

The Relationship Between Religion and Risky Behaviors Among Iranian University Students

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Abstract

One factor that protects an individual from risky behavior is religiosity, which is referred to as a shield against risky behaviors. Belief in God and religion plays an important role in young people's lives and in comparison with their non-religious peers they engage less frequently in risky behaviors, such as violence and sexual relations. The present study investigated the relationship between religiosity and engagement in risky behaviors among students from the Pishva branch of the Islamic Azad University, Tehran Province in Iran. This is a descriptive, analytic cross-sectional study. The sample was comprised of 448 students from different degree majors attending the University. Participants completed two questionnaires, including the Risk-Taking Scale and Duke University Religion Index. The data analyses used one-way ANOVAs and Pearson's correlations. This study found that students who engaged more often in organized religious activities and had higher intrinsic

religiosity were less likely to engage in risky behaviors such as sexual risk taking, careless driving, violence, smoking, along with alcohol and drug abuse. Participants with higher involvement in private religious activities reported lower tendencies for the above-mentioned risky behaviors, except sexual risk taking. The findings of this study indicate that the different dimensions of religiousness are related to students' tendency to avoid risky behavior. Thus, it appears that religion may have a role to play in preventing risk taking behavior in Iran.

Keywords: Religion; Students; Risky behavior; Iran

Introduction

According to research, for young people entering university is one of the most important stages of change and transition in their lives (Tao et al. 2000). After finishing high school, many students begin university studies and the majority have to live away from their home and their families for the first time. This lifestyle change presents them with a variety of new experiences and they might not choose a healthy way of living (Redican 2004). These changes in lifestyle may lead to increased levels of tension and behavioral adjustment problems, including risk-taking behaviors (Adams 2000). Risky behaviors refer to those behaviors that put the health and well-being of adolescents and other people in danger (Maher 2004). For example, research has reported an increase in the signs of mental health problems among Australian adolescents as a result of drug and alcohol abuse, which has led to an increase in suicide attempts (Abbott-Chapman and Denholm 2001). Health risk behaviors, such as smoking, drinking, drunk driving, drug abuse, and sexual behavior give rise to significant health risks that affect the individual's health status (Vollrath and Torgersen 2008). Despite extensive attempts in recent years to increase people's awareness of risky behaviors, societies are witnessing an increasing trend toward these kinds of behaviors (Ghezselflo and Rostami 2015). The causes of risky behaviors are biological, personal, environmental, social, and cultural (Kaliehman 2000).

One of the factors that protect an individual from risky behavior is religiosity, which has been referred to as a shield against risky behaviors (Wills et al. 2003). Religiosity describes the individuals' cognitive, affective, and behavioral relationship with their religious sects. Higher religiosity involves stronger consistency between religious values and behavior and also a stronger resistance to changing existing values and behaviors (Gilbert 2008).

By developing moral discipline and establishing social rules, religion plays an important role in preventing social and moral problems, as well as physical and mental health issue (Yonker

et al. 2012). Religious beliefs may affect cognitive appraisal and understanding of stressful situations, nurture the hope that things will eventually be good, and provide coping strategies to deal with stress and tension. According to numerous studies, religious faith is positively related to physical and mental health, as well as happiness. Religion-based moral attitudes may reduce young people's involvement in risky behaviors, such as early sexual intercourse or drug and alcohol abuse (Scarpa and Haden 2006).

Studies have shown that young people who believe in God and the important role of religion in their lives, in comparison with their non-religious peers, are less often involved in risky behaviors, such as violence and early sexual relations (Jessor 1991). Cheung and Yeung (2011) conducted a meta-analysis to examine 40 studies on the relationship religion has with destructive and constructive behaviors. They concluded that there is a significant positive relationship between religiosity and constructive behaviors (Cheung and Yeung 2011). In 2001, Meshkani conducted a study to measure the effect of internal and external factors on juveniles, including 90 boys at the Correction and Rehabilitation Center of Tehran and 15 girls at the Tehran's Evin Prison. Data obtained from this study indicated that reinforcing positive moral and ideological attitudes may help prevent these individuals from engaging in criminal activity (Meshkani and Meshkani 2001).

Since injuries and damage caused by risky behaviors are often irreparable and changing individuals' behaviors is both costly and time-consuming, preventative measures are recognized as the best approach for reducing risky and dangerous behaviors at the societal level. Therefore, studying these behaviors among university students is important and can provide an opportunity for organizing effective training programs aimed at improving health. Assessment of these behaviors provides valuable information that can help to improve students' knowledge about their daily requirements and challenges and to plan educational and training programs commensurate with their particular needs (Redican 2004).

