

Original Article: Status of Health Literacy and Consumer Health Behaviors

Zahra Torabi

Department of Business Management, Yazd Branch, Islamic Azad University, Yazd, Iran



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ABSTRACT

People with inadequate health literacy are less likely to understand the written and spoken information provided by health professionals and follow the instructions given by them. They also have poorer health conditions and incur higher medical costs. As a result, now inadequate health literacy is a global threat. Accordingly, the purpose of this study was to determine the status of health literacy, to determine the relationship between health literacy level and general health status and health behaviors such as the use of medical services, and also to adopt preventive behaviors in the behavior of dormitory female students as a vulnerable group. The present study was a qualitative study in which purposeful sampling with maximum diversity was used and 25 students participating in the Islamic Azad University of Yazd were interviewed with open-ended questions. The main method of data collection was semi-structured interviews. By analyzing the findings from all the extracted themes, the main theme of life expectancy was abstracted, which included emotional vacuum, poor economic situation, malnutrition, decreased interpersonal relationships and reduced spiritual growth. Decisions were also made about consumer health behaviors, including self-care and preventive behaviors, nutrition, exercise, sleep and rest, stress management, non-smoking, spiritual growth, and healthy interpersonal communication. The results of this study can highlight the concept of paying attention to students' health needs for university officials and students in universities and facilitate the necessary interventions to support them in order to maintain and promote health. As a result, more effective steps can be taken to improve students' health in society.

Introduction

Health and well-being are the infinite divine blessings bestowed on human beings and he is responsible for maintaining his health [1]. By definition, health literacy is the amount of a person's capacity to acquire, interpret,

understand basic information, and health services that are necessary for appropriate decision making [2-4]. Health literacy includes a set of skills in reading, listening, analyzing, decision-making, and the ability to apply these skills in health situations that is not necessarily in associations with years of study or general reading ability [5]. Although it is not yet clear to what extent health literacy affects

*Corresponding Author: Zahra Torabi(torabizahra89@yahoo.com)

health outcomes, there are many reasons why many adverse health-related outcomes are inadequate as a result of health literacy [6]. According to studies by the American Center for Health Care Strategies, people with low health literacy are less likely to understand the written and spoken information provided by health professionals and follow the instructions given. Therefore, they have poorer health status [7] the higher the rate of hospitalization and referrals to their physicians in their restraints [8] the poorer the care and they have less preventive care [9]. Therefore, they incur higher medical costs [10]. Today, most education and information in the health system is provided in writing and at a level higher than what can be understood by individuals [11]. Understanding new health information requires high skills in reading, calculation and decision-making skills. Helmsersht and Delpishe Believe that students have the right and need to know how to take care of themselves and to be safe from the invasion of pathogens, to ensure their health, and above all, skills and knowledge. This basic knowledge and skill should be available to them during their studies [12]. According to United Nations International Children's Fund (UNICEF), health education includes interpersonal communication, AIDS education, physical health, drug prevention education, including decision-making, the ability to say no, problem-solving skills, and perseverance.

Promoting health is a basic human need and health behaviors and lifestyle are the most important factors in preventing disease and mortality and promoting health. Many of the health problems that are seen in most countries today, especially in our country, are somehow related to lifestyle changes in those communities. Statistics from the World Health Organization show that 53% of the leading causes of death are related to lifestyle and health behaviors, 21% to environmental factors, 16% to hereditary factors and 10% to the health care delivery system. Two factors, i.e. poor diet and inactivity, are the main risk factors for heart disease, hypertension, obesity, type 2 diabetes, tooth decay, stroke and some cancers and 80% of heart disease and 90% of type 2 diabetes can be prevented by adjusting diet and proper physical activity. Also, one third of cancers can be prevented by improving nutrition, weight control and physical activity, and one third of other cancers can be prevented by avoiding smoking. On the other hand,

lack of physical activity, inactivity and poor nutritional behaviors cause disease and death in all population groups. The role of health behaviors, such as non-smoking, in reducing morbidity and mortality from disease has been proven. Smoking is known as the most important threat to public health in countries; in Iran about 15% of smokers are less than 25 years old [13]. According to the findings of the Health and Disease Plan, 66% of people mentioned started smoking between the ages of 15 and 24. The results of Abedini et al.'s (2006) study showed that 20.5% of students used cigarettes and hookah. Despite the known harmful effects of smoking on health, many young people, including students, engage in this risky behavior and continue to smoke. The high prevalence of smoking among young people carries the risk of dependence on it and negative health consequences [14].

