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The Association between Subjective Well-Being and Risky Behaviours in University Students: The Mediating Role of Social Factors

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Abstract

This study examined the mediating role of social factors (friends' substance use, living with family and having a romantic partner) in the relationship between subjective well-being and health-risk behaviours. This is a cross-sectional study of 840 Portuguese university students that used a probabilistic sampling technique. The data were gathered using a paper-and-pencil questionnaire which included three main areas: subjective well-being, health behaviours and social factors. Structural equations were used for modelling and analysis in order to test the mediating effect of the social factors in the correlation between subjective well-being and risky behaviours. Structural equation modelling showed that behaviours that put one's health at risk were directly and positively related to having friends who use psychoactive substances and negatively with the following variables: having a romantic partner and living with family. The mediation analysis showed that social factors significantly mediated the correlation between subjective well-being and health-related risk behaviours. This study highlights the importance of taking into account the importance of social networks when designing educational interventions to improve student health in higher education settings.

Keywords: health behaviour, subjective well-being, social factors, health education, structural equations model

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Introduction

Well-being is a comprehensive and broad indicator of how individuals evaluate their lives. It can be divided into a cognitive component (cognitive evaluation of satisfaction with life in general) and an affective component (emotional aspects, such as happiness) (Diener & Biswas-Diener, 2008). Generally speaking, positive subjective well-being is linked to various healthy behaviours valued by society. Positive subjective well-being is associated with healthy lifestyles that constitute important defining features of the state of one's health (Ahn et al., 2014; El Ansari et al., 2011; Joh et al., 2017; Lolokote et al., 2017; Murphy et al., 2018; Park & Kim, 2020; Pengpid & Peltzer, 2019; Seo et al., 2018; Yarcheski et al., 2004) and reduce the risk of developing illnesses in the medium- to long-term, which affect the health of both individuals and society (Ay et al., 2012; Chen et al., 2017; Grant et al., 2009; Seo et al., 2018). A recent meta-analysis identified a positive correlation between health status and subjective well-being (Ngamaba et al., 2017).

In studying the cognitive component of well-being, research has proven that lack of satisfaction with one's life is correlated with certain negative behaviours, such as smoking, drinking or leading a sedentary lifestyle among university students in different cultures (Grant et al., 2009; Pengpid & Peltzer, 2019). Similarly, regarding the affective component, researchers have identified a series of significant correlations between happiness and certain healthy behaviours, including healthy eating habits, namely not skipping breakfast and consuming fruits and vegetables on a daily basis; practicing regular physical activity; and avoiding smoking, alcohol or illicit drugs and risky sexual behaviours (Cook & Chater, 2010; Grant et al., 2009; Kye & Park, 2014; Monahan et al., 2012; Murphy et al., 2018; Peltzer et al., 2017; Peltzer & Pengpid, 2013; Pengpid & Peltzer, 2019; Piqueras et al., 2011; Shahab & West, 2012). In other words, the results from these studies have revealed that happiness has multiple benefits, it is correlated with and is the foundation of numerous healthy behaviours. This means that happy individuals are less likely to engage in a variety of destructive and unhealthy behaviours, such as those mentioned previously. It is important to point out, however, that university students display high levels of unhealthy behaviours, such as consuming excessive amounts of alcohol (El Ansari et al., 2011), refraining from practising the recommended physical activity (Alves et al., 2021a; Lee & Kim, 2019), smoking tobacco (Alves et al., 2022; Jeon et al., 2016), using illicit drugs (Alves et al., 2021b) and eating unhealthy foods (Alves & Precioso, 2020).

Entering higher education often involves young adults leaving the parental home, resulting in decreased dependence on parents and other members of their social networks, for example, neighbours and siblings, leading to potential affective isolation and financial difficulties (Cheng et al., 2012). Although university students participate in other social contexts, a close family relationship not only contributes to increased levels of subjective well-being (satisfaction with one's life and general

happiness) (Brannan et al., 2013; Demir, 2010; Diener & Biswas-Diener, 2008; Kong et al., 2012; Liem et al., 2010; Proctor et al., 2009; Uchida et al., 2008), but it also constitutes an important predictive factor for the health-risk behaviours of university students (Allahverdipour et al., 2015; Park & Kim, 2020; Yarcheski et al., 2004; Zhao et al., 2014).

