Violence is recognized as a significant public health problem throughout the world. The present study aimed to evaluate the prevalence of violence-related behaviors and its relationship with other risky behaviors, family support, and religiosity among students in Bushehr.

Methods: This cross-sectional study was conducted on a total of 977 students in Bushehr city, southern Iran, in 2016. Required data were collected using a self-administered questionnaire on violence-related behaviors and other risky behaviors. The validity of the questionnaire was measured by MPH students in the world. The present study aimed to evaluate the prevalence of violence-related behaviors and its relationship with other risky behaviors, family support, and religiosity among students in Bushehr.

Results: The overall prevalence rates of weapon carrying and physical fighting were reported to be 9.1% and 7.1%, respectively. The findings of this study revealed that hookah use (OR: 2.93), physical fight (OR: 5.64), and having unsafe sex (OR: 2.42) were associated with weapon carrying (P<0.001). Moreover, male gender (OR: 3.36), illicit drug use (OR: 3.64), weapon carrying (OR: 5.24), and family support (OR: 0.97) were shown to be associated with physical fight (P<0.001).

Conclusion: The results of the present study suggested co-occurrence nature of risky behaviors. Given the high prevalence of violence-related behaviors, the implementation of preventive interventions for college students is of great importance.

Keywords: Violence related behaviors, Religiosity, Family support, Risk taking behaviors, Student violent behaviors such as weapon carrying, murder, and treating victims are estimated at $ 1.7 billion per year.2

Studies across the world have shown a remarkable rate of violent behaviors among youth and university students.6-8 A study conducted in 25 African, Asian, and American countries showed that 13.1% of students reported physical violence over the past 12 months, with the lowest prevalence in China and the highest one in Russia and Pakistan.6 In another study in Nigeria, violence was the second most prevalent risky behavior after drug abuse in students.6 The relatively high prevalence of violence among adolescents and young people is alarming and a major challenge for social systems in Iran.10 Another study also showed a high prevalence of physical fights among Iranian adolescents aged 10 to 18 years.11

© 2021 The Author(s); Published by Shahrekord University of Medical Sciences. This is an open-access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.
Factors such as the peers’ effects, family and social differences, poverty, having multiple sexual partners, depression, male gender, smoking, illicit drug use, binge drinking, and gambling are shown to be associated with violent behaviors.\textsuperscript{6,12} Besides, factors including religious orientation and religious behaviors were reported to be associated with the decreased likelihood of violent behaviors.\textsuperscript{13} Since the youth problem behaviors are major concerns in most developing countries, the enhancement of current prevention and recovery programs and the implementation of new ones are important, based on a strong awareness of the relationship between factors that may potentially engage young people in problem activities and protective factors that counteract existing risks, especially for the most vulnerable communities. Given the importance of violence-related behaviors among students and lack of related studies in Iran, the present study was carried out to evaluate the prevalence of violence-related behaviors and its relationship with other risky behaviors, family support, and religiosity among students.

Materials and Methods
This cross-sectional study was conducted on a total of 977 students based on the sample size formula in Bushehr city, southern Iran. Samples were selected using multistage sampling based on student code. First, all students of the target university were listed. Then, classes (clusters) were randomly selected from each college and all students of each selected class were recruited into the study. Data collection was performed using a self-administered questionnaire. Accordingly, violent behaviors were measured at two time intervals (over the past year and over the past month) Accordingly, the questions for these two time points were “How many days have you carried a weapon in over the past month?” and “How many times have you had physical fight over the past year?”.

A pilot analysis was initially carried out on 50 students, verifying the specificity of the questionnaire with a Cronbach’s alpha of 0.90. The questionnaire was prepared on the basis of the WHO core questionnaire and the Alcohol, smoking, and Substance Involvement Screening Test (ASSIST). A group of researchers in another report had previously checked the validation of the questionnaire. The validity of the questionnaire was also measured by MPH students.\textsuperscript{14}

Required data were collected using a self-administered questionnaire on violence-related behaviors and other risky behaviors. Additionally, family support scale and religious belief questionnaire were applied.