Accordingly, the present study aimed to investigate the effect of religiosity on the incidence of risky behaviors among the students of the Pishva branch at the Islamic Azad University.

Methods

This is a descriptive, analytic cross-sectional study completed by the researchers after obtaining permission from the Ethics Committee, Security Unit, and the Department of Education at the Islamic Azad University. Sampling was undertaken using a multi-phase approach, in which each department was regarded as a strata. After separating different fields of study, students were selected from different study years using stratified random sampling. The population under investigation included all students of the various departments of the Islamic Azad University, Pishva branch, 2014–2015. The student population at this university included 6000 students, and 448 of these students were selected in the sample. Data were analyzed by one-way ANOVAs and Pearson's correlations using SPSS (version 21).

Risk-Taking Scale

This scale was developed and standardized by Ahmadabadi et al. (2011). The scale contains 28 items which measure seven areas, including: drugs, alcohol, cigarettes, violence, sexual behavior and relationships, dangerous driving, and a general measure of high-risk behaviors. The seven subscales are described below.

1. Sexual risk taking: premarital sex, having sex with casual partners, prostitution and relationships with the same sex, having emotions and lack of self-control dealing with sexual opportunities, positive attitude towards unprotected sex, commuting in risky areas, and having sexually high-risk friends.
2. Careless driving: being interested in speed, interested in dangerous maneuvers and racing in public areas, excessive confidence, being excited and seeking pleasure in driving, listening

to loud and high-speed music, non-compliance with laws, being angry while driving, and having friends who are high-risk drivers.

3. Violence: having a desire to fight, having a positive attitude towards violence and fighting (courage, confidence, and manhood), considering violence necessary while driving, believing in retaliation, and having friends with violent behaviors.

4. Smoking: having positive attitudes towards smoking, being interested in smoking, accepting offers to smoke, underestimating the harmful effects of smoking, having friends who smoke, and believing smoking habits are acceptable for the family and society.

5. Drugs and psychotropic substances: commuting in high-risk areas with respect to drug abuse, experimenting with drugs, using drugs for fun, disassociation with concepts such as fear of becoming addicted, feeling strong after drug abuse, accepting drug offers, using drugs in dangerous situations, being friends with addicts.

6. Alcohol: being addicted to alcohol, having positive attitudes toward alcohol abuse, commuting in areas with high risk of alcohol abuse, accepting alcohol offers, underestimating the harm of alcohol, being friends with alcohol addicts.

The scale is answered on a 5-point Likert scale (from 1 = strongly disagree, to 5 = strongly agree) with 28 items. Scores range from 28 to 140, with a higher score indicating more risky behavior. Cronbach's alpha has been reported to be 0.94 for the whole questionnaire and from 0.74 to 0.93 for the subscales (Zadeh Mohammadi et al. 2011).

Duke University Religion Index (DUREL)

The DUREL is a 5-item tool which measures an individual's religiosity. The first question asks how often an individual attends mosque or other religious meetings and measures the response using a 6-point Likert scale ranging from more than once a week to never. Question 2 asks how much time an individual spends in private religious activities, such as prayers, which is answered on a 6-point Likert scale (ranging from more than once a day to never).

The next three questions evaluate an individual’s subjective and personal beliefs and religious experiences using a 5-point Likert scale which ranged from “certainly true in my case” to “it certainly does not apply in my case.” The three questions evaluate an individual’s motivation and commitment to religion. Scores of religious practices and religious beliefs range from 2 to 12 and 15 to 45, respectively (Saffari et al. 2013).

Compliance with Ethical Standards

The researcher entered each class and after explaining the purpose of the research and asking for consent, the students were asked to complete the questionnaires. Respondents were guaranteed anonymity and confidentiality of their answers.

Findings

In total, 448 students (93.9%) participated in this study and answered the questions, with 60.5% of participants being female. Almost half (46.9%) of the students were studying basic sciences, 35.3% humanities, and 17.9% engineering. A large number of the participants (62.1%) were aged between 21 and 25 years old. More than half of the participants (57.8%) lived in major cities, the rest lived in small cities or villages and 96.7% lived with their family. Most of the participants were in their second (28.8%) and third (31.3%) academic year. The majority (75.2%) of the students were unemployed. Most (81.7%) of the participants were single, 1.1% were divorced, 0.4% were widowed, and 16.7% were married. According to participants’ self-report, most of them (30.3%) earned 10–30 million IRR (Iranian rials) per month (Table 1).

