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Evaluation of Risk Behaviors of Medical Students of Republic of Moldova

Cătălina CROITORU^{1,2*}, Elena CIOBANU³, Virginia ȘALARU⁴,
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Abstract

Background: *To reduce behavioral risk factors is a priority of health policies in the Republic of Moldova. However, the promotion of health is a prerogative of the health system and less in educational activities in schools or universities.*

The aim: *to identify medical students' behavioral risks and their perception in health promotion.*

Materials and methods: *A cross-sectional study was performed using the CORT questionnaire (elaborated and validated at UMF "V. Babeș", Timișoara, Romania). Data on demographic and socio-economic characteristics and student's behaviors were collected: dietary habits, drugs, smoking, family and school environment etc. A structured interview with 473 students was performed. This study was conducted according to the principles of the Helsinki Declaration (1996) and approval of the Nicolae Testemitanu SUMPb ethics committee no.16 from 14.11.2016.*

Results: *There were 473 students integrated into the study, including 359 (75.9%) females and 114 (24.1%) males, mean age 20.42±1.57 years old. The anthropometric indices showed that*

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the average height was $1.69 \pm 0.09m$ and the body mass was $61.31 \pm 0.53kg$ ($\sigma=0.089$). The nutritional status with a deficit is 16.1%, the surplus status is 25.2%. Non-smokers - 59.1%, who do not consume alcohol - 28.8%, who do not consume drugs - 95.1%.

Conclusion: *Our results require us to develop measures to reduce and, in some cases, eliminate health problems, students' negative behavioral attitudes and risk factors responsible for the health condition, mental health and health culture.*

Keywords: *students; risk behaviors; alimentation; smoking; consume alcohol.*

1. Introduction

The knowledge and skills on the healthy lifestyles are assimilated on entire life in the early childhood, are enriched and strengthened during the adolescence period, proving a good health in maturity [1]. The healthy lifestyle is an important part of social life that is modeled by the action of socio-economic, cultural and natural factors [23]. Being a complex and integrated structure it is based on two aspects: objective (socio-professional activity, aspects of socialization of young people, behaviors of young people, etc.) and subjective (socialization purpose, motivation, and interests of young people, cultural values, religion, etc.). According to statistics, about 50% of the population's health state is conditioned by a healthy lifestyle. The young person is a category of the population characterized by a series of personal peculiarities, socio-economic maturity and their own visions of reality. The specificity of this population is that this is the most difficult period, according to the opinion of experts in psychology, in the orientation and formation of moral, cultural values, and also in the foundation of a healthy lifestyle. The basic aspects of young people's healthy lifestyle are physical activity, personal hygiene, rational nutrition, vicious behaviors, sexual culture, health culture, ecological knowledge, information technology, personal interrelations, etc. Favorable working and restful conditions are necessary, but not the only ones, in forming a healthy lifestyle for young people. The healthy lifestyle, as well as the health of young people, is conditioned by the influence of socio-economic, cultural, natural factors, etc., as well as by the adolescent himself, his conscious actions on health.

2. Problem Statement

The issue of healthy lifestyle and vicious behaviors of young people is widely addressed in various countries, due to the fact that the care for the health of young people will inevitably be reflected in the future of a nation.

According to the Population and Housing Census of the Republic of Moldova (2014), the young population aged between 15 - 29 years was 666,310 (23.76%) of the total population of 2,804,801 residents [2]. An important segment of the young population of the Republic of Moldova, as well as about 20 million of young people of Europe [5], are trained in the process of education and vocational training in the higher education institutions.

A special social position, a special lifestyle and specific activity conditions characterize the modern student, who is distinguished from the other categories of population. The young people are a very socially vulnerable group exposed to various risk factors. They are the ones who seek to identify themselves and they do it in particular through abuses of substances, behaviors, attitudes, etc.

A proper nutrition is a primary factor in promoting the development of the young organism and in maintaining the health. Under the conditions of deficiency or overeating, the negative influence is felt by the reduced stature and weight level, or by excess weight [19]. At the young age, both effects are materialized in a short time, affecting the health for a long time [14, 16]. Through proper nutrition, it is carried out the sufficient addition of amino acids - for the synthesis of messengers and neurotransmitters; of lipids - to repair cell membranes, of ions - to transmit nerve impulses; of vitamins - to facilitate the synthesis and transmission processes; of water intake - to keep fluids in which chemical processes occur [8].