Studies have shown that the source of health control plays a role in the hope and prevention of disease in people with chronic diseases [15]. The source of internal health control makes people feel in control and reduces stress [16]. Wintz also found that in people with AIDS, their controlling expectations and optimism help prevent and improve the disease. Students who have an external source of control are more likely to use alcohol and other unsanitary behaviors than students who have an internal source of control [17]. Health behaviors are those behaviors that affect people's health, their search for health information, seeing a doctor or dentist for a general examination, immunization, exercise, proper diet, wearing a seat belt, having healthy sexual intercourse, and being sensitive to their disease status are among the health behaviors [18]. Perception of control means that a person's behaviors, actions, beliefs and thoughts can affect his quality of life. For example, a person who has control over his / her physical health (source of internal health control) goes to the doctor to be examined and informed about his / her physical condition. Not only does he know that it is necessary to see a doctor, but he also he knows which doctor to go to, when, where, and under what circumstances [19]. Promoting the health of young people as a very important and sensitive group in society is one of the important issues in societies such as Iran with a young population. High-risk behaviors such as smoking, Kelly diet and, according to poor diet, physical inactivity and drugs threaten young people. As these behaviors often

start at this age and continue until adulthood or bad, and the results of Farmanbar's (2003) study show that students are not in a good position about health maintenance methods. Given that students make up a wide range of knowledgeable people in the community in the future, they have professional and sensitive responsibilities. On the other hand, comparing students' health behaviors and understanding their behavioral changes during their student life will be an effective step in promoting health and preventing diseases in society. Therefore, this study was performed on female students. Also, despite the great importance of health literacy in quality of life and promotion of women's health, unfortunately this issue has not been addressed in Iran and there are inadequate statistics and evidence in this regard. This study was accordingly conducted with the aim of determining the health literacy status and consumer health behaviors such as the use of medical services and also the adoption of preventive behaviors in female dormitory students of Yazd Islamic Azad University as part of the female community as a vulnerable group.

Data analysis

This was a qualitative research study. Data production continued until data saturation was reached [20]. The sampling method was purposeful and with maximum variance of sampling [2]. Twenty-five students participated in the study, and sampling continued until saturation. Undergraduate students who had at least one year of study at the university and were willing to participate in the study and expression of their content were asked to join the study [12].

The interview included a broad and general question, tell me about your health literacy rate rather than exploratory questions, what changes have taken place in your health literacy rate since entering college or what experiences you have gained from being in a dormitory about health literacy. To encourage participants and gain more in-depth information, we continued the interviews by creating intimacy. The duration of the interviews was between 30 and 40 minutes, depending on the circumstances and the desire of the participants [3].

All interviews were digitally recorded and immediately written verbatim. The text of each interview was read several times and the data were

collected, coded and analyzed simultaneously from the beginning of the study. Coding and classification continued throughout the research process. By creating these categories, the data was encoded with open and axial coding. Two methods of coding were used from the language of the interviewees and implicit codes were made by the researcher based on the concepts obtained from the data [4]. With open coding, the data were broken down into separate sections. In order to obtain similarities and differences, the data were carefully examined and questions were asked about the phenomena that the data indicated. Thus, the first step in data analysis was the conceptualization of data. When a particular phenomenon was identified in the data, concepts were categorized along its axis. This allowed the code related to a topic to be placed in a specific category. A concept name that was more abstract than the set of that category was assigned to that particular category. The data were correlated and axial coding was performed. By axial coding and creating relationships between each category and related subcategories, the data were newly linked to each other and analyzed by content analysis [9].

To increase the validity and reliability, which is equivalent to the scientific strength of the findings (truth worth) in qualitative research, the researcher's long-term involvement and contact and communication with participants helped to gain their trust and understanding of the researcher's experiences. Credibility methods were also used by reviewing the participants' manuscripts to eliminate any ambiguity in the coding. For this purpose, the researcher provided them with parts of the interview and coding to achieve the same concepts in relation to the statements of the participants. Data saturation was also used to increase credibility. Confirmability can also be used by systematically collecting data and observing researchers' impartiality, members agreeing on interviews, codes, and categorizing similar codes and classes to compare what the researcher perceived with what the participants intended. Ethical principles in the research included obtaining informed written consent from the participants to participate in the study, recording the interview while maintaining anonymity and confidentiality, and their authority to leave the study [3].