Variable	Frequency	Percentage
Gender		

Table 1
Participants characteristics

Variable	Frequency	Percentage
Male	177	39.5
Females	271	60.5
Age		
18–20	107	23.9
21–25	278	62
26–49	63	14.1
Living area		
Urban area	152	33.9
Rural area	37	8.3
Metropolis	259	57.8
Year of study		
1	69	15.4
2	129	28.8
3	140	31.3
4	91	20.3
5	19	4.2
Marital status		
Single/divorced/widowed	373	83.3

Table 1
Participants characteristics

Variable	Frequency	Percentage
Married	75	16.7
Job		
Yes	111	24.8
No	337	75.2
Location		
Dormitory	5	1.1
Family with	433	96.7
Flatting	6	1.3
With friends	4	0.9
Income		
<1 Million	81	18.1
1–2 Million	153	34.2
2–3 Million	118	26.3
3–5 Million	52	11.6
5<	44	9.8
Major		
Science	210	46.9
Humanities	158	35.2

Variable	Frequency	Percentage
Engineering	80	17.9

In the current study, men were more likely to smoke than women ($p < 0.001$). Smoking was more prevalent among single students ($p < 0.001$), those who earned more than 50 million IRR per month ($p = 0.004$) and those who were aged 18–20 years ($p = 0.013$). In order to investigate the relationship between risky behaviors and religious beliefs, Pearson's correlation coefficients were used. As shown in Table 2, the results indicated significant negative correlations between tendency to smoke and levels of IR, ORA, NORA ($p < 0.001$).

Variable	Attitude to smoking			Attitude to risky driving			Attitude to violence		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
Gender									
Male	14.08	7.97	<0.001*	8.37	8.37	0.46	17.81	7	
Females	10.74	5.47		7.76	7.76		15.51	6.3	<0.001*
Age									
18–20	12.2	7.53	0.013*	30.9	8.82	<0.001*	18.2	7.43	<0.001*
21–25	12.53	6.83		28.72	7.35		16.53	6.52	

Table 2

Predicting attitudes to risky behavior (smoking, risky driving, violence) using demographic variables

Variable	Attitude to smoking			Attitude to risky driving			Attitude to violence		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
26–49	9.76	4.29		23	6.82		12.94	4.35	
Living area									
Urban area	10.7	5.58	0.005*	27.85	7.59	0.427	16.49	5.84	0.816
Rural area	14	7.92		27.89	8.42		17.03	6.77	
Metropolis	12.58	7.11		28.86	8.18		16.30	7.13	
Year of study									
1	10.85	5.08	0.143	28.49	8.75	0.086	17	6.65	0.223
2	11.81	6.67		29.78	8.21		16.85	6.75	
3	13.09	7.82		28.43	7.51		16.61	7.11	
4	11.49	5.89		26.7	7.72		14.96	5.60	
5	13.26	7.79		27.47	7.67		17	7.39	
Marital status									
Single/divorced/widowed	12.48	7.05	<0.001*	28.94	7.79	0.003*	16.55	6.90	0.277
Married	9.95	4.60		25.90	8.62		15.76	5.50	
Job									
Yes	13.12	7.70	0.085	28.54	8.19	0.873	17.49	7.22	0.068

Table 2

Predicting attitudes to risky behavior (smoking, risky driving, violence) using demographic variables

Variable	Attitude to smoking			Attitude to risky driving			Attitude to violence		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
No	11.71	6.40		28.40	7.96		16.07	6.47	
Location									
Dormitory	12.6	6.19	0.275	28.20	11.69	0.969	17.40	5.08	0.986
Family with	11.96	6.74		28.46	8.02		16.40	6.70	
Flatting	15.33	8.50		26.83	7.08		16.83	8.11	
With friends	17.25	7.22		28.75	3.4		16.75	9.10	
Income									
<1 Million	12.59	7.80	0.004*	28.16	8.07	0.023*	17.69	7.98	0.132
1–2 Million	10.71	5.09		27.33	7.84		15.73	5.84	
2–3 Million	12.11	6.88		28.69	8.17		15.93	6.84	
3–5 Million	12.63	6.49		28.60	6.86		16.25	6.06	
5<	14.95	8.73		31.89	8.56		17.84	7.82	
Major									
Science	11.92	6.50	0.713	28.38	7.52	<0.001*	15.87	6.37	<0.001*
Humanities	11.95	6.71		27.23	8.41		16.1	6.35	
Engineering	12.62	7.57		30.96	7.96		18.49	7.7	