The addictions and especially the use of narcotic substances by young people has become a subject of discussion at local, regional and international level. According to the researches the vulnerable people can try to continuously manipulate their neurobiological circuits in order to achieve a more comfortable subjective state otherwise it is probable that the society will promote certain processes [17]. According to the specialty literature data, about 90% of new smokers are children and adolescents, so the smoking becomes a “childhood disease”. The cigarette is often used as a means of social contact, as a support on which the young people are supported in stress conditions, as a “passport” to the adulthood. About one milliard smokers or former smokers, existing in the world, are responsible for approximately 4 million deaths annually. According to the forecasts by 2025, the number of deaths from smoking could reach 10 milliards per year [11]. In many countries are registered progress on reducing smoking prevalence, but remains one of the leading causes of poor health and premature death worldwide [6]. A small smokers rate was also highlighted in a study carried out in 2014 [10] on a sample of 2787 French students with a low number of students smokers (23.8%), but the men prevailed in 27.1% of

cases. Among the interviewed students, 61.6% tried cannabis, and 21.1% - regularly consume cannabis. The researchers have found that smoking prevalence has diminished as the level of physical activity increases. The alcohol consumption at worrying rates (1-3 times/month) was highlighted in 42.7% of students.

Rada C., Glavce C. (2004) stated that the alcohol consumption is the main obstacle to a normal life with the partner for 54% of families [13]. As for the medical students in our country, 71.2% consume alcohol in different situations, motivating the choice by good mood, sociability, special occasions, etc. The alcohol consumption, according to studies conducted in other centers [18], prevails among the men. The alcohol abuse leads to the decrease of intellectual capacities, aggravation of diseases, reducing the physical performance, marginalization of subjects and their de-socialization.

The contemporary studies [12] report that the main reasons that contribute to the drugs used by young people are the social factors, including the micro social, psychological and biological factors. The researches show that the alcohol consumption and smoking often precede the drug use [7]. The issue of drug abuse has become extremely serious for the public health with psychopathological, somatopathological, family, professional, social, economic, and criminogenic consequences [4]. The use of narcotic drugs by young people is growing, especially in the city. The syndrome of narcotic addiction is formed considerably faster and easier among the young people than the adults, the fact that is explained by certain specific teenager characteristics. The consistent drug use leads to sexual risk behaviors such as the multiple sex partners and the non-use of condoms increase the risk of sexually transmitted infections or unplanned pregnancies [22]. The sexual risk behaviors are not only due to the addictions, according to data presented by Kincaid C. et al. (2012), the young people often have no complete knowledge on the sexual life and the danger of contracting various infections even without being drug users. Therefore, it cannot be underestimated that the parents act as the primary socializing agents that strongly influence the adolescents' behavior and their expectations of timing and the engagement in behaviors and sexual relations. The parents have a major role in preparing the young people for a healthy intimacy and the decision-making on the sexual behaviors [9]. Almost 25% of adolescents in the Republic of Moldova begin their sexual life at the age of 10-19 years old, almost by 3% more than a decade ago. These are the data from a study carried out by the Youth Health Association [15]. According to the Youth Health Association data, more than half of adolescents do not use contemporary methods of contraception and prevention of sexually transmitted diseases.

3. Research Questions/Aims of the research

In the Republic of Moldova, the activities of health promotion, pleading, communication and mobilization of communities for health need to be developed and sustained. An extensive study on the risk behavior of students in the Republic of Moldova has not been carried out. However, a study on the dimensions of risk behaviors in young people was carried out in Romania [20,21] in lyceum students and young people in Timis County, highlighting the causes and effects of risk behaviors.

In this regard, we aim to evaluate pluri-dimensionally the risk behaviors of medical students, who have access to specialized information and have knowledge of the risk behaviours. The objectives of this research were to highlight the number of physicians with certain risk behaviors for health and to identify the reasons for the risk behaviors.