Social factors can also include friendship relations and established peer connections. Other studies have demonstrated that the perception of social support provided by friends positively predicts the subjective well-being of university students (Cobo-Rendón et al., 2020; Diener & Biswas-Diener, 2008), reinforcing the idea of the adaptive value of peer support in the higher education context (Figueira et al., 2017). Moreover, during this stage of life, the majority of individuals, if not all, endeavour to establish and maintain romantic relationships (Arnett, 2000). It is, therefore, appropriate to analyse the influence of the romantic partner (Ratelle et al., 2013) on individuals' subjective well-being and their behaviours.

The scientific literature has analysed the relationship between subjective well-being and health-risk behaviours, as well as that between subjective well-being and social factors. However, the combined relationship has received little empirical attention, and there is a gap in the literature regarding the mediating effect of social factors; filling this gap would enhance the understanding of the relationship between subjective well-being and risk behaviours. To our knowledge, this study is the first to analyse the relationship between perceived well-being and seven different health-risk behaviours (smoking habits, alcohol consumption, use of illicit drugs and use of over-the-counter medication, physical activity, eating habits and sexual behaviour), with an emphasis on the mediating role of three social factors (living with family, friends' substance use and having a romantic partner). Based on the review of the literature, we hypothesise that social factors (family, friends and romantic partner) mediate the correlation between subjective well-being and risk behaviours for one's health.

Method

Participants

The initial sample included 840 university students, aged between 18 and 54 years (M = 20.78; SD = 4.22), with 3% of the students aged 30 years or older. However, because these older students did not represent the typical university student, they were excluded from analyses (n = 25). The majority of respondents were female (55.6%, n = 453), were not in a romantic relationship (59.7%, n = 482), had changed residence at the time of entering higher education (63.9%, n = 514), were full-time students (89.8%, n = 732) and had a BMI corresponding to normal

weight (74.1%, n = 588). The socio-demographic characteristics of the sample are presented in Table 1.

The population sample was selected by stratified sampling from the year of attendance and the scientific area of study. The size of the sample was calculated with a minimum of 592 (margin of error = 5%, confidence level = 99%, and response distribution = 50%, N = 5447). The response rate was 96.2%.

Instruments

Well-Being and Health Perception Scale (WbHPS)

As described by Alves et al. (2020), this scale was previously validated for the university population and comprises 5 items related to satisfaction with life, self-satisfaction, felt happiness, perceived health and satisfaction with body image. Items were measured on a five-point Likert scale, with higher scores (1–5) depicting greater levels of subjective well-being. The WbHPS showed good internal consistency (α = .81).

Variables of Health Behaviours

Smoking status: we evaluated tobacco use with the question: "Do you currently smoke?" The responses were categorised as Non-smoker or former smoker (0) and Current smoker (1).

Alcohol consumption: we measured alcohol consumption using the AUDIT-C scale (Barry et al., 2015) which includes frequency of drinking alcohol in the previous year, drinking quantity in a typical day and heavy episodic drinking, with the possible answer options of '*never*', '*once a month or less'*, '*2–4 times a month'*, '*2–3 times a week'*, '*4 or more times a week'*. The AUDIT-C presents a 5-point scale coded from 0 to 4 (range 0–12), with higher values on the scale represent higher levels of risky drinking. We did not treat risky drinking as a continuous variable because the AUDIT-C score differs depending on the sex of the respondents. Thus, above 4 points (greater than or equal to 5) in men, or above 3 points (greater than or equal to 4) in women, is classified as being risky drinking (Yes – 1; No – 0) (Bradley et al., 2007).

Illicit drug use: we evaluated the use of illicit drugs with one question: "In the last 12 months, how many times have you consumed any of the listed psychoactive substances: cannabis, cocaine, and hallucinogens?" The available options ranged from 0 = *never* to 5 = *10 or more times* and were categorised according to a binary method: consumption of illicit drugs – Yes (1) if responses were 1 to 5 and No (0).

Use of self-medication: we measured self-medication use with the question "In the last 12 months, how many times did you consume any of the psychoactive substances listed: antidepressants/sedatives/tranquilisers (without prescription);

analgesics/anti-inflammatories (without prescription); vitamins/food supplements (without prescription)?" and categorised the responses according to a binary method: self-medication – Yes (1) (in the case of use of any of the psychoactive substances without prescription, consumed at least once) and No (0).