Table 2

Predicting attitudes to risky behavior (smoking, risky driving, violence) using demographic variables

Variable	Attitude to smoking			Attitude to risky driving			Attitude to violence		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value

* Significant at the 0.05 level

The tendency to drive carelessly was significantly higher among married people ($p = 0.003$) and those aged 18–20 years old ($p < 0.001$). Students of humanities, basic sciences, and engineering departments, respectively, had the highest interest in careless driving. Also, in terms of religious beliefs, none of these three variables had a significant negative relationship with careless driving ($p < 0.001$).

Indications of violent behavior were more evident among male participants ($p < 0.001$) and those who were aged 18–20 years ($p < 0.001$). In addition, the lowest tendency to violence was reported among students of humanities and the greatest tendency to violence was reported among students of the engineering department ($p < 0.001$). Violent tendencies had a significant negative relationship with IR, NORA, and ORA ($p < 0.001$).

Men reported greater tendencies toward drug abuse than women ($p < 0.001$), and the age group 18–20 had the strongest tendency toward drug abuse ($p < 0.001$). The post hoc tests showed that those who earned more than 50 million IRR had a higher inclination toward drug abuse, as compared to those with a lower income ($p < 0.001$). The tendency to abuse drugs had a significant negative correlation with levels of IR, NORA, and ORA ($p < 0.001$).

Men ($p < 0.001$) and those aged 18–20 years old had higher tendencies toward alcoholism than other age groups. Also, compared to students from the metropolitan city of Tehran, students from small cities were more dependent on alcohol. According to this study, the

tendency to alcoholism among married students ($p < 0.001$) and individuals who earned more than 50 million IRR per month ($p < 0.001$) was higher than for other groups. There was a negative correlation between religious beliefs, in any form, and tendency to alcohol; that is, religious people were less willing to use alcoholic drinks ($p < 0.001$).

Tendency to engage in sexual risk-taking behavior was more evident among men ($p < 0.001$) and those aged 18–20 years old ($p = 0.017$), than among other groups. Post hoc tests indicated that individuals from rural areas were more interested in risky sexual behaviors, compared to those from metropolitan cities and city dwellers ($p < 0.001$). In terms of income, individuals who earned more than 50 million IRR per month were more interested in risky sexual behaviors ($p < 0.001$) than those who earned less. Again, there was a significant negative correlation between tendency to engage in risky sexual behaviors and religious beliefs ($p < 0.001$).

In general, the three dimensions of religion (IR, ORA, NORA) had a significant negative correlation with the overall measure of risky behavior ($p < 0.001$). This means that individuals with deeper interests in non-organizational religious activity, organizational religious activity, and intrinsic religiosity were less willing to undertake risky behaviors (Tables 3, 4).

Variable	Attitude to drug abuse			Attitude to drinking			Attitude to sexual relationships		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
	n			n			n		

Table 3

Predicting attitudes to risky behavior (drug abuse, drinking, sexually relationships) using demographic variables

Variable	Attitude to drug abuse			Attitude to drinking			Attitude to sexual relationships		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
Gender									
Male	14.74	8.74	<0.001*	21.66	10.39	<0.001*	18.03	8.18	<0.001*
Females	11.02	5.70		16.41	8.64		11.58	5.54	
Age									
18–20	13	8.13	<0.001*	19.25	10.48	<0.001*	14.04	7.73	0.017*
21–25	12.80	7.42		19.03	9.72		14.70	7.71	
26–49	10.31	4.23		14.76	7.25		11.76	4.51	
Living area									
Urban area	11.68	6.23	0.033*	15.50	8.45	<0.001*	13.14	6.42	<0.001*
Rural area	15.13	8.75		19.73	10.09		17.76	9.19	
Metropolis	12.61	7.55		20	9.96		14.19	7.52	

Table 3

Predicting attitudes to risky behavior (drug abuse, drinking, sexually relationships) using demographic variables