4. Research Methods

A population transversal epidemiological study was designed by using the CORT 2004 questionnaire, elaborated and validated in the University of Medicine and Pharmacy “V. Babes”, Timisoara, Romania; within the project CNCSIS 40549/2003 entitled “Evaluation of the dimension of risk behaviors in lyceum students and young people of vocational, post-secondary and university education of Timis County.

At the development stage, the questionnaire was pre-tested by interviewing a population of 50 persons. The purpose of the pretesting was to verify the questions related to the dimension of the questionnaire, the logical sequence of responses, the vocabulary, the topic of the sentence, the coding. The reliability was assessed by the test-retest and the validity by comparison with the previous studies. As a result of pretesting the necessary changes to the questionnaire were made. The questionnaire was endorsed by the Scientific Research Ethics Commission of the University of Medicine and Pharmacy “Victor Babes” of Timisoara, Romania no.02/16.01.2015.

The study was carried out according to the medical good practices and it was received the positive notice of the Research Ethics Committee of State University of Medicine and Pharmacy “Nicolae Testemitanu”, no.16 of 14.11.2016. The researchers were conducted in accordance with the principles of the Helsinki Declaration (1996).

The self-administered questionnaire provides the investigation of some behaviors that pose a health risk to the young people: the eating habits, the alcohol consumption, the drugs, the smoking, the family and

school environment, etc. It comprises 126 items grouped on objective data, behaviors, and attitudes.

In the research, it was included 473 students of the second year from the State University of Medicine and Pharmacy “Nicolae Testemitanu”. The questioning was conducted in the academic year 2016/2017.

The body mass index was established using the Quetelet index. The nutritional status was assessed based on the body mass index for the young people aged between 18 and 15-year-olds [3]. The values gradation of body mass index was performed according to the recommendations of the European Cardiology Society (2003): normal body mass ($IMC \leq 25 \text{ kg/m}^2$), overweight ($IMC 25-30 \text{ kg/m}^2$) and obesity ($IMC \geq 30 \text{ kg/m}^2$). The obese individuals were classified as having I degree of obesity ($IMC 30-34.9 \text{ kg/m}^2$), II degree of obesity ($IMC 35-40 \text{ kg/m}^2$), and III degree of obesity ($IMC > 40 \text{ kg/m}^2$).

The data were statistically processed with SPSS 20 program, Excel 2010.

5. Findings

In the research were included 473 respondents, the participation rate in the study was 94.8%. Among 473 of young people surveyed, 359 were women and 114 - men. The mean age was 20.42 ± 1.57 years ($\sigma = 1.577$). Later, it was analyzed data on the areas of risk behaviors.

5.1. Nutrition aspects

An important part of a person's health is the diet. The good functioning of the human body depends on the number and distribution of meals in the day, the distribution of energy and nutrition needs throughout the day and week. The outcomes of the study show that half (50.8%) of medical students serve the meal at least 2 times per day, being followed by those who eat even once a day (25.2%). Only 21.6% of students consume food divided into three times per day. Only 2.4% of students eat four or more times a day.

With reference to the diversity and quality of the consumed products, the respondents selected from a list of 17 products proposed to their choice. The students have specified that the most common products consumed once a day were fresh fruits (21.4%), followed by raw salad (19.9%) and sweets (19.5%).

The determination of the anthropometric indices showed that the average body mass of the young people was $61.31 \pm 0.53 \text{ kg}$ ($\sigma = 11.718$) and

the height - 1.69 ± 0.09 m ($\sigma=0.089$). According to Quetelet index, 76.5% of young people have normal body mass. In the gender characteristic, the boys with normal body mass prevail (94.3% boys versus 82.2% girls ($p<0.001$)). The weight loss is only reported to the girls (13.0%). The overweight prevails in boys (5.3% boys vs. 4.8% girls ($p<0.001$)). The general average of body mass index per group was 21.2, respectively - 20.6 for girls and 23.1 for boys.

Based on the body mass index (according to the WHO) it was established the nutritional status of medical students. 42.9% of students have a normal nutritional status, so most students are deviating from the normal nutritional status – to the deficit or overweight. The deficient nutritional status is attested in 16.1% and 13.4% of students have hypothyroidism of 1 or 2 degree. The nutritional status with a surplus is recorded at 25.2% and 2.5% - have obesity of 1 or 2 degree (Figure 1).

