

Investigating the Relationship between Self-actualization and Occurrence of High Risk Behaviors among Students of Birjand University

By

¹SaadatShamodini Lori, ²HamedMostafaei, ³MohammadrezaGhaderiGask, ⁴HosseinJenaabadi

¹Student of Educational Research, university of Sistan and Baluchestan,

²MA student of Educational Research, university of Sistan and Baluchestan

³Student of Educational Research, university of Sistan and Baluchestan

⁴Department of education, university of Sistan and Baluchestan

Abstract

The present study aimed to investigate the relationship between self-actualization and occurrence of high risk behaviors among students of Birjand University. The study was descriptive-correlational. The study population included all students of Birjand University in the academic year of 2012-2013, among which 300 students were selected through stratified random sampling. To collect data, Ahvaz Self-Actualization Inventory and High Risk Behaviors Questionnaire were applied. To explore whether self-actualization was associated with high risk behaviors, the Pearson correlation method was used. Results indicated that there was no significant correlation between self-actualization and occurrence of high risk behaviors ($r = 0.120$).

Keywords: *Self-actualization, High Risk Behaviors, University Student*

1. Introduction

One of the features that makes it easier to achieve mental health is individuals' efforts to achieve self-actualization. Initially, it is necessary to recognize one's endowments and abilities and achieve self-actualization while attempting to maximize such abilities. In humanism theories and particularly in Maslow's theory of personality, self-actualization is a fundamental concept. In fact, the Maslow's theory is derived from self-actualized individuals. Self-actualized people have satisfied all deficiencies and deprivations in the first four levels of the hierarchy of needs. Self-actualized individuals' behaviors, as a consequence, are motivated by a new set of needs, that Maslow called them *being needs* or *B-needs*. This *being* motivations are values such as truth, honesty, beauty, goodness and righteousness which give a meaning to self-actualized people's lives. Maslow believed that the process of growth guide self-actualized people to spend a great deal of time. He also believed that such individuals live sixty years or more. Maslow argued that a small number of people (based on his estimations less than one percent) in the society achieve self-actualization (Goebbe, 1970).

One of the current social problems is the insufficient awareness of risk behaviors among adolescents and young people and this lack of knowledge unfortunately causes the future hope to turn to mentally and physically unhealthy generations and subsequently irreparable social and economic problems are imposed on families and society. For example, given the high prevalence of drug dependence and the difficulties of its treatment, it is essential to try to identify risk factors in different populations (Anderson, 1998, as cited in Ghazi Nejad and Savalanpour, 2009). The Addiction Prone Theory states that some individuals are predisposed to addiction and if they are exposed to drug, they will be addicted (Gendreau & Gendreau, 1970).

Therefore, preventing these problems through providing proper education and timely information, as a saving factor, can significantly diminish such complications. "Self-actualization" is one's desire to be better than what he/she is and to be what he/she has the capacity to be. As expressed in Maslow's theory

of needs, this is essentially equal with the education and innovation/creativity goals that are confirmed by educators and psychologists (Burlison, 2005).

In other words, self-actualization is a process of growth and development in order to leave dependency on others, defensiveness, inactivity and timidity/shyness behind and move towards rational assessments, courage and exploration. Self-actualization is the realization of talents, competencies and capabilities (Maslow, 1987).

One of the most serious public health threats, which due to rapid social changes in recent years, is considered by health agencies, law enforcement and social policy makers as one of the most important problems in the society is the outbreak of high risk behaviors among different classes of people. For example, it is predicted that until 2030, only the disease and mortality rate due to smoking will reach 10 million person a year (Slusky, 2004: 48).

Substance abuse, violence and unsafe sexual behaviors constitute the cause of many deaths in adolescence and early adulthood (Lindberg, 2001: 1), while adults are mostly damaged by diseases such as cancer, cardiovascular disorders and diabetes. The threatening factors of the health of young people include: homicide, suicide, accidents and AIDS, almost all of which are behaviorally underpinned and therefore can be prevented and controlled (Ozer, 2003: 18).

With regard to the irreparable damage that follows each risky behavior and considering that changing behavior at the individual and social level is along and an expensive measure, it seems that prevention is the best approach to reduce health-threatening behaviors. The reasons behind high risk behaviors vary, including excitement-seeking motivations, insufficiency/incompetency fears, the need to consolidate masculine identity, and group motivations like peers' pressure. These behaviors may also reflect fantasies of some adolescents who feel that they are invulnerable against injury and harm (Kaplan and Sadvak, 2003: 57).

Ali Keshtkaran, in his article entitled "Motivational Needs of Nurses in Selected Educational Hospitals of the Medical Sciences University: According to Maslow's Hierarchy of Needs", found that there was no significant statistical relationship between the need to security and the need to self-actualization with demographic variables.

Research Questions

According to the purpose of the present study, the following questions were formulated and tested:

Question 1: Is there any significant relationship between self-actualization and high risk behaviors?

Question 2: Is there any significant relationship between self-actualization and demographic variables?

Question 3: Is there any significant relationship between high risk behaviors and demographic variables?