Data on demographic characteristics and risk-taking behaviors including smoking, alcohol use, illicit drug use, and risky sexual behaviors were obtained from the participants. Family support was assessed using Aneshensel and Sucoff’s 13-item parental social support scale.\textsuperscript{15,16} Moreover, religiosity was evaluated through Kendler’s general religiosity scale.\textsuperscript{16,17} Further information regarding the applied questionnaires was mentioned in another study.\textsuperscript{18}

Data analysis was conducted using chi-square and independent t test. Additionally, multiple relationships between all study variables with weapon carrying and physical fight were analyzed using logistic regression model (backward method). The IBM SPSS version 16.0 was applied for data analysis. The significance level of the relationship was considered 0.05.

Results
A total of 977 students entered this study, of whom 58% were female and 31.1% were married. The mean age of the participants was 21.11 ± 2.32 years (ranging from 17 to 39 years). The mean scores of religious beliefs and family support were 112.57 ± 20.49 and 50.57 ± 10.34, respectively. The prevalence of weapon carrying and physical fight are shown in Table 1.

The prevalence rates of weapon carrying and physical fight in the past year and past month were shown to be higher in males than in females. Moreover, the prevalence of physical fight was reported to be 7.1% in both male and female students. Demographic characteristics and factors associated with weapon carrying and physical fight are shown in Table 2. The results of this study show that male gender, smoking, hookah use, alcohol use, illicit drug use, having unsafe sex were significantly associated with weapon carrying and physical fight (P<0.05). Furthermore, working along with education was associated with weapon carrying (P=0.002). Weapon carrying was also shown to be reversely linked with physical fight (P<0.001). The mean scores of family support and religiosity were significantly lower in students with a history of weapon carrying and physical fight.

The results of logistic regression model are shown in Table 3. After adjusting the effect of confounding

| Variable               | Female (n=573) | Male (n=404) | Total (n=977) |
|------------------------|---------------|--------------|---------------|
|                        | No. (%)       | No. (%)      | No. (%)       |
| Weapon carrying        |               |              |               |
| No                     | 530 (92.5)    | 356 (88.6)   | 888 (90.9)    |
| Yes                    | 43 (7.5)      | 46 (11.4)    | 89 (9.1)      |
|                        | 95% CI: [5.48-9.98] | 95% CI: [8.46-14.89] | 95% CI: [7.38-11.09] |
| Physical fight         |               |              |               |
| No                     | 555 (96.9)    | 353 (87.4)   | 908 (92.9)    |
| Yes                    | 18 (3.1)      | 51 (12.6)    | 69 (7.1)      |
|                        | 95% CI: [1.87-4.92] | 95% CI: [9-16] | 95% CI: [5-8] |
According to literature, the prevalence rates of weapon carrying in the past year was 7.6% among adolescents in Thailand. Studies showed that the prevalence of weapon carrying in Canada reported a prevalence of 35.6% for physical fight. Moreover, a study conducted in the US reported a prevalence of 39.7%.

Results of previous studies showed that the prevalence of weapon carrying in the past year was 7.8% among adolescents in Thailand. According to literature, the prevalence rates of weapon carrying and physical fight were reported to be 13.1 and 14.8%, respectively, among Iranian students. Besides, the prevalence of physical fight among Iranian adolescents was reported to be 39.7%. These differences may be due to differences in cultural norms, geographic areas, lifestyle, lack of education and awareness in Iranian families, and ineffective training methods in various societies.

The results of this study suggest that other risky behaviors are significantly associated with violence-related behaviors, as these behaviors significantly increase odds of violence-related behaviors. Results show that weapon carrying was significantly linked with physical fight. The relationship between weapon carrying and physical fight was shown to be reverse, indicating a strong association between these two variables. Saiphoklang et al reported that a history of physical fight increased the likelihood of weapon carrying. Another study indicated that history of weapon carrying increases the risk of physical fight among adolescents.

