

## Abstract

**Objective:** The present study was aimed at determining the effectiveness of the training of social-educational immunization program with the Islamic teachings approach in school students' high-risk behaviors. **Method:** This research was carried out through a quasi-experimental and pre-test-posttest with control group research design. The statistical population of this study included the third-year students of public high schools in Yazd in the academic year of 2014-15. The research sample consisted of 36 students with high-risk behaviors. The participants were randomly divided into two experimental and control groups. High-Risk Behaviors Scale was used for data collection purposes. **Results:** The results of this study showed that the training of social-educational immunization program based on the Islamic teachings approach can reduce the high-risk behaviors among adolescents. **Conclusion:** The training of social-educational immunization program with the Islamic teachings approach can be used as an intervention to reduce students' high-risk behaviors.

**Keywords:** social-educational immunization, Islamic teachings, high-risk behaviors, adolescents

# On the Development of Social-Educational Immunization Program with the Approach of Islamic Teachings and its Impact on Students' High-Risk Behaviors

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## Introduction

In recent years due to rapid social changes is the prevalence of high-risk behaviors among different strata of the society, is serious health threats that has been taken into consideration by healthcare organizations, law-makers, and social policymakers. For example, by 2030, it is anticipated that the occurrence of tobacco-related illnesses and deaths will reach 10 million per year (Slusky, 2004). Although none of the strata in the community are immune from the consequences of health threats, some social groups, including adolescents, are at greater risk. Adolescence is a period of fundamental physical, psychological, and major changes in social interactions, relationships, and behaviors of individuals (World Health Organization, 2010). A large number of adolescents show some behaviors that threaten their present and future health in the face of adolescent difficulties and crises (Lindberg, 2000). Risky behaviors are among the habits that are formed in this period and remain in the next stages of one's life (Qureshi, 2006). According to Boyer (2006), the most important risky behaviors in terms of frequency, typicality, and inconvenience include alcohol consumption, tobacco use, unsafe sexual activity, dangerous driving, and interpersonal violence. Research has shown that the incidence of high-risk behaviors is rooted in various causes, such as economic and cultural poverty, low degree of life satisfaction, depression, alcohol consumption, drug abuse, low self-esteem, and anxiety (Caminis, 2007; Medise, Zulu & Ciera, 2007), social factors (Maher, 2004), personality traits (Mehrabi, 2010), and hormonal effects and events of puberty (Kimberly, Slater & Outing, 2005). On the other hand, personality traits, such as low risk perception (Rolison & Scherman, 2003) and control center (Zuckerman, Eysenck & Eysenck, 1978) are also involved in risky behaviors and, thereby, individuals with these personality traits cannot make themselves secure and safe against the changes and transformations of the puberty.

According to the World Health Organization, combating high-risk behaviors and unhealthy habits of early childhood has a significant impact on people's health in adulthood and old ages (Dupuy, Godeau, Vignes & Ahluwalia, 2011). Therefore, education on healthy lifestyles and avoidance of such behaviors in early childhood and adolescence should be assigned credit.

Psychologists and psychiatrists have taken different approaches to prevent or reduce the incidence of high-risk behaviors; however, they have found that conventional methods for the prevention and treatment of disorders do not suffice in all cases (West, 2004). One of the most important factors in the failure of single-approach practices in the prevention and treatment of mental disorders is their inability to pay a unanimous attention to multiple biological, psychological, social, and spiritual dimensions in dealing with psychological issues and behavioral abnormalities (Beck, Wright, Newman & Liese, 2001).

In recent decades, researchers have focused on the role of spirituality and religion as a multidimensional therapeutic intervention. Spiritual needs, such as the need for being goal-oriented, meaningful, and hopeful in life; the need to go

beyond existing conditions; the need to endure losses; the need for religion; companionship; and the need to have a positive outlook in life (Mattes, 2013; Hermann, 2001). Findings obtained by researchers, such as Stone, Becker, Huber & Catalano (2012); Drerup, Johnson & Bindl (2011); Inzlicht, Aronson, Good & McKay (2006); Brooks (2003); and Sinha, Cnaan & Gelles (2007) suggest that religious people are physically healthier and show a lower rate of risky behaviors.

In a research titled *A Relationship between Religious Attitudes, Locus of Control and Tendency to Substance Abuse in University Students*, Asghari, Kordmirza, & Ahmadi (2013) concluded that individuals with more internally religious attitudes have an internal locus of control and a lower tendency to use drugs. In addition, those with externally religious attitudes have an external locus of control and a higher tendency to use drugs. Serajzadeh, Javaheri, & Velayati Khajeh (2013) investigated the effect of religiosity on students' health and showed that it has a significant direct and indirect effect on overall health. Similarly, Yazdanpanah, Safari, Yousefi, Angha, Habibian, Zandi, & Aranpour (2010) examined the effect of community-based drug prevention program on reducing risky behaviors and found that it increased mental health, reduced the frequency of many negative behaviors linked with substance abuse, and increased positive behaviors.

