,

the following guiding question was chosen: How do health risk behaviors manifest in university students?

By investigating life habits and risk behaviors in college students, it is reflected on the determinants of health and quality of life, offering subsidies that can guide prevention policies, health promotion and disease control among young Brazilians.

GOAL

Verify health risk behaviors in university students from a public institution.

METHODS

Cross-sectional study of a quantitative approach conducted at a public university in northeastern Brazil. Data collection was performed in October and November 2017. Interns enrolled in the ninth period (20) and tenth period (34) were invited, and up to three rescue attempts were scheduled. Two interns refused to participate in the research, and the sample consisted of 52 university students.

Data were collected using the validated Youth Risk Behavior Survey (YRBS) questionnaire developed in the United States and validated in several countries.

Body weight was assessed by means of body mass index (BMI), based on height and self-declared weight by the undergraduate, and BMI was calculated.⁷ Active individuals who engage in any physical activity twice a week were considered active for at least 60 days. minutes However, those who do not perform any activity at or below twice a week were considered inactive or sedentary.⁸

Data analysis was performed by applying descriptive statistics, establishing the prevalence of risk factors associated with the adoption of unwanted behavior, and data processing was used Microsoft Excel (version 2010). All ethical precepts for the development of the study were respected, having received a favorable opinion from the Research Ethics Committee (CEP) of the Federal University of Maranhão under number 2.249.380.

RESULTS

The sociodemographic and clinical characteristics are presented in **Table 1**.

Table 1 - Distribution of trainees of an undergraduate nursing course according to sociodemographic and clinical characteristics. São Luís - MA, 2017

Variable	N	%
Idade		
22 a 23 years old	21	40,4
24 a 25 years old	23	44,2
26 a 27 years old	3	5,8
28 a 29 years old	4	7,7
Over 30 years old	1	1,9

Variable	N	%
Sex		
Female	39	75
Male	13	25
Self-referred color		
White	29	55,7
Black	21	40,3
Brown	2	4
Body mass index		
Low weight BMI < 20 Kg/m ²	4	7,6
Normal weight BMI < 20 a 24,99 kg/m ²	35	67,3
Overweight BMI < 25 a 29,99 kg/m ²	7	13,4
Obesity BMI < 30 a 39,99 kg/m ²	6	11,7
Body weight description		
Far below expected	5	9,6
A little below expected	8	15,3
At the weight expected	10	19,2
A little above expected	24	46,1
Far above expected	5	9,8
Initiative to change body weight		
Lose body weight	28	53,8
Gain body weight	19	36,5
Maintain body weight	2	3,8
I did not take initiative	3	5,9
Self medication to maintain or lose body weight		
Yes	5	9,6
No	47	90,4
Vomiting or laxatives to maintain or lose body weight.		
Yes	3	5,7
No	49	94,3
TOTAL	52	100

Source: Prepared by the author (2017)

There was a prevalence of females 39 (75%), mean age of 24.8 years, with a higher proportion in the age group of 24 to 25 years 23 (44.2%), self-reported white 29 (55.7%) and body weight considered normal 35 (67.3%). 24 (46.1%) and 28 (53.8%) reported having taken some initiative for weight loss, such as restriction of caloric foods, increased water intake and physical activity. 11.7% obese. Most denied self-medication 47 (90.4%) and vomiting induction 49 (94.3%) for weight loss.

The following are risk behaviors related to eating, physical activity; alcohol consumption, smoking, illicit drugs, sexuality, sadness, suicide intent and violence.

Eating Behavior and Physical Activity

Table 2 shows the behavior regarding diet and physical activity in the last seven days.