### Table 2. Demographic Characteristics and Correlated Variables by Violence-related Behaviours in a Sample of Iranian Students in 2016

| Characteristics | Weapon Carrying | Physical Fight |
|-----------------|----------------|----------------|
|                 | No. (%) | Yes. (%) | P Value | No. (%) | Yes. (%) | P Value | N |
| Gender          |         |          |         |         |          |         |    |
| Male            | 358 (88.6) | 46 (11.4) | 0.038  | 353 (87.4) | 51 (12.6) | <0.001 | 404 |
| Female          | 530 (92.5) | 43 (7.5)  |         | 555 (96.9) | 18 (3.1)  |         | 573 |
| Marital status  |         |          |         |         |          |         |    |
| Single          | 768 (90.5) | 81 (9.5)  | 0.228  | 788 (92.8) | 61 (7.2)  | 0.700  | 849 |
| Married         | 120 (93.8) | 8 (6.3)   |         | 120 (93.8) | 8 (6.3)   |         | 128 |
| Housing         |         |          |         |         |          |         |    |
| Parental home   | 212 (91.0) | 21 (9.0)  | 0.948  | 219 (94.0) | 14 (6.0)  | 0.715  | 233 |
| Dormitory       | 605 (91.0) | 60 (9.0)  |         | 615 (92.5) | 50 (7.5)  |         | 665 |
| Single house    | 71 (89.9)  | 8 (10.1)  |         | 74 (93.7)  | 5 (6.3)   |         | 79  |
| Residency status |        |           |         |         |          |         |    |
| Native          | 469 (91.1) | 46 (8.9)  | 0.839  | 478 (92.8) | 37 (7.2)  | 0.875  | 515 |
| Non-aboriginal  | 419 (90.7) | 43 (9.3)  |         | 430 (93.1) | 32 (6.9)  |         | 462 |
| Working along with education | | | | | | | |
| Yes             | 122 (84.1) | 23 (15.9) | 0.002  | 130 (89.7) | 15 (10.3) | 0.095  | 145 |
| No              | 766 (92.1) | 66 (7.9)  |         | 778 (93.5) | 54 (6.5)  |         | 832 |
| Smoking (last year) | | | | | | | |
| Yes             | 76 (77.6)  | 22 (22.4) | <0.001 | 82 (83.7)  | 16 (16.3) | <0.001 | 98  |
| No              | 812 (92.4) | 72 (7.6)  |         | 826 (94.0) | 53 (6.0)  |         | 879 |
| Hookah use (last year) | | | | | | | |
| Yes             | 124 (79.0) | 33 (21.0) | <0.001 | 137 (87.3) | 20 (12.7) | 0.002  | 157 |
| No              | 764 (93.2) | 56 (6.8)  |         | 771 (94.0) | 49 (6.0)  |         | 820 |
| Alcohol use (last year) | | | | | | | |
| Yes             | 44 (77.6)  | 14 (24.1) | <0.001 | 45 (77.6)  | 13 (22.4) | <0.001 | 58  |
| No              | 844 (91.8) | 75 (8.2)  |         | 863 (93.9) | 56 (6.1)  |         | 919 |
| Illicit drug use (last year) | | | | | | | |
| Yes             | 21 (65.6)  | 11 (34.4) | <0.001 | 20 (62.5)  | 12 (37.5) | <0.001 | 32  |
| No              | 867 (91.7) | 78 (8.3)  |         | 888 (94.0) | 57 (6.0)  |         | 945 |
| Physical fight  |         |          |         |         |          |         |    |
| Yes             | 45 (65.2)  | 24 (34.8) | <0.001 | -         | -        | -      | 69  |
| No              | 843 (92.8) | 65 (7.2)  |         | -         | -        | -      | 908 |
| Weapon carrying |         |          |         |         |          |         |    |
| Yes             | -         | -        | -       | 65 (73.0)  | 24 (27.0) | <0.001 | 89  |
| No              | -         | -        | -       | 843 (94.9) | 45 (5.1)  | <0.001 | 888 |
| Having unsafe sex |        |          |         |         |          |         |    |
| Yes             | 40 (72.7)  | 15 (27.3) | <0.001 | 43 (78.2)  | 12 (21.8) | <0.001 | 55  |
| No              | 848 (92.0) | 74 (8.0)  |         | 865 (93.8) | 57 (6.2)  |         | 922 |
| Age (mean ± SD) | 21.06±2.24 | 21.65±2.96 | 0.072  | 21.10±2.24 | 21.31±3.12 | 0.574  | 21.12±2.32 |
| Score of religious beliefs (mean ± SD) | 113.18±20.44 | 106±20.12 | 0.004  | 113.28±20.04 | 103.37±24.01 | 0.001 | 112.58±20.50 |
| Score of family support (mean ± SD) | 50.91±47.13 | 47.13±11.57 | 0.004  | 50.95±45.56 | 45.56±11.46 | <0.001 | 50.57±10.34 |

variables, eventually hookah use (OR: 2.93), physical fight (OR: 5.64), and having unsafe sex were positively associated with weapon carrying. Moreover, male gender (OR: 3.36), illicit drug use (OR: 3.64), weapon carrying (OR: 5.24), and family support (OR: 0.97) were associated with physical fight (P<0.05).