Results

The dimensions of health literacy include 5 stages:
 a) Discussing health diagnosis and the factors affecting it,
 b) The level of access to information,
 c) Reading information,
 d) Understanding information and
 e) Deciding on health behaviors and promoting consumer health.

We study only two parts of it: a) diagnosing health and the factors affecting it, and b) deciding on health behaviors.

For this purpose, 25 students between the ages of 20 and 25 who were undergraduate students in the fields of management, art and psychology participated in this study. In the diagnosis of health status after the interview, the findings of the themes extracted were analyzed around it. The main theme

of life expectancy was abstracted which is one of the important indicators and not only is it affected by the social components of health or social detriment of health (SHD) but also expresses the socio-cultural, economic and health status of each society. This index has become one of the indicators of fluctuations in health inequalities in different societies.

Internal and external evidence supports a decline in students' general health, with life expectancy playing an important role in exacerbating physical and psychological complaints and inadequacies in social and even economic functioning. This class consists of 5 subcategories including emotional vacuum, malnutrition, economic status, reduced social and inter-healthy relationships, and reduced spiritual growth (Figure 1).

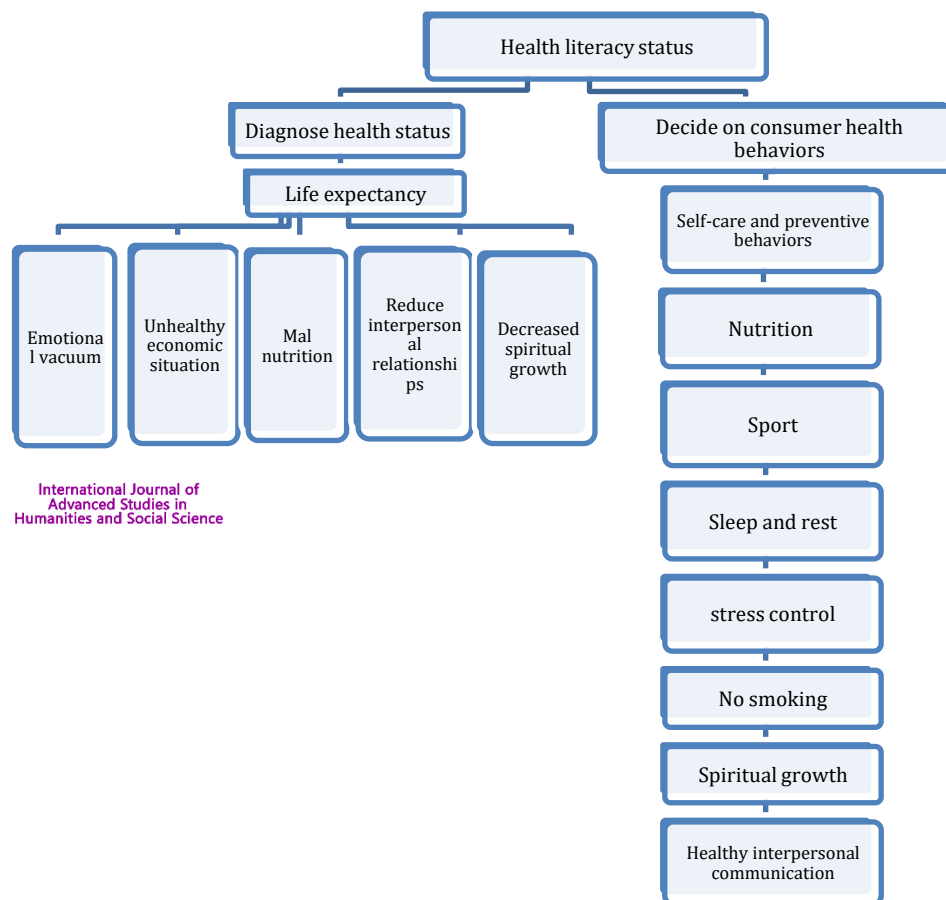


Figure 1. Conceptual model

Students had experienced specific health problems from different dimensions. Although students experienced life success with positive implications, they also experienced some needs and

losses. Participant 12 said “I like to study, but when I see that I do not have a future job and I have just spent, I get frustrated and I do not want to continue.” According to Participant 4, “What am I

left to do after graduation? My friends who are studying are more successful than me and have entered the job market more easily." In our society, which is based on work as a moral value, having an active role in society strengthens self-confidence and induces a sense of efficiency. This in itself prevents a sense of despair. In Participant 6's words, "Classes with long hours, non-standard seats, high stress presentation classes and exams have deprived me of my physical and mental ability." Participant 24 expressed "Who really cares about studying these days. Values changed very soon. Now the criterion for everything is money. The number of students is decreasing day by day and the number of unemployed is increasing."