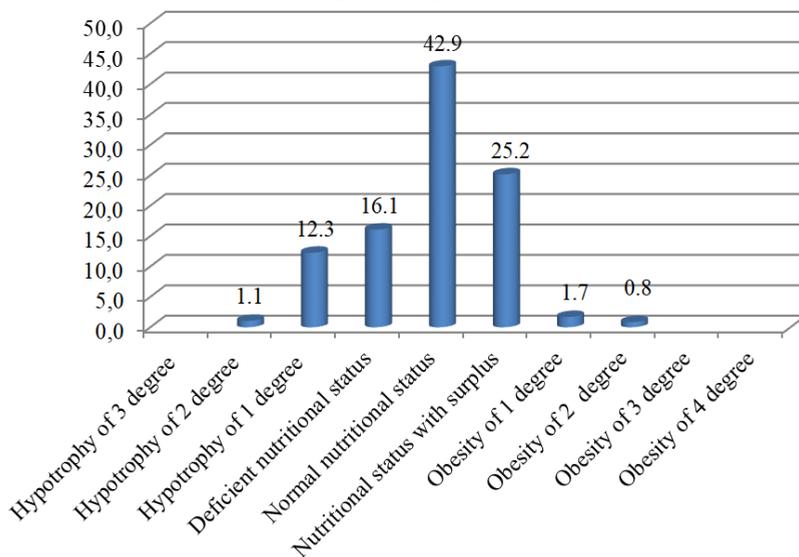


Figure. 1. Nutritional status of medical students.

Thus, we can conclude that only 42.9% of medical students have a normal weight status and an adequate diet of at least 3 meals.

5.2. Smoking in the youth

Among the students surveyed 391 (82.7%) said that they did not smoke, and 82 (17.3%) specified that they smoke, from which 50 boys (60.1%) and 32 girls (39.9%). Analyzing the age at which the young people first smoked a whole cigarette it was established that more than half (59.1%) never smoked a whole cigarette. At the same time, the young people smoked for the first time a whole cigarette at very young age - less than 12 years (1.1-1.3%) (Figure 2).

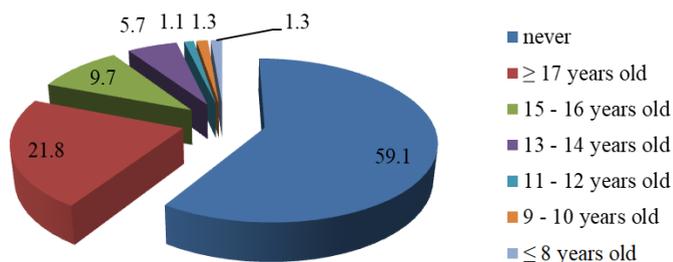


Figure 2. Age at which young people first smoked a whole cigarette

The smoker students were asked about the reasons for smoking. Several students have motivated that the smoking contributes to the high spirits and stress relieving - 29 (35.4%) that they like the flavor of cigarettes - 21 (25.6%). Some young people smoke to overcome the conflicting situations in the family, at school/university, with friends - 15 (18.3%). There are also young people who smoke to communicate more easily with other people - 7 (8.5%), in other particular cases, were specified also other reasons (Table 1).

Table 1. Reasons that were given by young people in arguing the smoking

Reason	Share of smokers, %
Smoking contributes to the high spirits and stress relieving	35.4
To communicate more easily with other people	8.5
When I am among people who smoke, I do not want to create a separate opinion	7.3
I like the flavor of cigarettes	25.6
To overcome the conflicting situations in the family, at school / university, with friends	18.3

Because I'm a shy person	3.7
For other reasons (with friends)	1.2
Total	100

From the total number of medical students surveyed, only 82 (17.3%) of students stated that they are smoking, the main cause is the stress.

5.3. Alcoholic beverages in the life of medical students

The alcohol in the investigated group is considered less offensive than the smoking, and the number of young people who do not consume alcohol is very low - 136 (28.8%). The reasons for alcohol use are the most diverse including because the alcohol is an integral part of festive and official occasions (35.6%). A large number of students (26.3%) consume alcohol to be in high spirits and to relieve the stress or to recompense after the examination (11.7%). The alcohol helps some students to communicate easily with other people (5.4%). It is regrettable that there are students who consume alcohol when they are in such environment (6.7%) (Table 2).