### Discussion

The overall prevalence rates of weapon carrying and physical fight were 9.1% and 7.1%, respectively. Results of many studies conducted in western and Asian countries showed that violence-related behaviors are more prevalent among young people. For example, a study in Canada reported a prevalence of 35.6% for physical fight. Moreover, a study conducted in the US reported a prevalence of 32% for physical fight. Results of previous studies showed that the prevalence of weapon carrying in the past year was 7.8% among adolescents in Thailand.

According to literature, the prevalence rates of weapon carrying and physical fight were reported to be 13.1 and 14.8%, respectively, among Iranian students. Besides, the prevalence of physical fight among Iranian adolescents was reported to be 39.7%. These differences may be due to differences in cultural norms, geographic areas, lifestyle, lack of education and awareness in Iranian families, and ineffective training methods in various societies.

The results of this study suggest that other risky behaviors are significantly associated with violence-related behaviors, as these behaviors significantly increase odds of violence-related behaviors. Results show that weapon carrying was significantly linked with physical fight. The relationship between weapon carrying and physical fight was shown to be reverse, indicating a strong association between these two variables. Saiphoklang et al reported that a history of physical fight increased the likelihood of weapon carrying. Another study indicated that history of weapon carrying increases the risk of physical fight among adolescents.
Unsafe sex as a health threatening factor is known as a risky behavior. Results of previous studies showed a positive relationship between having unsafe sex and violence-related behaviors. The findings of the present study indicate a significant relationship between weapon carrying and having unsafe sex. Moreover, hookah use is another risky behavior associated with increased odds of weapon carrying. Additionally, a study conducted in Thailand revealed that smoking was significantly associated with weapon carrying.

In addition, the results of logistic regression analysis revealed that male gender was associated with increased odds of physical fight. A number of previous studies stated that male gender is a factor associated with physical fight. Accordingly, we found that violence-related behaviors such as weapon carrying and physical fighting were more prevalent in males than in females, which was consistent with previous studies. Females are less likely to be engaged in violent behaviors due to their emotional, biological, intellectual, and behavioral differences compared with males. In contrast, the likelihood of having a risky behavior such as physical fight is significantly greater in males because they are more risk-taking, spend more time outdoors, and have more autonomy.

A number of previous studies have shown the significant relationship between illicit drug use and violence-related behaviors. For instance, Yang et al proposed that illicit drug use increases the risk of physical fight. Another study also revealed a positive significant relationship between illicit drug use and physical fight. The study results confirmed that students who used illicit drugs were more likely to have physical fight.

Alcohol and illicit drug use may affect the functioning of the brain and motivate individuals to engage in aggressive and violent behaviors. Previous studies showed that domestic violence and non-partner violence are associated with illicit drug use. For example, illicit substance use predicts intimate partner violence. Cunningham et al showed that the use of alcohol, marijuana, and cocaine significantly predicts non-partner violent assault.

The results of the present study show that family support was a protective factor in the development of violence-related behaviors, which was in compliance with previous studies indicating that lack of family support increased the risk of physical fight. These findings suggest that strengthening emotional relationships between parents and children, intimacy and mutual respect in the family, observance of values and norms by parents and passing them on to children can be a preventive factor in the development of violence-related behaviors. It seems that parents play a key role in character development of the child, and behaviors such as family exclusion, repeated accusations of parents, and child abuse may considerably affect mental health and increase the likelihood of engagement in risky behaviors such as physical fighting.