Dietary habits: we evaluated participants' eating habits by asking the following 4 questions. Regarding fruit consumption, we asked: "In the last 7 days, how many times have you eaten fruit (excluding natural fruit juices or drinks)?" Regarding vegetable consumption, we asked: "In the last 7 days, how many times per day did you eat vegetables?" Regarding sugar, we asked: "In the last 7 days, how many times did you eat food with added sugar (e.g., sodas, sweets, cakes, chocolates)? Regarding fast food consumption, we asked: "In the last 7 days, how many times did you consume fast food (e.g., hamburgers, hotdogs, and pizzas)? Participants responded using a scale of 0 = *never* to 5 = *3 or more times a day*. Additional information about eating behaviour included the frequency with which individuals skip breakfast, lunch or dinner. We categorised the questions according to a binary method, attributing 1 point to those who did not complete at least one of the recommended healthy eating habits.

Physical activity: We evaluated the level of physical activity in the last 7 days using the Godin Leisure-Time Exercise Questionnaire (Godin & Shephard, 1997). The scores followed information provided by the authors of the questionnaire: adding the MET calculations for each physical activity intensity level (multiplying episodes of vigorous activity by 9, moderate activity by 6, and mild activity by 3), and fewer than 14 units were classified according to a binary method: Being sedentary – Yes (1) and No (0).

Risky sexual behaviours: we used 4 questions to evaluate this type of behaviour: age of first sexual intercourse ("How old were you when you had sexual intercourse for the first time?" Possible answers included 12 years old or less; between 13 and 14 years old; between 15 and 16 years old; 17 years old or older); number of sexual partners ("In the last 12 months, with how many people did you have sexual intercourse, whether vaginal, oral or anal?" Possible answers included none, 1 person, 2 people, 3 people, 4 or more people); use of condoms and alcohol or illicit drug consumption before engaging in sexual intercourse? ("In the last 12 months, how frequently did you use a condom, either female or male, in your sexual relations, whether vaginal, oral or anal?" and "In the last 12 months, how frequently did you have sexual intercourse, whether vaginal, oral or anal, after having used alcohol or illicit psychoactive substances, such as marijuana, cocaine, hallucinogens?" Possible answers included *never or almost never*; *a few times*; *sometimes*; *most of the time*; *almost always or always*). We classified and categorised the answers according to a binary method, attributing 1 point to those who reported at least one risky sexual behaviour.

The *health-risk behaviour variable* was determined by calculating the sum of the scores to the answers given in each of the 7 categories, ranging from 0 to 7, with

the higher values corresponding to the higher number of health-related risky behaviours.

Social Factors

Friends' substance use: we evaluated the friends' substance use with 3 questions: "Out of all your friends, how many of them consume alcoholic beverages regularly?" "Out of all your friends, how many smoke tobacco regularly?" and "Out of all your friends, how many consume illicit psychoactive substances (marijuana, cocaine, hallucinogens, etc.) regularly?" Possible answers included *none or almost none*; *few*; *some*; *the majority*; *almost everyone or everyone*. We categorised the questions according to a binary method, attributing 1 point to those who answered the option none or almost none.

Having a romantic partner: in order to evaluate this variable, we attributed 1 point to all students who were not married but were in a romantic relationship and to those who were married or were living together.

Living with family: we attributed 1 point to all students who lived with their parents or other family members, after entering higher education.

Demographic Characteristics

Socio-demographic items included age, sex, scientific area of study, year of study, and professional situation.

Procedure

This cross-sectional study was carried out at a university in northern Portugal. Participants comprised students enrolled in the 2018/2019 academic year, and a probabilistic sampling technique was used. This study was approved by the Ethics Committee for Research in Social and Human Sciences (CEICSH), under the protocol CEICSH 009/2019.

The questionnaires were administered at the end of those classes selected to comprise the sample. The distribution of the questionnaires was carried out by the person responsible for the investigation. The students were informed of the purposes and objectives of the research and that their participation was voluntary. They were also informed that their responses would remain anonymous and any information would be kept confidential. Prior to administering the questionnaire, participants had provided their informed consent (or not).