Emotional Vacuum

One of the subclasses of life expectancy is emotional emptiness. Some students experienced feelings of depression, despair, hopelessness, anger, and sometimes regret. They attributed the reason to their student time. Participant 8 said "70% of students leave the family at once, despite the emotional and deep family ties, and given that Iranian families are still deeply connected, this emotional vacuum, along with academic pressure in academic disciplines, creates a good environment for the growth of social ills." Participant 18 said "First year students, especially non-native students, face more emotional problems due to the vacuum caused by leaving their parents, place of residence and supplies, but over time, the new environment becomes an emotional resource for them and they become more compatible with the environment." Participant 10 came up with "the emotional gaps created in students allow them to tend to establish more friendships, especially with the opposite sex, which also leads to several harms."

The Economic Situation

One of the subsets of reducing life expectancy is the desperation of life and economic concerns of students, which in turn leads to academic failure and reduced health. Participant 7 says "students are not in a good position in terms of livelihood due to the high cost of studying at a free university, which in itself can even affect other aspects of health." Participant 25 said "In order to be able to pay for my education, I have to work long hours in unfavorable conditions. With all this fatigue, I can

no longer study." Participant 13 expressed "Most students are worried about their economic situation because of the working conditions that prevail in the country and we do not have a job or even a future job. Therefore, the expenses of the university are borne by the families of Yaman, and this is sad for us, but what is the solution?"

Malnutrition

Malnutrition is one of the main problems of students and manifests itself in the form of nutritional deficiencies or overeating. Obesity, underweight and malnutrition are among the health problems with important effects that are associated with high blood pressure and metabolic complications that play an important role in non-communicable diseases. Participant 15 said that "being away from the family affects one's nutrition. Social conditions and excessive use of ready-made street food or fast foods are the main causes of malnutrition in students." Participant 4 said that "the problem of malnutrition in students is more than expected, the main causes of which can be emotional problems, lack of access to proper food, use of university token food." Participant 23 stated "Because we do not have enough money, we have to eat cheap university food and we should not expect good health because the quality of university food is not good at all."

Reducing interpersonal relationships

No doubt, no one will be able to meet his or her normal needs without the help and assistance of others. Much of work, play, and family life depends on the quality of relationships with others. Effective interpersonal relationships have a direct effect on a person's mental health and contribute to personal growth and self-fulfilling identities. Participant 1 said "that students' lack of life skills in the face of pressure and stress leads to ineffective maladaptive behaviors, including substance abuse." She added that "if people have high life skills, they will be responsible for their health and make appropriate health decisions, and generally adopt a healthy lifestyle throughout life." Participant 5 stated "Sometimes communication tools such as mobile phones and the Internet led to the coldness of people's relationships and opportunities with each other are deprived of these devices and reduce the horizontal communication between people, even

with their family members." Participant 2 stated "The proliferation of social networks has caused an identity crisis. In fact, the most basic effect of online social networks is that the current identity challenges her." Yeni empties the user and then gives her a chance to express his ideal. The identity of people in cyberspace is an unknown and multiple identity that damages the process of culture transfer and the person suffers from a kind of anonymity that endangers mental health.

Decreased Spiritual Growth

Spiritual health is one of the factors that affect the physical, mental and social dimensions of individuals. Creating and maintaining spiritual health plays an important role in reducing students' anxiety. Spirituality strengthens peace and the growth of moral and human virtues, increases hope, happiness, self-awareness, altruism, mental health, creativity, not only for students but for everyone. People who are more spiritually healthy are better at preventing disease, less likely to get sick, and have a longer life expectancy.