2. Methods

The study was descriptive-correlational. The population included all students at Birjand University in the academic year of 2012-2013, among which 300 students were selected through stratified random sampling based on the Morgan's table. Thereafter, Ahvaz Self-Actualization Inventory and High Risk Behaviors Questionnaire were performed and the data were statistically analyzed using the Pearson correlation method.

Research Instruments

Ahvaz Self-Actualization Inventory

To measure self-actualization, "Ahvaz Self-Actualization Inventory-6" was used. This 25-item scale was developed by Esmaeel-Khani, Najarian and Mehrabi Zadeh in Ahvaz. Items were scored on a 3-point Likert scale including (0) never, (1) rarely, and (2) sometimes. Therefore, the range of scores varied from 0

to 75. The questionnaire was in the form of paper and pencil test and participants had about 20 minutes to complete it. The obtained Cronbach's alpha coefficient was 0.92 (Esmaeel-Khani et al., 2001). In the present research study, the reliability coefficient of the questionnaire was 0.81.

High Risk Behaviors Questionnaire

In the present study, to assess high risk behaviors, the Persian form of the High Risk Behaviors Questionnaire, developed by Mohammadi et al. (2007), was used. The test was adopted from the Youth Risk Behavior Surveillance System (YRBSS) of the American Center for Disease Control and Prevention. The Persian form of the High Risk behaviors Questionnaire consists of 69 as well as some demographic features such as age and gender, which assess various high risk behaviors based on their frequency of occurrence during the past year or month of life. The Cronbach's alpha reliability coefficient of the questionnaire in different studies was reported between 0.60 and 0.85. Mohammadi Zadeh et al. (2007) reported the Cronbach's alpha reliability coefficient of the test between 0.60 and 0.80. The reliability coefficient of the questionnaire in the present study was 0.79.

3. Results

Q1: Is there any significant relationship between self-actualization and high risk behaviors?

Table (1): The Pearson correlation for the relationship between self-actualization and high risk behaviors

Component	Mean	Standard deviation	Self-actualization	
			Correlation	Significance level
Self-actualization	71.0400	16.74100	1	
High risk behaviors	86.7600	15.96911	0.120	0.236

Table (1) presents the results of the Pearson correlation coefficient, with mean and standard deviation of high risk behaviors as well as self-actualization as 71.0400, 16.74100, 86.7600, and 15.96911 respectively. There is not any significant relationship between self-actualization and high risk behaviors ($r=0.120$). Therefore, the research hypothesis is rejected.

Q2: Is there any significant relationship between self-actualization and demographic variables?

To analyze the second question, all demographic variables were tested. Table (2) summarizes the differences between male and female students' self-actualization mean scores.

Table (2): Independent t-test for male and female students' self-actualization mean scores differences

Group	N	Mean	Standard deviation	T	df
female	150	80.3111	14.86580	-3.910**	94.396
Male	150	92.0364	14.98143		

** $P < 0.01$

As Table (2) illustrates, considering self-actualization, there is a significant difference between the mean scores of the two genders at the confidence level of 99% ($t=-3.910$). Male students obtained higher scores in self-actualization compared to female students.

To compare single and married students' self-actualization mean scores, independent t-test was used. The results are depicted in Table (3).

Table (3): Independent t-test for the difference between single and married students' self-actualization mean scores

Group	N	Mean	Standard deviation	t	df
Single	215	86.2738	16.48318	-0.696	98
Married	85	89.3125	13.09310		

As table 3 shows, there is no significant difference between single and married students' self-actualization mean scores ($t=-0.696$). To compare BA and MA students' self-actualization mean scores, Independent t-test was applied. The results are depicted in Table (4).

Table (4): Independent t-test for the difference between BA and MA students' self-actualization mean scores

Group	N	Mean	Standard deviation	t	df
BA	200	87.0000	15.30152	0.426	98
MA	100	84.8182	21.43744		

As table 3 indicates, there is no significant difference between B.A and M.A students' self-actualization mean scores ($t=0.426$).

Q3: Is there any significant relationship between high risk behaviors and demographic variables?

To analyze the third question, all demographic variables were tested. Table (5) summarizes the differences of male and female students' high-risk behaviors mean scores.

Table (5), Independent t-test for the difference between male and female students' self-actualization mean scores

Group	N	Average	Standard deviation	T	df
female	150	62.0667	11.27427	-5.524**	94.283
male	150	78.3818	16.97764		

** P < 0.01

As Table (5) illustrates, considering high risk behaviors, there is a significant difference between the mean scores of the two genders at the confidence level of 99% ($t=-5.524$). Considering high risk behaviors, male students compared to female students obtained higher scores.

To compare single and married students' high risk behaviors mean scores, Independent t-test was used. The results are depicted in Table (6).

Table (6): Independent t-test for the difference between single and married students' high-risk mean scores

Group	N	Average	Standard deviation	T	df
Single	215	70.4643	16.97088	-0.786	98
Married	85	74.0625	15.63530		

As table 6 shows, there is no significant difference between single and married students' high risk behaviors mean scores ($t=-0.786$).