Variable	Attitude to drug abuse			Attitude to drinking			Attitude to sexual relationships		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
Year of study									
1	11.07	5.44	0.115	17.68	8.88	0.916	12.87	6.45	0.232
2	12.62	7.14		18.46	9.76		13.62	6.79	
3	13.55	8.78		18.72	10.79		14.75	8.25	
4	11.59	5.68		18.47	8.61		14.75	7.37	
5	13.57	8.05		19.89	9.35		14.37	7.90	
Marital status									
Single/divorced/widowed	12.75	7.53	0.063	19.03	9.95	<0.001*	14.35	7.56	0.111
Married	11.29	5.82		15.77	7.86		13.03	6.26	
Job									
Yes	13.79	7.96	0.045*	21.54	10.48	<0.001*	17.06	8.22	<0.001*
No	12.08	7		17.48	9.72		13.16	6.86	

Table 3

Predicting attitudes to risky behavior (drug abuse, drinking, sexually relationships) using demographic variables

Variable	Attitude to drug abuse			Attitude to drinking			Attitude to sexual relationships		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
Location									
Dormitory	19.6	7.63	0.102	26.20	10.89	0.109	22.4	11.67	0.091
With family	12.37	7.21		18.33	9.68		14.01	7.31	
Separate flatting	14	6.66		24.83	6.27		14.83	6.73	
With friends	16.25	12.58		16.25	10.87		15	10.13	
Income									
<1 Million	14.32	8.55	<0.001*	19.49	10.12	<0.001*	14.94	7.98	<0.001*
1–2 Million	11.08	4.85		16.84	8.50		13.03	6.40	
2–3 Million	12.02	7.53		17.65	10.17		13.64	7.18	
3–5 Million	12.61	6.71		20.36	9.23		14.27	7.24	
5<	15.25	10.1		22.36	10.8		17.58	9.27	

Table 3

Predicting attitudes to risky behavior (drug abuse, drinking, sexually relationships) using demographic variables

Variable	Attitude to drug abuse			Attitude to drinking			Attitude to sexual relationships		
	Mean	SD	p value	Mean	SD	p value	Mean	SD	p value
		2			3				
Major									
Science	12.04	6.90	0.447	18.36	9.33	0.669	13.22	6.77	0.046*
Humanities	12.85	7.44		18.22	9.7		14.80	7.61	
Engineering	13.02	7.93		19.26	10.72		15.21	8.35	

* Significant at the 0.05 level

Table 4

Correlation between risky behaviors and dimensions of religiosity

Variable	Attitude to smoking		Attitude to risky driving		Attitude to violence		Attitude to drug abuse		Attitude to drinking		Attitude to sexually relationship	
	r	p value	r	p value	r	p value	r	p value	r	p value	r	p value
ORA	-0.245	>0.001*	-0.16	>0.001*	-0.97	0.04*	-0.138	0.003*	-0.358	>0.001*	-0.124	0.009*
NORA	-0.308	>0.001*	-0.151	>0.001*	-0.169	>0.001*	-0.225	>0.001*	-0.282	>0.001*	-0.28	>0.001*
IR	-0.164	>0.001*	-0.172	>0.001*	-0.088	0.064	-0.115	0.015*	-0.3	>0.001*	-0.153	>0.001*

* Significant at the 0.05 level

Discussion

The present study aimed to investigate the relationship between religion and tendency to engage in risky behaviors among college students. The results of this study showed that there was a meaningful negative correlation between religion and the tendency to engage in risky behaviors, such as careless driving, smoking, alcohol and drug abuse, violence, and risky sexual behaviors, such that the more religious people were the less inclined they were to engage in these risky behaviors. In line with the results of this study, research by Sinha et al. (2007) showed that there was a significant negative correlation between religiosity and risky behaviors, such as smoking and alcohol abuse (Sinha et al. 2007). Religion-based moral attitudes can reduce the involvement of young people in risky behaviors, such as illicit sexual relationships or drug and alcohol abuse (Scarpa and Haden 2006). Religion involves an organized system of beliefs which include traditions, values, customs, involvement in a religious society and a strong conviction in God or a higher power (Ball et al. 2003) that can prevent or reduce risky behaviors.

Similar research by Evans found a significant negative correlation between religiosity and high-risk behaviors, such as drug abuse (Evans et al. 2011). Also, in many studies it has been shown that there is a significant negative correlation between religiosity and tendency to violence (Zaleski and Schiaffino 2000; Ellison and Anderson 2001). Furthermore, Yong et al. demonstrated that 85% of Buddhists in Thailand and Muslims in Malaysia believed that religious teachings and attitudes helped them to quit smoking (Yong, Hamann et al. 2009). In addition, recent research (Turiano et al. 2012; and Nabipour et al. 2015) both found that all three areas of religiosity had a significant relationships with positive road and traffic behaviors among adolescents, and thus they proposed that improving religiosity among Iranian adolescents may help to reduce risky behaviors in traffic.