Table 2 - Distribution of trainees of an undergraduate nursing course according to eating behavior and physical activity. São Luís - MA, 2017

Variable	N	%
Use of natural fruit juice		
Didn't have natural juice	10	19,2
1 to 3 times	25	48,0
4 to 6 times	10	19,2
Once a day	3	5,7
Twice a day	1	2,2
4 or more times	3	5,7
Use of fruits		
Didn't eat fruit	2	3,8
1 to 3 times	23	44,2
4 to 6 times	16	30,7
Once a day	2	3,8
Twice a day	7	13,7
4 or more times	2	3,8
Use of green salad		
Didn't have salad	12	23,0
1 to 3 times	21	40,3
4 to 6 times	11	21,1
Once a day	8	15,6
Use of soda		
Didn't have soda	19	36,8
1 to 3 times	25	48,0
4 to 6 times	4	7,6
Once a day	4	7,6
Physical activity		
None	25	48
1 day	9	17
2 days	9	17
4 days	3	6
5 days	3	6
6 days	1	2
7 days	2	4
Total	52	100

Source: Prepared by the author (2017)

Regarding food, the consumption of soft drinks and natural fruit juice 25 (48%), fruits and vegetables 23 (44.2%), green salads 21 (40.3%) were frequent among college students, all with a frequency of consumption one to three times in the last seven days. A high rate of sedentary lifestyle was observed 34 (65.4%), that is, those students who do not perform any activity or do it less than twice a week. Only 18 (34.6%) are considered active, ie, perform physical activity for at least two days (Table 2). Physical activity of at least sixty minutes in the last seven days was considered.

Behavior related to the consumption of alcohol, cigarettes and illicit substances

A significant sample of college students verbalized the consumption of alcohol 42 (80.8%) and cigarettes 21 (40.4%). Age from 17 years was the most frequent for the onset of both habits. Attention is drawn to the report of the use of five or more doses of alcohol on the same occasion.

In the last 30 days, 23 (44.2%) reported not having used alcohol on any day and 17 (32.7%) reported consuming at least one dose in one or two days. Regarding smoking, 48 (92.3%) students denied the use and two (3.8%) reported the use at least once in three to five days. When asked about the location of smoking and drinking habits, most denied, in the last 30 days, the consumption of alcohol 46 (88.5%) and 50 cigarettes (96.2%) at the university. Those who reported using at least one dose of alcohol at university were six (11.5%) and cigarettes was two (3.8%).

Regarding the use of illicit substances, 25 (48%) college students denied the use of any substances, however, among those who reported using marijuana 13 (25%) the most frequent age was from 17 years. When asked about the frequency of marijuana use in the last 30 days, five (9.6%) reported using it once or twice and of these four (7.7%) reported using marijuana in the university setting. Other substances reported by college students were: cocaine two (3.8%); aerosol spray five (9.6%); ecstasy four (7.7%); anabolic steroids three (5.8%). Seven (13.5%) college students reported that they had already been offered or sold illicit substance at the university.

Chart 1 refers to the behavior of UFMA trainees in relation to the consumption of illicit substances.

Chart 1 - Frequency distribution of illicit substance use by trainees of the UFMA Nursing Course. São Luís - MA, 2017.

Substances	N	%
Marijuana	13	25
Cocaine	2	3,8
Aerosol spray "lóló"	5	9,6
Ecstasy	4	7,7
Anabolic steroids	3	5,8

Source: Prepared by the author (2017)

Sexual behavior

Table 3 refers to sexual behavior.

Tabela 3 - Distribuição dos estagiários de um curso de graduação em enfermagem segundo o comportamento sexualidade. São Luís - MA, 2017

Variável	N	%
Sexual intercourse		
Yes	44	84,6
No	8	15,4

Variável	N	%
Idade da relação sexual pela primeira vez		
Never had sexual intercourse	8	15,4
11 years old or younger	1	1,9
13 years old	7	13,5
14 years old	3	5,8
15 years old	4	7,7
16 years old	11	21,2
17 years old or older	18	34,6
Sexual intercourse in the last 3 months		
Never had sexual intercourse	8	15,4
1 partner	24	46,1
2 partners	8	15,4
3 partners	3	5,8
5 partnes	1	1,9
6 or more partners	2	3,8
Last time, you or your partner wore a condom?		
Never had sexual intercourse	8	15,4
Yes	23	44,2
No	21	40,4
Na última vez qual método você ou seu parceiro/parceira usaram para evitar gravidez? (Selecione somente 1 resposta)		
Never had sexual intercourse	8	15,4
No method was used to prevent pregnancy.	4	7,7
Contraceptive pill	5	9,6
Condom	23	44,2
Injectable contraceptive	2	3,8
Interrupted coitus	10	19,3
Total	52	100