Participant 22 said "attitudes toward spirituality have changed in the form of overt behaviors, beliefs and motivations, values and goals in students. Values give way to counter-values, and people feel satisfied doing so and are happy that the divine limits have been broken." Participant 19 stated "we are not perceived by the family or even society, and at this age we feel homesick and lonely. We withdraw from our parents and society and only communicate with our peers. Our parents react strongly to our thoughts and we cannot tell them the secret of our heart. Why should we believe in the ideas they hold when our words are not heard?" Participant 17 said "it is the interest in unconditional and unconditional freedom that causes the student to ignore social norms. And in order to satisfy his desires, he should use sharp and innumerable freedoms. On the other hand, he thinks that all religious teachings should be included in his intellectual form, otherwise it is not correct and should be abandoned. Therefore, this issue can cause a cognitive crisis and apostasy." Participant 3 said "the cause of apostasy and reduced spirituality in the student community due to irrational and unreasonable response to needs and questions is also negative attitudes towards students."

Deciding on Health Behaviors

Promoting health is a basic human need. Health behaviors and lifestyle are the most important factors in preventing diseases. Health behaviors can be influenced by individual and health-promoting behaviors that include self-care and preventive behaviors, nutrition, exercise, sleep and rest, stress control, non-smoking, spiritual growth, and healthy interpersonal communication. Self-care behavior is based on two axes: Self-care demand and self-care activity. Agent means the ability to adopt a behavior that has three individual dimensions of social and behavioral. Its individual dimension includes self-efficacy, consisting of two factors of self-image and perceived place of control, and the individual's value system. Its social dimension includes the social support network that provides the necessary motivational, equipment and information factors, and its behavioral dimension including life skills and health skills, which are provided and taught to the individual by the social support network. The individual interacts with the community through his behavior. A person's behavior can strengthen the social support system or, conversely, weaken it. Behaviors in question include life skills and health skills. One can strengthen or weaken the support network around oneself through appropriate social behavior. Because socialization is a learnable process in humans. Teaching life skills and health skills plays a crucial role in adopting self-care behavior. Training these skills is essentially the job of the social support system.

Discussion

Findings show that life expectancy has an effective role in diagnosing students' health literacy. Factors have a continuous and direct role in reducing it. Students faced emotional vacuum, poor economic status, malnutrition, reduced interpersonal relationships, and reduced spiritual growth. The effects of frustration are far-reaching, and stress in the workplace and at school can cause problems with sleep, the digestive system, interpersonal relationships, and absenteeism. Despair is referred to as the core of depression and is considered crippling of willpower and intolerance and desire to escape from a situation. Researchers believe that the university environment may play a significant role in increasing frustration among students by spreading problems or stress. Therefore, it is

predicted that students today will report more stress than students of previous years.

After a student enters the university, he realizes that many graduates are unemployed. He also notices the efforts of high school students to leave the country and eventually concludes that there is no adequate labor market in the country. As a result, the student suffers from frustration and then depression, a feeling that is transmitted to all students like a domino, and after a while, everyone realizes that a good future does not await them. All of these factors affect the student and lead her to despair, helplessness, hopelessness about the future. Consequently, in a situation where he cannot make any change and that the future is uncertain for her, he becomes depressed. Good sleep reduces the risk of depression. While the day ahead may not be very challenging for us mentally or physically, we need to get a good night's sleep to stay in good spirits. Many people say that if they lack sleep, they will suffer early and depressed during the day. People who suffer from chronic sleep deprivation, those who are not getting enough sleep or those who have untreated sleep disorders are more likely to develop depression.

The results of the present study showed that students faced an emotional vacuum. Students face declining incomes and opportunities to socialize, which in turn creates feelings of loneliness, depression, and anxiety, and requires more social support from social and welfare organizations. Girls are very dependent on the family because of their gentle nature and are very vulnerable when they separate. Researchers believe that when a person becomes a student, it is just when he is dependent on his family and a student creates a crisis in their life. Too much family belonging increases their loss. Other studies have shown that students experience stress, disconnection, and conflict in the family. Entering the student period, especially outside of your city and country, leads to major changes in the personal, family and social life of individuals. Being in such situations is often accompanied by stress and anxiety that can affect a person's mental health performance. Life stress leads to adaptive problems in students. Some also believe that reduced health and loneliness are the destructive effects of this period. The results of the present study also showed that students were facing economic problems. Berg et al. (2006) suggested a link between reduced life satisfaction and poor