Considering the mentioned issues and regarding the Islamicity of Iran and people's culture, beliefs, and values, it seems necessary to develop a model based on Islamic teachings for the prevention and treatment of high-risk behaviors. Muslim scholars have used the teachings of the Quran and the Sunnah as well as many cognitive, emotional, and behavioral guidelines. Accordingly, they have tried to introduce Islam as a way of living in harmony with the universe which paves the way for human evolution and development as well as helping human people in the hardships and difficulties of life (Motahari, 1989). On the other hand, a major strategy for making prevention and treatment more effective is to provide treatment in a group-based approach (Frey, 2005). For this reason, the basis for the teaching of social-educational training on immunization with the Islamic teaching approach is group-based.

Therefore, this research seeks to develop a social-educational immunization program based on Islamic teachings by means of scientific and religious sources and answer the question of whether the training of social-educational immunization based on Islamic teachings has any impact on adolescents' high-risk behaviors. The most important ethical principles extracted from the review of the Qur'an are: a) scientific and moral growth and transcendence (Al-Baqara, verses 21, 30, 129, 170, 257, and 286; Al-Jumua, verses 2 and 5; Al-Kahf, verse 66; Maryam, verses 81, 96, and 93; Al-Furqan, verse 63; Al-Hijr, verses 29, 28, and 42; Fatir, verse 93; Al-An'am, verses 48, 102, 116, and 132; Hud, verse 52; Adh-Dharyat, verse 56; Al-A'raf, verses 179 and 206; Ta-Ha, verses 14 and 124; Al-Hajj, verse 77; Ar-Ra'd, verse 28; Al-Ankabut verse 45; Al-Anfal, verses 6,

22, and 29; Quraysh, verses 3 and 4; Al-Ahzab, verse 67; Yunus, verse 39; Al-Mujadila, verse 11; Az, verse-Zumar 9; Al-Alaq, verses 1 and 2; Al-Mulk, verse 10; Younus, verses 9 and 100; Ibrahim, verse 19; Ar-Rum, verse 8; Muhammad, verse 32; Al-Mulk, verse 2; Al-An'am, verse 160); b) Justice and equity (An-Nahl, verse 90; Ash-Shura, verse 15; Al-Hadid, verse 25; Al-Furqan, verse 67; Al-Isra, verses 29 and 110; Luqman, verse 19; Al Imran, verses 3, 18, 57, and 182; An-Nisa, verses 3, 40, and 58; Al-Infitar, verses 7 and 8; Al-Jathiya, verse 22; Al-Baqara, verses 193 and 219; Ash-Shams, verse 8; Al-An'am, verses 141, 152, and 115; Maedah, verses 8 and 42; Al-Mumtahanah, verse 8; Ash-Shu'ara, verse 18; Al-A'raf, verses 29 and 31; Al-Anfal, verse 69); c) Cleaning of contaminations (An-Nahl, verse 90; Ghafir, verse 55; Al-Ankabut, verse 69; Al-Ala, verse 14; Abasa, verses 33 to 42; Al-Kahf, verses 19, 74, and 81; Maryam, verses 13 and 19; Al-Baqara, verses 2, 129, and 151; Al Imran, verse 164; Al-Jumua, verse 2); d) Human dignity (Al-Isra, verse 70; Al-Baqara, verse 83; An-Nisa, verse 86; Al-Ahzab, verse 21; Al-An'am, verse 54; Al Imran, verse 159; Al-Hijr, verse 88; Luqman, verse 18); h) Moderation (Al Imran, verses 67, 110, 147, 183, and 146; Al-Baqara, verses 75 and 143; Al-Kahf, verse 28; Maedah, verses 1, 32, and 5; Yunus, verse 83; Ad-Dukhan, verse 31; Luqman, verse 19; Ta-Ha, verses 1, 2, and 3; Al-An'am, verses 6 and 141; An-Nisa, verses 19 and 58; An-Nahl, verse 90; Al-Isra, verse 27; Az-Zumar, verse 10; Az-Zalzala, verses 7 and 8) (Holy Quran, Nowroozi & Koochi Esfahani, 2013; Rezaee Esfahani & Najafi Jaze'ea, 2014).

According to the Qur'an's culture, these five affairs should be considered in all fields and ethical issues; that is, the law of the Qur'an and the teachings of Islam have taken into account all the individual and social interests and have set forth the rules that can meet all the different needs of human societies,??? observe all the worldly, material aspects of human beings, and all spiritual aspects and the afterlife.