Source: Prepared by the author (2017)

Almost all college students had some sexual experience 44 (84.6%). The most frequent age for first sexual intercourse was 17 years old 18 (34.6%) with a single person in the last three months 24 (46.1%). Regarding the contraceptive method, the use of male condoms 23 (44.2%) was prevalent, followed by withdrawal 10 (19.3%).

Behavior: sadness, suicide intent and violence

Table 4 refers to the behaviors of sadness, suicide intent and violence.

Table 4 - Distribution of trainees of an undergraduate nursing course according to sadness behavior, suicide intent and violence. São Luís - MA, 2017

Variable	N	%
Sadness		
Yes	16	30,8
No	36	69,2

Variable	N	%
Had suicide thoughts		
Yes	14	26,9
No	38	73,1
Planned to commit suicide		
Yes	3	5,8
No	49	94,2
Effectively tried to suicide		
Never	50	96,2
Once	2	3,8
Number of days you have not been to university for university insecurity or have been traveling to university in the last 30 days.		
Never	46	88,5
1 day	2	3,8
2 or 3 days	4	7,7
Number of times you have been threatened or attacked with melee weapon or fire arms at the university in the last 12 months.		
Never	47	90,4
Once	5	9,6
Number of times you were robbed or had your property damaged at the university.		
Never	46	88,5
Once	6	11,5
Total	52	100

Source: Prepared by the author (2017)

When asked about feelings of sadness, in two or more weeks interrupting their activities in the last year, despite the denial of the majority of university students 36 (69.2%), a significant number of those who reported it were identified - 16 (30, 8%). Another noteworthy fact is the significant number of university students who thought about committing suicide 14 (26.9%), of which three (5.8%) planned suicide and two (3.8) actually attempted suicide. It was observed that 46 (88.5%) university students said they felt safe at university in the last month, however, six (11.5%) stopped attending university due to insecurity. Most 47 (90.4%) denied having had threats or aggression with a weapon, and five (9.6%) said they had suffered aggression and had their belongings stolen in the university environment, such as cell phone, money, jewelry, motorcycle and objects inside the car, six (11.5%).

DISCUSSION

The predominant female gender can be justified by the historical formation of the nursing course and, even with the inclusion of the quota system, there is still a prevalence of whites.⁹

The most ingested unhealthy foods of the young Brazilian population are cookies and soda, therefore, with coexistence of saturated fat and free sugars, making it susceptible to cardiovascular risk factors such as dyslipidemia, diabetes

and obesity.¹⁰ Some so-called natural juices are industrialized products and consequently do not have the same nutritional content and benefits as a natural drink. Soft drinks are acidified with citric or phosphoric acid, caramel colored, flavored and chemically preserved and are directly related to excessive weight gain.^{10,11}

The use of drugs or substances to reduce body weight among young people gains relevance, especially in the Brazilian population with morbidity and mortality associated with this behavior.¹² Dissatisfaction with body image, understood as a negative feeling regarding their weight and its body shape is an important aspect for the diagnosis of some eating disorders, such as anorexia and bulimia nervosa, which requires attention to this population that is indicative of such behavior.¹³

The young female population has been more affected by image dissatisfaction, which is strongly influenced by cultural factors. Factors considered genetic and biological and psychological susceptibilities may also act as predisposing factors for these disorders. The profile of university students with health problems and some eating disorder extends to the nursing course, being the most impaired and prone to the development of exhaustion. Nursing students in the later periods have a higher stress rate than those starting their undergraduate studies, as well as low levels of self-esteem in the final stage compared to other health courses, as well as inadequate behavior of the students' eating habits.¹²