The results of this study show the co-occurrence of weapon carrying and physical fight with other risky behaviors. Accordingly, hookah use, physical fight, having unsafe sex, male gender, illicit drug use, weapon carrying, and family support were shown to be associated with violence-related behaviors. The co-occurrence of risky behaviors has been shown in many previous studies. Accordingly, a study conducted on Iranian adolescents revealed that violence-related behaviors were associated with smoking, alcohol use, and illicit drug use. Similarly, we found a strong association between weapon carrying and physical fight. Therefore, effective preventive interventions should be implemented to reduce risky behaviors, especially violence-related behaviors. Therefore, prevention programs should include all types of

| Variables                  | Weapon Carrying | Physical Fight |
|----------------------------|-----------------|---------------|
|                            | OR  95% CI      |  P Value      | OR  95% CI      |  P Value      |
| Gender                     |                |               |                |               |
| Female                     | --              | --            | --              | --            | <0.001        |
| Male                       | --              | --            | --              | 3.36          | 1.87-6.04     |
| Hookah use (last year)     |                |               |                |               |
| No                         | 2.93            | 1.77-4.86     | --              | 3.36          | 1.87-6.04     |
| Yes                        | --              | --            | --              | 3.61          | 1.53-8.56     |
| Physical fight (last year) |                |               |                |               |
| No                         | 5.64            | 3.14-10.10    | --              | --            | --            |
| Yes                        | --              | --            | --              | --            | --            |
| Having unsafe sex          |                |               |                |               |
| No                         | --              | --            | --              | 5.24          | 2.87-9.56     |
| Yes                        | 2.42            | 1.19-4.94     | --              | --            | --            |
| Illicit drug use (last year)|                |               |                |               |
| No                         | --              | --            | --              | 0.97          | 0.95-99       |
| Yes                        | --              | --            | --              | --            | --            |
| Weapon carrying             |                |               |                |               |
| No                         | --              | --            | --              | --            | --            |
| Yes                        | 5.24            | 2.87-9.56     | --              | --            | --            |
| Score of family support    |                |               |                |               |
| No                         | --              | --            | --              | --            | --            |
| Yes                        | --              | --            | --              | --            | --            |

Table 3. Logistic Regression Analysis of the Association Between the Prevalence of Violence-Related Behaviours and its Correlated Factors in a Sample of Iranian Students in 2016
risks behaviors, and a comprehensive prevention program should be developed and implemented in universities to reduce the prevalence of risky behaviors, especially violence-related behaviors.

Its comparatively large sample size and high response rate, both of which improve the generalizability of the data, were the strengths of the present study. Using a self-administered questionnaire was one of the drawbacks of this study, which may contribute to the underestimation of the findings. In addition, the causal relationship between independent variables and high-risk activities could not be clarified by this cross-sectional analysis. Future studies are required to obtain longitudinal data on high-risk behaviors.

Conclusion
The results of the present study show the co-occurrence nature of risky behaviors. Given the high prevalence of violence-related behaviors, implementation of preventive intervention aimed to empower individuals and improve life skills and anger control skills in college students is of great importance. In addition, family support was shown as a protective factor in the development of violence-related behaviors; therefore, parenting training should be implemented at early stages of childhood to reduce risky behaviors.

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 Helsinki declaration and its later amendments or comparable ethical standards. This study was approved by the Ethics Committee of Shiraz University of Medical Sciences (Ref. No: IR.Sums.REC.1395.S1246).

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

Conflict of Interest Disclosures
The authors declare that they have no competing interests.

Acknowledgements
The authors would like to thank the study participants at the Bushehr University of Medical Sciences for their support and contribution in conducting this study.