Statistical Analysis

Statistical analyses were conducted with JASP (version 0.14.1) performed with lavaan syntax. Descriptive statistics, such as independence tests (ANOVA and Student *t*-test), were used to summarise the general characteristics to determine the differences between groups. Cohen's *d* and partial eta-squared (η_p^2) effect sizes were calculated. The Pearson correlation was used to evaluate the correlation between all variables which comprised the study. Cronbach's α was calculated to verify the reliability of the instruments.

The estimated values of the model were obtained using structural equation modelling (SEM) and the maximum likelihood estimation (MLE) technique. The following criteria were used in order to assess the quality of the models which comprised the test: χ^2/df, root mean square error of approximation (RMSEA), comparative fit index (CFI), Tucker–Lewis index (TLI), goodness of fit index (GFI) and standardised root mean square residual (SRMR). The model with acceptable fit was considered with values of $\chi^2/df < 3$, RMSEA and SRMR < .05, and CFI, TLI and GFI > .90 (Marôco, 2014). We used the mediation model proposed by Hayes (2018) and a bootstrapping method with 5000 samples to test the indirect effects of the variables of social factors in the relationship between the subjective well-being dimensions and behavioural risk.

Results

Descriptive Statistics

Table 1 shows the descriptive statistics and the differences displayed by each main variable in accordance with the socio-demographic characteristics and social factors.

The average score for the WbHPS was 18.61 (SD = 3.32). Statistically significant differences were found according to the WbHPS and the sex of the students ($t(806) = -2.07$, $p < .05$, $d = -0.15$) and BMI ($F_{(2, 784)} = 16.563$, $p < .001$, $\eta_p^2 = .041$). This analysis indicated that female students and students with normal weight have higher WbHPS scores, although the effect sizes were small. We did not identify any statistically significant differences for other variables.

Table 1

Sociodemographic Characteristics According Risky Behaviours and WbHPS

	n (%)	Risky behaviours (range 1-7)	*t*/*F*	WbHPS (range 5-25)	*t*/*F*
Year of study		*M* (*SD*)		*M* (*SD*)	
1st year	450 (55.2)	3.00 (1.42)	-3.486***	18.48 (3.16)	-1.184
3rd year	365 (44.8)	3.37 (1.61)		18.77 (3.52)	
Scientific area					
Engineering sciences	302 (36.0)	3.22 (1.53)	1.336	18.36 (3.40)	2.242
Exact and natural sciences	136 (16.2)	3.20 (1.60)		18.39 (3.24)	
Law and economic sciences	132 (15.7)	3.30 (1.61)		18.53 (3.41)	
Human and social sciences	270 (32.1)	3.02 (1.40)		19.05 (3.22)	
Sex					
Male	362 (44.4)	3.23(1.58)	1.207	18.34 (3.46)	-2.079*
Female	453 (55.6)	3.11(1.46)		18.82 (3.20)	
BMI					
Low weight	57 (7.2)	3.16 (1.44)	0.398	18.16 (2.90)	16.563***
Normal weight	588 (74.1)	3.15 (1.53)		19.00 (3.27)	
Overweight	149 (18.8)	3.27 (1.53)		17.30 (3.24)	
Social factors					
Friends' substance use					
Yes	765 (93.9)	3.22 (1.52)	-4.319***	18.60 (3.32)	1.864*
No	24 (2.9)	1.88 (0.90)		19.88 (2.40)	
Having a Romantic Partner					
Yes	326 (40.3)	3.36 (1.56)	-3.108***	19.13 (3.10)	-3.773***
No	482 (59.7)	3.02 (1.34)		18.23 (3.44)	
Living with Family					
Yes	514 (63.9)	2.94 (1.45)	5.582***	18.89 (3.22)	-3.030***
No	290 (36.1)	3.55 (1.55)		18.16 (3.39)	
Total	**815 (100)**	**3.16 (1.51)**		**18.61 (3.33)**	

*$p < .05$; **$p < .01$; ***$p < .001$.

The prevalence of participants' risky behaviours was high. On average, we identified 3.16 ± 1.51 risk-related behaviours. The students in their third academic year displayed a higher score of risk-related behaviours when compared with students in their first year (t (813) = -3.486, $p < .001$, d = -0.25).

Table 2 shows a negative and small correlation between risky behaviours and WbHPS ($r = -.14$, $p < .01$), having a romantic partner ($r = -.11$, $p < .01$) and living with family ($r = -.19$, $p < .01$). Therefore, increased levels of subjective well-being, having a romantic partner and living with family reduce the number of unhealthy behaviours. On the other hand, having friends who are active consumers of illicit psychoactive substances is correlated to the number of risky behaviours ($r = .36$, $p < .01$).