economic status, which is of a social, health, and economic nature. Leslie and Brinkman (1998) found that students reacted to tuition by assuming that other conditions for increasing every \$ 100 in tuition fees reduced their participation by 0.7 percent. Slavin (2010) stated that in recent years, many measures have been taken to motivate students financially to encourage them to study better to increase academic achievement. Research shows that the provision of tuition fees has significantly increased students' attention to academic issues. If a person has good financial status, in addition to being able to eat well, receives adequate health education, and supports themselves and their families, he can also improve other aspects of your health by devoting enough time to personal development and attending various classes and courses. Economic problems and lack of adequate facilities has a direct impact on the mental and physical health of individuals. In this regard, the results of studies show that students who suffer from poor economic status in the family are more prone to mental disorders and this affects health. It affects their psychological health. Also, many studies have examined and confirmed the link between anxiety and mental and physical health. One of the most important types of stress is anxiety due to financial issues, which in many cases has led to the emergence of basic psychological problems in individuals. These psychological problems often manifest themselves in the form of depression, violence and the emergence of serious problems in interpersonal relationships. Such psychological problems themselves cause various physical diseases in people, the most important of which are malnutrition, high blood pressure and various heart diseases. The results of a study conducted by the Iranian Students Thought Center in 1994 showed that among the 22 factors affecting citizens' stress, inflation and living costs were the most effective on the entire country and the high cost of housing and rent was recognized as the second most influential factor. These findings are clear evidence of the impact of economic status on health.

The results also showed that students suffer from malnutrition. Malnutrition is an imbalance between food and energy consumption with the body's need for growth, maintenance and function of organs. Although there is a close link between poverty and malnutrition, the main cause of malnutrition in many communities is not a lack of food at home

rather, factors such as cultural poverty, lack of basic health care facilities, lack of awareness in the prevention of infections and improper use of food. Malnutrition has significant effects on individuals and health systems and society. Nutritional screening can identify at-risk individuals and enable early intervention (Shanker, 2003). The role of health behaviors, such as non-smoking, in reducing the incidence and mortality of diseases has been proven, so that smoking is the most important threat to public health in countries. The results of Farmanbar's (2003) study as well as the studies of Mansoorian et al. (2019) are consistent with these results and it has been shown that most of the students were not in a good condition in the field of physical activity, to solve this problem. Therefore, it is necessary to design and implement programs to promote sports activities, provide appropriate sports facilities, hold sports competitions and even appropriate counseling to increase students' motivation and interest. Many factors influence the formation of eating patterns, including eating habits how to choose, prepare, cook, consume and store food. Healthy eating patterns play an important role in maintaining health and preventing disease.

The results showed a decrease in interpersonal relationships and its effect on students' mental health. Anderson (2008) maintained that communication skills training was effective in reducing social anxiety, increasing problem-solving skills, increasing self-confidence, and improving students' social interactions. Low level of life skills causes a person's ability to deal with life's challenges and problems to decline and provides an emotional and undesirable response to life's stimuli and events. In addition, it leads to academic failure, psychological trauma, and possibly drug and other high-risk behaviors. People are able to express their feelings and emotions to family, friends and relatives through intimate communication and help strengthen their emotional connection with them. In this case, in the issues and problems that have occurred, they have never felt lonely and helpless, but by asking for help and assistance from others in a timely manner, they will succeed to deal with the problems and problems that have arisen in the best possible way and to discover new solutions. German (2005) examined life skills on substance control and concluded that teaching life skills to students would reduce smoking, alcohol, marijuana, and illicit drug use by 0.50 percent.

The results of this study indicated that the decrease in students' spiritual growth has affected their health. The main source of stress is students' clinical experiences, which causes them severe anxiety and disrupts their education. Anxiety leads to academic failure and in some cases dropout. Spiritual health plays a vital role in coping with anxiety and increasing self-confidence and is considered as a common way to deal with problems. Como (2007) also believed that spiritual and religious health can help treat anxiety and its symptoms. He considered spirituality as the most complete adjustment mechanism for students that can be used to deal with anxiety in different academic situations. Increasing spiritual health, especially religious health, reduces anxiety. Spirituality and spiritual-religious adjustment are psychologically beneficial, offering people ways to achieve peace of mind, emotion, and personal empowerment. Also, spiritual adjustment has a positive effect on emotional, cognitive and behavioral mechanisms and individual, family and social relationships.

Conclusion

This study delved with the dimensions of physical, mental, social, material and spiritual health based on students' opinions. These factors can underline the concept of paying attention to students' health needs for university officials and planners and necessary interventions to maintain and promote health, and facilitate more effective steps to improve the health of students, especially female students in the community

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