Considering religion as a great source of meaning for individuals, a highly religious individual sees his/her inner world, as well as the surrounding world, with a sense of value and purpose. Also religious beliefs, such as believing that God will help those in difficulty, can also help individuals to avoid high-risk behaviors, such as drug abuse or alcoholism (Silberman 2005). Also, in this context, it can be said that religion is a great system, with so many approaches to guide people and provide them with special moral teachings and rules of self-control in order to prevent certain behaviors.

The current research findings showed that male participants were more inclined to engage in smoking, alcohol and drug abuse, and risky sexual behaviors. In support of this finding, research by Martine et al. showed that men were more likely to smoke than women (Khodayarifard et al. 2009). Serajzadeh and Faizi's study (2007) also found significant differences between men and women in regard to their tendency to smoke, as well as abuse alcohol and drugs abuse, and that these tendencies were more common in men than in women (Serajzade and Feizi 2003). In general, research has shown that men have more risk-taking tendencies than women, such that boys are more likely to experience sexual relationship and start illicit sexual contact than girls (Zimmer-Gembeck and Helfand 2008). Having noted that men are more willing to take risks, have less understanding of danger, and have more freedom than girls in their families, these factors in general may lead to increased incidence of high-risk behaviors among boys.

This study suggests that younger individuals and those aged 18–20 years old have stronger tendencies to engage in drug abuse, which is in agreement with most previous research on the topic. For instance, previous research has confirmed that drug abuse is most common among individuals aged 18–20 years old (Yong et al. 2009). Akbari Zardkhaneh et al. also found a significant relationship between individuals' age and drug abuse (Akbari zardkhane et al. 2010).

The present findings also suggest that engineering students were more likely to show violent and high-risk sexual behaviors (Taremian et al. 2008). In contrast, Mohammadi and Abadi (2009) concluded that there is a significant correlation between studying in humanity disciplines and the level of risk taking with regards to smoking, drug abuse, and violence (Mohammadi and Abadi 2009).

With respect to the results of this study, students from rural areas had a higher tendency toward alcohol abuse, smoking, and risky sexual behaviors. In line with this finding, research by Taraghijah et al. showed that students' hometown location was one of the main predictors of engagement in smoking and other risky behaviors, while local students were less frequently involved in smoking (Taraghijah et al. 1389). The populations of large cities such as Tehran are in transition from tradition to modern living. The increased use of the Internet, satellite networks, and videos may lead to more familiarity with western culture and freedoms which may lead to less restraint over these behaviors.

According to this study, students with higher family income are more inclined to engage in smoking, alcohol and drug abuse, and risky sexual behaviors. Posht Mashhadi et al. also found that students from higher-income families had stronger tendencies toward alcoholism and smoking (Poshtmashhadi et al. 2010). Therefore, it may be concluded that higher family income can affect students' tendency to abuse alcohol and smoking, perhaps due to greater tolerance in their family and being under less supervision. However, Springer et al. indicated that casual drinking habits are more common among students from less wealthy families.

This may be due to culture differences and their easier access to alcoholic drinks, compared to Iran where buying and selling alcoholic drinks is illegal (Springer et al. 2006).

Zademohammadi, also in Iran, found that lower economic level was associated with higher risk-taking habits (Zadeh Mohammadi et al. 2011).

Based on the results of this study, married students have a higher propensity toward smoking and alcohol abuse. Akbari Zardkhane et al. found similar results in their study (Akbari zardkhane et al. 2010). In contrast, Taraghijah et al. concluded that marital status had a significant relation with smoking behaviors and married people were less likely to smoke, compared with those who are single (Taraghi jah et al. 1389). It may be inferred that marriage is associated with a more disciplined life which can reduce risky behaviors among married individuals.

This study had some limitations, such as it was conducted on Iranian students at a single university in the Tehran Province. Therefore, the participants of this study may not be a representative sample of Iranian students in general.

Conclusions

Based on the effect of religiosity on decreasing students' involvement in risky behaviors, it can be concluded that planning and implementing cultural and religious programs within universities and the presence of religion missionaries may help to reduce students' involvement in risky behaviors, such as smoking, alcohol abuse, drug abuse, violence, careless driving, and sexual behaviors.

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Conflict of interest

The authors declare that they have no conflict of interest.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

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