References
1. dos Santos Silva RJ, Soares NM, Cabral de Oliveira AC. Factors associated with violent behavior among adolescents in northeastern Brazil. ScientificWorldJournal. 2014;2014:863918. doi: 10.1155/2014/863918.
2. Romo ND, DuPont-Reyes M, Fry D, Stockwell MS, Davidson LL. The association of regular exercise with violence related behaviors in urban adolescents. Ann Public Health Res. 2017;4(3):1064.
3. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. Lancet. 2002;360(9339):1083-8. doi: 10.1016/s0140-6736(02)11133-0.
4. Hildenbrand AK, Daly BP, Nicholls E, Brooks-Holliday S, Kloss JD. Increased risk for school violence-related behaviors among adolescents with insufficient sleep. J Sch Health. 2013;83(6):408-14. doi: 10.1111/josh.12044.
5. Lee LK, Chen PC, Lee KK, Kaur J. Violence-related behaviours among Malaysian adolescents: a cross sectional survey among secondary school students in Negeri Sembilan. Ann Acad Med Singap. 2007;36(3):169-74.
6. Peltzer K, Pengpid S. Correlates of physical fighting among university students in 25 low and middle income and emerging economy countries. Mediterr J Soc Sci. 2014;5(27):916-23. doi: 10.5901/mjss.2014.v5n27p916.
7. Djerboua M, Chen BE, Davison CM. Physical fighting, fighting-related injuries and family affluence among Canadian youth. BMC Public Health. 2016;16:199. doi: 10.1186/s12889-016-2886-3.
8. Schwartz JA, Beaver KM, Barnes JC. The association between mental health and violence among a nationally representative sample of college students from the United States. PLoS One. 2015;10(10):e0138914. doi: 10.1371/journal.pone.0138914.
9. Nalah AB, Adu G. Substance Use and Violent Behaviour of Students in Nasarawa State University, Keffi–Nigeria. Eur Acad Res. 2014;1(10):3418-37. doi: 10.1037/rnsV0000004.
10. Sadeghi S, Farajzadegan Z, Kelishadi R, Heidari K. Aggression and violence among Iranian adolescents and youth: a 10-year systematic review. Int J Prev Med. 2014;5(Suppl 2):S83-96. doi: 10.4103/2008-7002.157663.
11. Ahadi Z, Qorbani M, Kelishadi R, Ardalan G, Taslimi M, Mahmoudarabi M, et al. Regional disparities in psychiatric distress, violent behavior, and life satisfaction in Iranian adolescents: the CASPIAN-III study. J Dev Behav Pediatr. 2014;35(9):582-90. doi: 10.1097/dbp.0000000000000103.
12. Muula AS, Rudatsikira E, Siziya S. Correlates of weapon carrying among high school students in the United States. Ann Gen Psychiatry. 2008;7:8. doi: 10.1186/1744-859x-7-8.
13. Salas-Wright CP, Vaughn MG, Maynard BR. Religiosity and violence among adolescents in the United States: findings from the national survey on drug use and health 2006-2010. J Interpers Violence. 2014;29(7):1178-200. doi: 10.1177/0886260513506279.
14. Amin-Esmaili M, Rahimi-Movaghar A, Yusnesian M, Sahimi-Izadian E, Moinolghorabaei M. Trend of smoking among students of Tehran University of Medical Sciences: results from four consecutive surveys from 2006 to 2009. Med J Islam Repub Iran. 2013;27(4):168-78.
15. Aneshensel CS, Sucoff CA. The neighborhood context of adolescent mental health. J Health Soc Behav. 1996;37(4):293-310.
16. Farhadinasab A, Allahverdipour H, Bashirian S, Majbouh H. Lifetime pattern of substance abuse, parental support, religiosity, and locus of control in adolescent and young male users. Iran J Public Health. 2008;37(4):88-95.
17. Kendler KS, Liu XQ, Gardner CO, McCullough ME, Larson D, Prescott CA. Dimensions of religiosity and their relationship to lifetime psychiatric and substance use disorders. Am J Psychiatry. 2003;160(3):496-503. doi: 10.1176/appi.ajp.160.3.496.
18. Afrashteh S, Ghaem H, Abbasi-Ghahramanloo A, Tabatabaei HR. Clustering and combining pattern of high-risk behaviors among Iranian university students: a latent class analysis. J Res Health Sci. 2017;17(4):e00398.
19. Acquah EO, Lloyd JK, Davis L, Wilson ML. Adolescent physical fighting in Ghana, their demographic and social characteristics. Soc Sci. 2014;3(2):227-41. doi: 10.3390/socsci3020227.

20. Saiphoklang OA, Wongboonsin K, Wongboonsin P, Perngparn U, Cottler LB. The association between weapon carrying and health risk behaviors among adolescent students in Bangkok, Thailand. J Interpers Violence. 2017;32(20):3111-30. doi: 10.1177/0886260515596977.

21. Rahmati-Najarkolaei F, Kamalikhah T, Goldoust-Marandy F, Jafari M. A Comparative Study of Health-risk Behaviors of Boys and Girls of Freshmen Year at Tehran University, Iran. Iran J Health Sci. 2014;2(3):15-23. doi: 10.18869/acadpub.jhs.2.3.15.