Table 2

Correlations between Study Variables

	1	2a	2b	2c
1. WbHPS (range 5–25)	-			
2. Social factors				
2a. Friends' substance use	-.08*	-		
2b. Having a Romantic Partner	.13**	.04	-	
2c. Living with Family	.11**	-.15**	.02	-
3. Risky Behaviours (range 1–7)	**-.14****	.36**	-.11**	-.19**

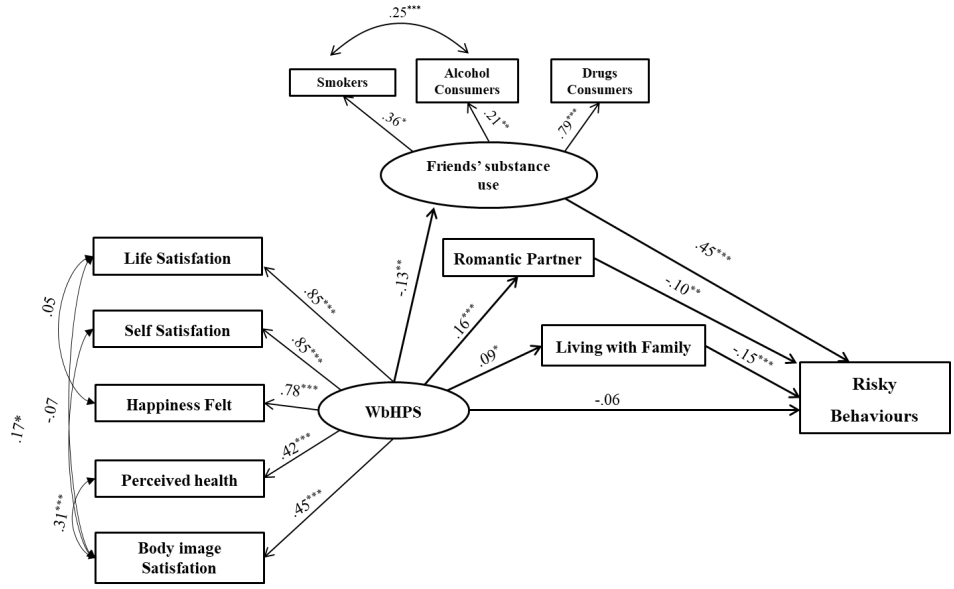
*$p < .05$; **$p < .01$.

Structural Equation Model

The model presented in Figure 1 shows the proposed hypothesis that social factors (living with family, friends' substance use and having a romantic partner) mediate the correlation between subjective well-being and risk behaviours. This model revealed a good adjustment (RMSEA = .043; SRMR = .036; TLI = .959; NFI = .957; CFI = .891; GFI = .998; $\chi^2(87.928)/df\,(35) = 2.51$). Having friends who are active psychoactive substances consumers predicted the adoption of risky behaviours ($\beta = .45$, $p < .001$), while the mediating variables of having a romantic partner and living with family predicted the adoption of having healthy behaviours ($\beta = -.10$, $p < .01$, $\beta = -.15$, $p < .001$, respectively). The WbHPS had a significant association with the variables: having friends' substance use ($\beta = -.13$, $p < .01$), having a romantic partner ($\beta = .16$, $p < .001$) and living with family ($\beta = .09$, $p < .05$).

Figure 1

A Structural Equation Model to Examine the Relationships Between WbHPS and Health-Risk Behaviours with Social Factors as the Mediators



Note. Standardized estimates are shown. $^{*}p < .05$; $^{**}p < .01$; $^{***}p < .001$.

Mediation Analysis

Table 3 displays the total, direct and indirect mediating effects of social factors in the correlation between subjective well-being and risky behaviours. Our analysis has revealed that living with family significantly mediated the effects of subjective well-being and health in risk-related behaviours. In other words, the mediating effect of living with family suggests that students with higher subjective well-being are prone to live with family, which also contributes to an increase in their healthy behaviours.