Table 2. Reasons that were given by young people in arguing the alcohol consumption

Reason	Share of smokers, %
Alcohol consumption contributes to high spirits and relieves the stress	26.3
When drinking alcohol I communicate more easily with other people	5.4
When I am among people who consume alcohol, I do not want to create a separate opinion	6.7
To recompense after an achievement (exam, others)	11.7
Because I like the taste of alcoholic beverages	5.4
Because it is an integral part of festive and official events	35.6
Because that's what I saw in the family	0.2
To overcome the conflicting situations in the family, at university, with friends	1.3
Because I'm a shy person	1.1
For other reasons (improving digestion, health, after sex, for maintaining the company, certain occasions)	6.3
Total	100

The specification of favorite drinks by the students has shown that about half of students consuming alcohol - prefer wine 244 (51.6%), one-third - beer 138 (29.3%) and the fewest hard drinks 90 (19.1%). The preferred places for alcohol consumption were bars, restaurants, discos (49.3%), home (33.7%). There are 4.0% of students who consume alcohol even inside the university, although this is forbidden. Most students consume alcohol with friends (67.9%), with colleagues (26.8%).

Even if they are future physicians and who already have some knowledge about alcohol damage, a small number of alcohol-consuming students have tried to quit drinking (28.7%).

5.4. Drugs use

Most medical students (80.1%) do not consume or attempt to consume drugs. Being offered a drug for testing, 4.9% of young people consumed the drug at the age of 17 years old, and 1.5% - at the age of 15 years old and only one - at the age of 13 years old.

From the few medical students who have tried drugs, 36.4% said that the drug's use contributes to the high spirits and stress relieving (Table 3).

Table 3. Reasons that were given by young people in arguing the use of the drug

Reason	Share of smokers, %
Drugs use contributes to high spirits and stress relieving	36.4
When using drugs I communicate more easily with other people	4.5
To feel better after something unpleasant happened to me	4.5
Because I like the effect of drugs	13.6
To overcome the conflicting situations in the family, at university, with friends	4.5
Because I am a shy person	4.5
For other reasons (curiosity, for relaxation)	31.8
Total	100

Out of all drugs users, 8.9% said they only attempted their action (Figure 3).

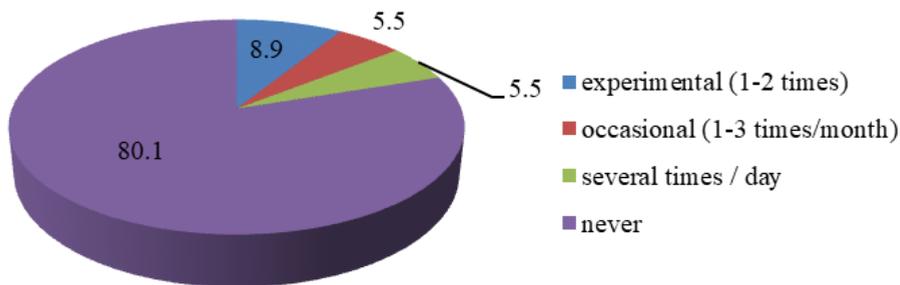


Figure 3. Frequency of drugs use among medical students

From the used drugs, 376 (79.6%) of students tried marijuana (hashish, cannabis, grass). A lower number, 42 (8.8%) of students tried ecstasy, 14 (2.9%) - cocaine (crack, freebase, powder), 14 (2.9%) - amphetamines (speed, crank, ice), 14 (2.9%) - hallucinogens and 14 (2.9%) - tranquilizers or sedatives (extra-veral, reddish, diazepam, phenobarbital, etc.) (Figure 4). The large share of marijuana use, even experimental or occasional, is also determined by the relatively low costs on the black market.