During their training, students report having less time to adopt healthy habits due to the accomplishment of activities along the course of curricular and extracurricular nature, which favors sedentary behavior.¹⁴ The benefits of regular physical activity for health are well documented and their positive effects on physical, social and mental aspects are unquestionable.¹⁵

Actions such as watching television, playing video games, using computers, mobile phones, and other electronic instruments are all examples of behaviors that have become attractive at increasingly early ages, notably in childhood. This finding is reinforced by the easy access to digital media, as well as by the reduction of public safety levels and the lower supply of physical activity in the school environment.¹⁶ The main negative results of physical inactivity are the greater likelihood of being overweight and the occurrence of noncommunicable chronic diseases.¹⁷

Because alcohol is considered a licit substance, it is legally accepted and tolerated, which contributes to young people having the conception that it does not cause problems.¹⁸ Excessive alcohol consumption is a recurring pattern among undergraduates, which can lead to numerous losses. among them, the drop in academic performance and the development of cognitive behavioral and emotional skills; damage to public assets and exposure to risky behaviors.¹⁹

Although alcohol consumption among men is relatively higher, for both sexes, the habit is increasingly precocious, especially young women, because with the increase of social participation and its insertion in the work field, if the pre-established social dynamics,

which causes increased stress and seeks for momentary relief. In addition, there are biological issues related to the metabolization of alcohol and other psychoactive substances that occur more slowly in women, making them more susceptible to the harm associated with their consumption, even ingesting lower levels.²⁰

College parties also provide the use of cigarettes, cannabis, cocaine, ecstasy, among other substances, in post-test celebrations and as a reward for ending a tiring and stressful day of study.⁵ It is noteworthy that sexual intercourse with more than one person and interrupted coitus are both common in this population, which represent a health-threatening behavior due to predisposition to sexually transmitted infections or even unwanted pregnancy.²¹

Especially in health courses, undergraduates are vulnerable to various stressful experiences such as intense emotional stimuli, which leads to the emergence of interpersonal difficulties and the onset of psychic suffering.²² Symptoms such as sadness, anxiety, anguish, depression even though not meeting all criteria for diagnosing mental illness, they have a high prevalence in young people.²³ Suicide is mentioned as the second cause of death among college students. An increase in suicide cases has been evidenced, accounting for 8.5% of deaths in this age group worldwide.²⁴ The evidence of growth in this population segment is worrisome, given the possibility of years to be lived, of productivity and transformations in the lives of young people entering the academic world.²⁵

Most of the population, being young and having no job, feeling more nervous, tense, worried, besides having the sensation of uselessness, which has consequences for their biopsychosocial well being, such as headache, epigastric pain and sleep disorders, especially college students who have night work because they cannot renew their energies at night, which explains the higher incidence of nervousness, tension and concern in this group.

Behavior and violent acts occur in many institutions, including universities, causing damage, absenteeism, injury, and even death. However, in the national context, there are few studies that provide empirical evidence to the knowledge about this university violence, since most research focuses on violence caused by armed conflicts and common crimes²⁶, these risks against insecurity generate uncertainties and threats, which cannot be administered in isolation unless they are treated with scientific rigor by the institutions.

CONCLUSION

The students present behaviors considered risky adopting attitudes and conducts harmful to their health. The need for health policies to adopt healthier lifestyles for young people to prevent disease and improve quality of life is recognized.

The limitations of the study include the small sample of the research, that is, university students in the last year of a health course. Therefore, it is suggested that the research proposal be extended to the process of formation in the

early periods of the course, as well as to other courses, locations and realities.

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Corresponding author

Líscia Divana Carvalho Silva

Address: Department of Nursing
Federal University of Maranhão (UFMA)

Av. dos Portugueses, 1966, Vila Bacanga

São Luís/MA, Brazil

Zip code: 65080-805

E-mail address: liscia@elointernet.com.br

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