Table 3

Total, Direct, Indirect and Magnitude Effects of Health-Related Knowledge on Risky Behaviours

	Living with family				**Friends' substance use**				**Having a romantic partner**			
	Total effect	Direct effect	Indirect effect	Magnitude effect	Total effect	Direct effect	Indirect effect	Magnitude effect	Total effect	Direct effect	Indirect effect	Magnitude effect
	β	β	β	%	β	β	β	%	β	β	β	%
WbHPS → Risky behaviours	-.066***	-.074***	.008*	9.6	-.065***	-.052***	-.013*	20.1	-.070***	-.062**	-.009*	12.2

*$p < .05$; **$p < .01$; ***$p < .001$.

The variables "having friends who use psychoactive substances" and "having a romantic partner" significantly mediated the effect of the perception of well-being and risky behaviours. The estimate for the indirect effects was -.013 and .009, with a magnitude of 20.1% and 12.2%, respectively. Generally speaking, the three variables that we assessed that comprise social factors, taken together, mediated 41.9% of the effect of an individual's perception of well-being in their risk-related behaviours.

Discussion

This study examined the mediating role of social factors (friends' substance use, living with family and having a romantic partner) in the relationship between subjective well-being and health-risk behaviours. As hypothesised, social factors significantly mediated the link between subjective well-being and risky behaviours. The high prevalence of risk behaviours among university students has been widely reported in the scientific literature (U.S. Department of Health and Human Services, 2020), which is not surprising given that the results obtained point to a high prevalence of risky behaviours. In Western countries, the level of subjective well-being of university students tends to be higher than in other countries (Piqueras et al., 2011). However, when compared with the results of the perception of well-being reported in this study, it appears that Portuguese students have scores lower than what would be expected for a Western country (Grant et al., 2009; Peltzer et al., 2017; Schnettler et al., 2015). Moreover, scores from the WbHPS revealed a correlation between subjective well-being and the sex of the students of this research: the levels of subjective well-being were higher among female students than male students, findings which are consistent with those reported internationally (Grant et al., 2009; Piqueras et al., 2011; Proctor et al., 2009).

The analyses of correlation showed significantly negative correlations between subjective well-being and risk behaviours. Other studies had already revealed strong evidence of these correlations, specifically when addressing specific items that make up well-being, for example: happiness (Kye & Park, 2014; Peltzer et al., 2017; Piqueras et al., 2011; Richards et al., 2015), satisfaction with life (Aktaş et al., 2019; Grant et al., 2009) and perception of health (Ahn et al., 2014; Aktaş et al., 2019; Botha et al., 2019; Park & Kim, 2020; Piqueras et al., 2011). This indicates that increasing the levels of subjective well-being among university students may bring multiple benefits due to the fact that they are positively associated with healthy behaviours that could decrease the risk of developing diseases later in life. Therefore, most previous studies recommend that increasing subjective well-being should be a key argument in future campaigns designed to promote student health in the higher education setting.

Other scientific investigations have demonstrated the correlation between subjective well-being and social factors. The studies of Brannan et al. (2013) and Schnettler et al. (2015) showed that living with family affected the levels of

subjective well-being, and Yıldırım et al. (2017) showed that having a romantic partner also increased the well-being of university students. Our data corroborated these findings. This study showed that having friends who are active consumers of psychoactive substances decreases the perceived level of subjective well-being, which can be verified in the literature and in other studies that corroborate these results (Brannan et al., 2013; Cobo-Rendón et al., 2020).

Moreover, our mediation model hypothesis has been statistically confirmed. The results demonstrated that subjective well-being predicts in a rather decisive manner unhealthy behaviours, mediated by the effect of the "living with family" variable. This means that university students who exhibited a higher perception of well-being lived with their families, which, in turn, resulted in a lower level of risky behaviours. These results are consistent with the results provided by other studies, which also demonstrated the importance of family, namely family help and support, in the adoption of healthy behaviours (Aktaş et al., 2019; Allahverdipour et al., 2015; Griggs & Crawford, 2019).

The analysis of mediation demonstrated that having friends who use psychoactive substances played a significant mediating role in the correlation between subjective well-being and risky behaviours. These results had been expected, since the scientific evidence available shows that students with lower levels of subjective well-being have a much higher tendency to have friends who are active consumers of psychoactive substances compared with students with higher levels of subjective well-being and, therefore, are more susceptible to engage in unhealthy behaviours, regardless of their seriousness (Aktaş et al., 2019; Griggs & Crawford, 2019; Lai & Ma, 2016).