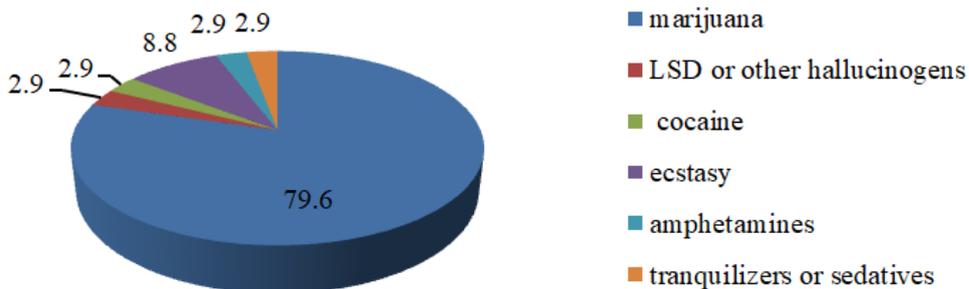


Figure 4. Types of drugs consumed by medical students

5.5. Sexual life

The sexual intercours are an integral part of a healthy lifestyle, the analysis of answers to these questions has revealed that 319 (67.4%) of medical students are in a sexual relationship. Among these, 254 (53.7%) of students said they had started their sexual life at the age of 17 and older. Some students specified the onset of sexual life at a very early age: 0.4% - 11 and 13 years old; 0.2% - at 12 years old (Figure 5).

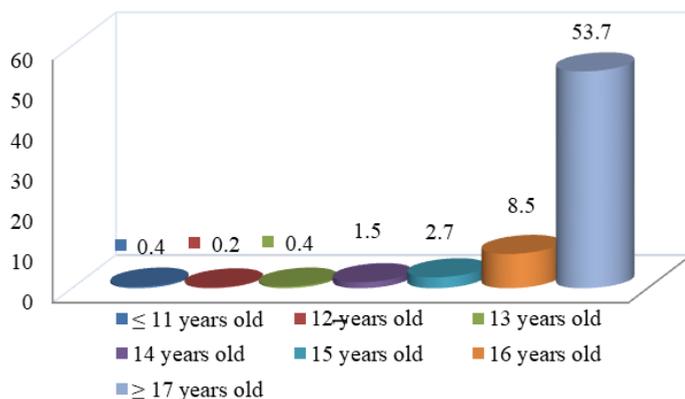


Figure 5. Age of onset of sexual life

A risk behavior characteristic to the adolescence and youth period are the sexual relations with multiple partners. A number of 219 (46.4%) students started their sexual life had only one person's sexual intercourse. Only 368 students recorded the use of contraceptive methods and condoms. Only 35.7% of students during sexual intercourse consistently use the contraceptive methods; 24.2% use contraceptives in most cases; 17.9% - sometimes. Every fifth student (22.2%) never uses contraceptive methods. From those using contraceptive methods, most use the condoms (56.9%). The non-hormonal methods of contraception with low efficacy predominate on the modern contraceptive methods in the ratio of 20.35 to 10.8. Among the used methods, the students use the methods based on recognition of fertility period - (13.2%), the oral hormonal contraceptives (10.8%), the interrupted coitus (6.4%), the barrier methods (ova, sponges, and intra-vaginal suppositories - 0.75%).

5.6. Aggressive behavior

A large number of students have encountered problems in relations with their parents, friends and even teachers, being closely related to the alcohol consumption. Due to the consumption of alcohol, 52.2% of medical students had problems with their parents, in 62.8% of cases it was specified conflicts with the relatives and tense relations with teachers were recorded in 26.2% of cases.

During a year, 0.6% of the surveyed students specified that they had at least once a cold weapon (knife, bat), 13.0% - a tear spray or paralyzing spray. Some of them specified that they have had a weapon in the

school/university: cold weapons (0.6%) and 6 times more frequently a tear spray or paralyzing spray (0.8%).

Among the medical students, one of the most common forms of violence is verbal. Approximately, equally the questioned students underwent or were subject to verbal violence. During the previous year of questioning the most students assaulted verbally and were verbally assaulted at least once (16.1% and 15.9% respectively) and 2-3 times (11.8% and 14.2% respectively) (Figure 5).