22. Abbasi-Ghahramanloo A, Heshmat R, Safiri S, Esmaeil Motlagh M, Ardalan G, Mahdavi-Gorabi A, et al. Risk-taking behaviors in Iranian children and adolescents: a latent class analysis approach: CASPIAN IV study. J Res Health Sci. 2018;18(4):e00428.

23. Perera UAP, Abeyesna C. Prevalence and associated factors of risky sexual behaviors among undergraduate students in state universities of Western Province in Sri Lanka: a descriptive cross sectional study. Reprod Health. 2018;15(1):105. doi: 10.1186/s12978-018-0546-z.

24. Sibai T, Tohme RA, Beydoun HA, Kanaan N, Sibai AM. Violent behavior among adolescents in post-war Lebanon: the role of personal factors and correlation with other problem behaviors. J Public Health (Oxf). 2009;31(1):39-46. doi: 10.1093/pubmed/ffd0100.

25. Thurnherr J, Michaud BA, Berchtold A, Akre C, Suris JC. Youths carrying a weapon or using a weapon in a fight: what makes the difference? Health Educ Res. 2009;24(2):270-9. doi: 10.1093/her/cyn017.

26. Reinhart J, Clements-Nolle K, Yang W. Physical fighting among male and female adolescents of military families: results from a representative sample of high school students. J Interpers Violence. 2019;34(1):115-34. doi: 10.1177/0886260516640546.

27. Peltzer K, Pengpid S. Physical fighting and social correlates among in-school adolescents in the Caribbean. Mediterr J Sci. 2014;5(14):531. doi: 10.5901/mjss.2014.v5n14p531.

28. Al Romaihi HE, Qotba H, Salama RE, Ismail MS, Selim NA. Health risk behaviors among adolescents in Qatar. World Family Medicine Journal: Incorporating the Middle East Journal of Family Medicine. 2016;99(3177):1-0.

29. Yang L, Zhang Y, Xi B, Bovet P. Physical fighting and associated factors among adolescents aged 13-15 years in six Western Pacific countries. Int J Environ Res Public Health. 2017;14(11). doi: 10.3390/ijerph14111427.

30. Rudatsikira E, Muula AS, Siziya S. Prevalence and correlates of physical fighting among school-going adolescents in Santiago, Chile. Braz J Psychiatry. 2008;30(3):197-202. doi: 10.1590/s1516-44662008000300004.

31. Miczek KA, DeBold JF, Haney M, Tidey J, Vivian J, Weerts EM. Alcohol, drugs of abuse, aggression, and violence. In Reiss AJ, Roth JA, Eds. Understanding and preventing violence: Vol.3, Social influences. Washington, DC: National Academy Press; 1994: 377–570.

32. Mattson RE, O’Farrell TJ, Lofgreen AM, Cunningham K, Murphy CM. The role of illicit substance use in a conceptual model of intimate partner violence in men undergoing treatment for alcoholism. Psychol Addict Behav. 2012;26(2):255-64. doi: 10.1037/a0025030.

33. Thurnherr J, Michaud BA, Berchtold A, Akre C, Suris JC. Youths carrying a weapon or using a weapon in a fight: what makes the difference? Health Educ Res. 2009;24(2):270-9. doi: 10.1093/her/cyn017.

34. Reinhart J, Clements-Nolle K, Yang W. Physical fighting among male and female adolescents of military families: results from a representative sample of high school students. J Interpers Violence. 2019;34(1):115-34. doi: 10.1177/0886260516640546.

35. Peltzer K, Pengpid S. Prevalence and correlates of physical fighting among school going students aged 13-15 in the Association of Southeast Asian Nations (ASEAN) member states. Iran J Pediatr. 2017;27(5):e8170. doi: 10.5812/ijp.8170.

36. Al-Romaihi HE, Qotba H, Salama RE, Ismail MS, Selim NA. Health risk behaviors among adolescents in Qatar. World Family Medicine Journal: Incorporating the Middle East Journal of Family Medicine. 2016;99(3177):1-0.

37. Yang L, Zhang Y, Xi B, Bovet P. Physical fighting and associated factors among adolescents aged 13-15 years in six Western Pacific countries. Int J Environ Res Public Health. 2017;14(11). doi: 10.3390/ijerph14111427.