To compare BA and MA students' high-risk behaviors mean scores, Independent t-test was applied. The results are depicted in Table (7).

Table (7): Independent t-test for the difference between BA and MA students' high-risk behaviors mean scores

Group	N	Average	Standard deviation	t	df
BA	200	71.2022	16.96198	0.274	98
MA	100	69.7273	15.51187		

As table 7 shows, there is no significant difference between BA and MA students' high-risk behaviors mean scores ($t=0.274$).

4. Discussion and Conclusions

Question 1: Is there any significant relationship between self-actualization and high risk behaviors?

The Pearson correlation test was used to examine this hypothesis. The results indicated that there was no significant relationship between self-actualization and high risk behaviors ($r = 0.120$). Therefore, the assumption of high self-actualized individuals (the process of believing internal potential abilities and talents of each individual within the context of personal abilities included developing psychological values) has not any significant relationship with high risk behaviors (special types of behaviors that may increase the risk of certain types of illness or disease). The result is in line with Keshtkaran's (2006) findings.

Question 2: Is there any significant relationship between self-actualization and demographic variables?

An Independent t-test was used to analyze the question. Considering self-actualization, the results revealed that there was a significant difference between two genders ($t = -3.910$) at the confidence level of 99%. With regard to self-actualization, male students obtained higher scores than female students. To explain this result, one can consider a population in which Maslow's hierarchy of needs is more natural and easier for men to achieve, since Iranian society and in particular universities generally impose limitations on women's basic needs.

Therefore, the outcomes of achieving self-actualization as the highest level of Maslow's needs are independent of marital status, academic levels, and academic groups. Moreover, other factors seem to be involved. The result is consistent with Mohammadi et al.' study (1995).

Question 3: Is there any significant relationship between high risk behaviors and demographic variables?

To analyze this question, the independent t-test was used. The results indicated that there was a significant difference between the two genders on high-risk behaviors ($t = -5.524$) on 99% confidence level. With regard to high risk behaviors, male students obtained higher scores than female students. Therefore, in the history of evolution men seem to have been exposing themselves more to risks and diseases than women. This is evident in modern societies, and in particular, in the present study.

The results also indicated that there was no significant difference between marital status ($t = -0.789$), academic levels ($0.274 = t$) and academic groups ($t = 0.310$) and occurrence of high risk behaviors. According to the results of this study, individuals with different ages, marital status, academic levels and groups were not significantly different in having tendency to certain types of behaviors that increase the risk of illness or disease. This findings consistent with Mohammadi et al. (1995) and Yousefi's (1999) findings.

References

- Burleson, W. (2005). Developing Creativity, Motivation, and Self-actualization with Learning Systems. *International Journal of Human-computer studies*.
- Esmael-Khani, F., Najjarian, B. & MehrabiZadeh, M. (2001). Developing a Scale for Assessing Self-actualization and Evaluating its Reliability. *Journal of Humanities, Alzahra University*, 11(39).

- Gendreau, P. &Gendreau, L. P. (1970). The "Addiction-Prone" Personality: A Study of Canadian Heroin Addicts. *Canadian Journal of Behavioral Science*, 2: 18-25.
- Ghazi Nejad, M. &Savalanpour, A. (2009). Investigating the Relationship between Social Exclusion and Readiness for Addiction. *Journal of Social Problems in Iran*, 63(13): 139-180.
- Goebbe, J. (1970). Young Adolescents" Well-being and Health-risk Behaviors: Gender and Socioeconomic Differences, *Journal of Adolescence*, 24: 183-197.
- Kaplan, J. &Sadvak, B. (2003). *Synopsis of Psychiatry*. Translated by: Pourafkari, N. O. Tehran: Shahr-e- Ab Publications.
- Lindberg, L. D., Boggess, S., & Williams, S. (2001). *Multiple Threat: The Co-occurrence of Teen Health Risk Behaviors*, the Urban Institute.
- Maslow, A. H. (1987). *Motivation and Personality*. New York: Harper & Row.
- MohammadiZadeh, A., Abedi, A.R., &Khanjaani, M. (2007). Improving Self-esteem and Self-efficiency in Adolescents. *Journal of Iranian Psychologists*, 4(15).
- Mohammadi, H., Zare, A. &Javadi, R. (1995). The Prevalence of Risk Behaviors among Students in Dormitory Students of Shahrekord University. *School of Nursing*.
- Ozer, E. M., Park, M. J., Paul, T., Brindis, C. D., & Irwin, C. E. (2003). *America's Adolescents: Are They Healthy?* San Francisco, CA, University of California, National Adolescent Health Information Center.
- Slusky, R. I. (2004). Decreasing High risk Behavior in Teens. A Theatre Program Empowers Students to Reach out to Their Peers. *Journal of Addictive Behaviors*, 19 (1): 9-48
- Yousefi, M.A. (1999). The Impact of Prevention of Risky Behaviors training Programs on the Knowledge and Attitudes of Elementary School Health Educators in Khorramabad. *Journal of Lorestan University of Medical Sciences*, 9(2).