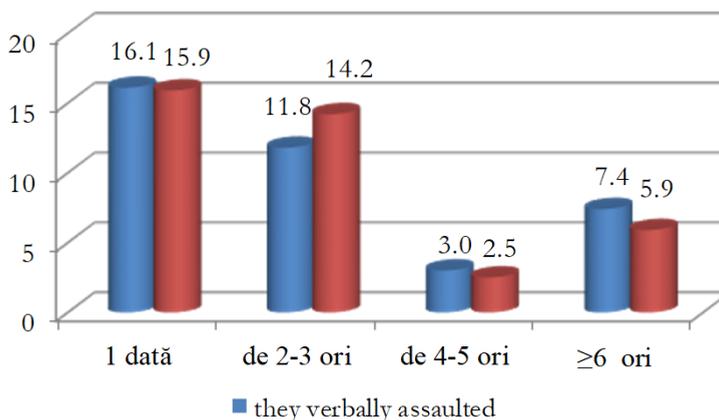


Figure 5. Share of aggressor students and verbally assaulted

Physical violence is also a phenomenon encountered among the students. Thus, based on the data analysis, it was found that every fourth student physically has assaulted or was physically assaulted by someone during the last year. Once 3.6% of students have been involved in a physical struggle, 3.0% of students have hit someone so that they need medical care and 4.0% have been hit by someone. 1.3% of students threatened someone with the weapon, but 3.6% were threatened by third persons at least once. Some students were threatened with the gun several times: 1.3% - 2-3 times; 0.2% - 4-5 times; 0.4% - ≥ 6 times. Four or five times 0.4% of students have threatened someone.

The students have also specified the cases of sexual assault. About 5.5% of students were forced to have sexual relations against the will (77% girls and 23% boys). Among the medical students surveyed 1.3% said they had forced third persons to have sex contrary to the will.

A great number of medical students had suicidal thoughts in the last 12 months - 89% (including 88.4% girls, 11.6% boys ($p < 0.01$)). The students

(3.6%) have also specified that someone from their family members tried to commit suicide. From the last 0.8% of students have repeated this terrible experience.

5.7. Healthcare

Approximately one third of the medical students (154 who represent 32.5%) are alert to their health status by addressing to a physician without being sick or injured in the last 12 months. At the dentist 68 (14.4%) of students have addressed in the last year for a check, examination, dental cleaning or other dental treatments. A higher number of medical students, 170 (35.9%) never appeared before the doctor without being ill or injured during the same period and at the dentist - 210 (44.4%).

It is welcomed that 305 of medical students rarely or never use medication without the doctor's recommendation, however 182 (38.5%) of students use medication without the doctor's recommendation for 1-2 times per year. At the same time, 110 (23.3%) of students use medication for 1-3 times per month (Figure 6).

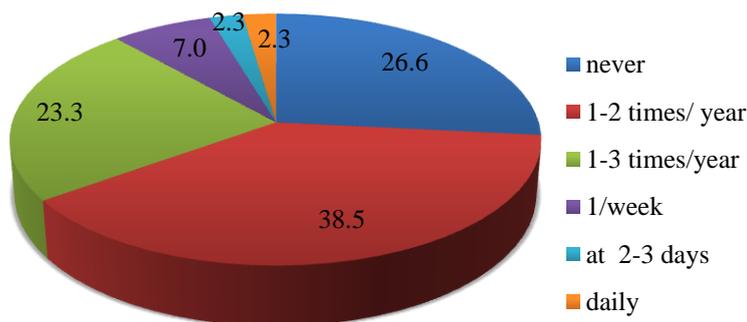


Figure 6. Consumption of medication without medical recommendation by medical students

Wide ranges of cosmetics are part of the wide range of pharmaceutical products. Most doctors know the importance of using sunscreen creams so that 42.3% of students always use a protective cream when they stay for more than one day on a sunny day; 38.3% - use cream frequently. Only 5.7% never use a protective cream when they stay outside for more than an hour.

The health education is a component part of the university curriculum, and the medical profession's prerogative too. According to the results of the questionnaire, 414 (87.5%) of the medical students say they are informed about the effects of smoking, 413 (87.3%) – about HIV infection, 386 (81.6%) – about alcohol consumption and 375 (79.3%) - about drugs effects, 307 (64.9%) – about the way to prevent sexually transmitted diseases. A fewer people know about the rational nutrition (58.1%), the effects of sedentary (44.6%). As sources of information were specified: the school, the university and /or the medical office.