The studies that evaluated the importance of the romantic partner (Kye & Park, 2014; Ratelle et al., 2013) found that this variable plays a crucial role in improving the perception of well-being of university students. No study, to our knowledge, has found an increase in the level of subjective well-being when associated with the fact of having a romantic partner, thereby reducing the number of unhealthy behaviours among university students.

The interpretation of the results must address some limitations. The data were collected by a self-report questionnaire; however, the moment of data gathering was properly controlled, with the intent of providing the queried students with the same exact conditions. In addition, this was a cross-sectional study, and the gathering of information and data was restricted to students from a single university, thus preventing us from generalising the results to all university students. However, regardless of location and other factors, the university in question included students from various regions of the country, and the sample is representative of the students enrolled in that particular academic year.

Despite the limitations presented, this study is one of the first in Portugal to investigate the mediating effect of social factors (family, friends and romantic partner) in the correlation between subjective well-being and seven health-related risk behaviours among university students.

Social factors directly predict the adoption of unhealthy behaviours and have a negative impact on the development of emotional well-being among students, and that is why these factors must be taken seriously when designing educational health interventions targeting higher education. As suggested by recent scientific research (Cobo-Rendón et al., 2020; Figueira et al., 2017; Ye et al., 2019), these intervention programmes should enable students to make conscious and positive choices in life, promoting the development of skills toward emotional regulation and active participation in close social networks. In other words, efforts should be made to increase the level of awareness among parents and family, friends and romantic partners to prevent risky behaviours and increase the subjective well-being of students.

This study has proven that social factors (living with family, having friends who are consumers of illicit psychoactive substances and having a romantic partner) mediate the correlation between subjective well-being and health-related risk behaviours in the context of higher education. This context adds to the scientific literature that states that having friends who are consumers of psychoactive substances, having a romantic partner and living with family account for more than 40% of the perception of well-being and risky behaviours. One of the new findings in this study was the existence of a lower level of perceived well-being in Portuguese university students compared to students in other countries. Therefore, future research should explore this result, using longitudinal and qualitative studies, exploring other environmental and contextual variables and replicating the study with other populations, namely NEET (young people not in education, employment or training) and university students from other universities and from other countries.

These results have practical implications in the research on health education in higher education. On the one hand, it shows the importance of regular and proactive monitoring of unhealthy behaviours and the levels of subjective well-being by higher education institutions, and on the other hand, it reveals that incorporating social factors is instrumental for designing and implementing educational programmes directed toward health, as it quite unmistakably improves their level of practical efficiency.

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Povezanost subjektivne dobrobiti i rizičnoga ponašanja studenata: Medijatorska uloga socijalnih faktora

Sažetak

Ovim se istraživanjem ispitivala medijatorska uloga socijalnih faktora (prijatelji koji konzumiraju psihoaktivne tvari, život u obitelji i romantična veza) u odnosu između subjektivne dobrobiti i rizičnih zdravstvenih ponašanja. U istraživanju je sudjelovalo 840 portugalskih studenata. Podaci su prikupljeni pomoću upitnika, korištenjem metode papir – olovka, kojim su obuhvaćena tri glavna područja: subjektivna dobrobit, zdravstvena ponašanja i socijalni faktori. Pomoću strukturalnoga modeliranja provjeren je medijacijski učinak socijalnih faktora u odnosu između subjektivne dobrobiti i rizičnih ponašanja. Rezultati dobiveni strukturalnim modeliranjem pokazuju da su rizična zdravstvena ponašanja izravno i pozitivno povezana s druženjem s prijateljima koji konzumiraju psihoaktivne tvari, a negativno sa sljedećim varijablama: ostvarena romantična veza i život s obitelji. Medijacijska je analiza pokazala da socijalni faktori značajno posreduju u odnosu između subjektivne dobrobiti i rizičnih zdravstvenih ponašanja. Ovo istraživanje naglašava potrebu razumijevanja važnosti socijalnih mreža pri osmišljavanju edukacijskih intervencija za poboljšanje zdravlja studenata u visokoškolskim ustanovama.

Ključne riječi: zdravstvena ponašanja, subjektivna dobrobit, društveni čimbenici, zdravstveni odgoj, strukturalno modeliranje

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