6. Discussions

This study highlighted the presence of the medical student's damaging habits and assessed their impact on health. Obviously, alcohol consumption, narcotic drugs, and smoking affect negatively young people's health. The prevalence of harmful habits in young people environment is not only a decline but also a steady growth trend.

Nutrition is one of the primary factors in the harmonious physical development of young people, but also an influential factor in neuro-psychic development. The brain has special needs. It cannot contract just like the fat tissue or liver to make greasy stores, glycogen. The brain can be fed with oxygen, glucose and other needed nutrients by blood. Through proper nutrition, it is carried out the sufficient addition of amino acids, lipids, vitamins and water intake.

The omission of one or more meals throughout the day degrades the nutritional status, physiological energetic and nutritional balance, but also causes the young people to supplement the ration with snacks, which are not always necessary (fresh fruit, nuts). In our research, only a quarter of the students eat three and more meals a day, and another quarter only once a day, about 76% of young people eat less than 3 times a day.

An impressive number of students consume daily sweets, products that have a low nutritional value but an increased energetic value. These products are only consumed for gustatory satisfaction without significant nutritional and biological value and which represent risks for certain dysfunctions and pathologies, for example obesity. The data of our study reveals that about one-quarter of respondents have surplus weight, out of which only 2.5% have obesity of 1 and 2 degrees.

Smoking is often used as a means of social contact, as a support on which the students are supported in stress conditions. On the one hand, in our study, 8.5% of medical students reported that one of the reasons for

their smoking is to facilitate the communication with other persons; 7.3% - smoke because they are among smokers and they do not want to create a separate opinion; 18.3% - smoke to overcome the conflicting situations in the family, at university, with friends. On the other hand, the results of our study, on the prevalence of smokers among the medical students, have shown that only 17.3% of students smoke.

The main reasons that contribute to the use of the drugs by young people are the social factors, including the microsocial, psychological and biological factors. The social factors include peculiarities of the socio-political and economic situation in the country, the access to and availability to the drugs, “vogue for drugs, and the influence of a group of colleagues or friends who use drugs. The main psychological factor that determines the ease and speed of addiction to drug use is the character and psychological type of the individual. Among the biological factors associated with drug addiction are the following: individual resistance, alcoholism, organic brain damage, etc. Although the drug use rate in the world is increasing, the situation of drugs use among the medical students of the Republic of Moldova is worrying, but not alarming, as confirmed by 95.1% of students that do not use drugs. Only 1.8% of students have used drugs to be in high spirits and to relieve the stress, assuming that these people are familiar with the consumption of toxic substances because the share of smokers represented 36.4%.

Sex is an intimate aspect of life. The young people do not communicate effectively about the contraception; they have unprotected sexual contacts leading to unwanted pregnancies and sexually transmitted diseases. More than half of adolescents do not use contemporary methods of contraception and prevention of sexually transmitted diseases; just 35.7% of medical students always use contraceptive methods during sexual intercourse.

The aggressiveness in young people is conditioned by the presence of a complex of psychophysiological and social factors. The main causes of aggression and aggressive behavior at this age may be the state of stress and frustration associated with adapting to a new life condition as well as social disfavor and lack of modern skills that would ease their social adaptation. The aggression and aggressive behavior of boys and girls are closely linked to the success of the studies and acquiring professional skills. The aggressive behavior among medical students is very poorly outlined. A small number of students have a gun or a tear spray or a paralyzing spray, on the contrary, students are focused on verbal aggression.

The negative trends in young people's health behavior are determined by unconscious and often irresponsible actions linked to the lack

of knowledge and healthy lifestyle skills. Some young people are not accustomed to thinking about the maintaining their health, but only to treat the existing illnesses, and about a third of respondents have practiced self-medication. Moreover, at present, the health policy is focused mainly on the improving the quality of healthcare.

7. Conclusions

The achieved research has confirmed the presence of risk behaviors among the medical students who have access to the evidence-based information on risk behaviors, yet they prefer to adopt some risk behaviors. Our results require us to develop healthy lifestyle education programs for young people and measures to reduce and, in some cases, to eliminate the health problems, the behavioral negative attitudes of students, the risk factors responsible for the health condition, mental health and health culture.

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