By referring to the most basic classical and conventional sources of ethics in the field of Islamic sciences, the science of ethics can be defined as follows: a science that describes good and evil sensual attributes, introduces arbitrary behaviors, acts appropriate with them, and shows the method of acquiring good attributes, doing good deeds, and avoiding bad and evil deeds (Naraghi, 2009). From the ethics scholars' viewpoint, the origin of every fault and problem that is imposed on us is our negligence, and if we believe, it will not harm us.

The social-educational immunization program with the approach of Islamic teachings, especially with regard to the Holy Qur'an, Naraghi's Book named *The Collector of Felicities*, and Motahari's *Opinions* has been developed in a group-based fashion in four axes of knowledge and skills management, ethics, science and study, and networking (social cooperation) by considering the Islamic state and native characteristics of our country. This method is based on Allport's (1967) views on religious values as the most important unifying force in human personality, Maslow's extensive exploration of the virtuous people in a healthy

society (1971), Marcel's (1995) emphasis on values and his views on the relationship of humans with God as a fundamental part of human full experience, Seligman's (2002) research on the role of religious beliefs in the assignment of meaning to life and hope for the future, and dozens of other researches on the positive effects of belief in God's existence and the practice of religious rituals and their impacts on mental health and the treatment of emotional disturbances. This method seeks to integrate the belief in God and establishes a deep emotional-affective relationship with God in the techniques and methods of modern psychotherapy, thereby, reduce juveniles' high-risk behaviors. Considering the above-mentioned points, the purpose of this study is to determine the effectiveness of the training of social-educational immunization program with the Islamic teachings approach in school students' high-risk behaviors and examine the hypothesis that high-risk behaviors of the participants who undergo training on social-educational immunization based on Islamic teachings are reduced compared to the control group.

## **Method**

### **Population, sample, and sampling method**

In this research, both qualitative and quantitative methods were used. In the quantitative part, a quasi-experimental/ pre-test-posttest/ control group design was used. The statistical population of this research in the qualitative section consisted of the Holy Qur'an, Naraghi's *The Collector of Felicities* book, and other Islamic texts. In the experimental section, the statistical population consisted of all third grade high school students in Yazd who were studying in the academic year of 2014-15. In this study, students were homogeneous in many respects, such as the level of high-risk behaviors (score 90 and higher in High-Risk Behaviors Scale) and the level of education (third grade). In this study, 18 participants were considered for each group due to the use of the experimental method and the probability of dropping the subjects.

In this research, random cluster sampling method was used to select the participants. First, one education district was randomly selected from among all education districts in Yazd city. Then, High-Risk Behaviors Scale was administered to the third grade students of high schools at the selected district. Then, 36 students were selected among those scored above 90 in the questionnaire and were randomly assigned to two groups.

### **Instrument**

High-Risk Behaviors Scale: Iranian Adolescents Risk-Taking Scale has been used to measure the risk-taking level of Iranian adolescents (Zadeh Mohammadi et al., 2011). In this scale, 38 items have been used to measure the adolescents' vulnerability to high-risk behaviors, such as violence, smoking, drug use, alcohol consumption, sexual behaviors, and sexual tendencies to the opposite sex. The items are answered on a 5-point scale from strongly agree (5) to strongly disagree (1). The minimum score for each respondent is 38 and the maximum score is

190. The reliability of the scale has been evaluated by Cronbach's alpha and its construct validity has been analyzed using exploratory factor analysis. The Cronbach's alpha for the total scale was obtained equal to 0.938, and it was obtained equal to 0.931, 0.906, 0.907, 0.856, and 0.809 for its subscales, namely smoking, drug use, alcohol consumption, sexual relations and behaviors, and tendency to the opposite sex, respectively. The reliability coefficients of the test in this research were obtained equal to 0.81 for dangerous driving, 0.79 for violence, 0.74 for smoking, 0.84 for drug use, 0.85 for alcohol consumption, 0.72 friendship with the opposite sex, 0.78 for sexual relations and behavior, and 91 for the whole scale.

### **Procedure**

The development of a social-educational immunization program with the approach of Islamic teachings and its impact on students' high-risk behaviors constituted the qualitative section of the research. The researcher first started with the study of the Qur'an, Naraghi's Book entitled *The Collector of Felicities*, Ayatollah Javadi-Amoli's *Opinions*, and Motahari's books; and used by Corey, Corey, Callanan, and Russell's techniques and steps (2011) in the development of a group plan. For the development of the social-educational immunization program, Prochaska & Norcross's findings (2011) were used. Then, a complete list of all human positive topics was prepared in order to find the desired subjects of the socio-educational immunization program based on Islamic teachings by referring to the Holy Qur'an, Naraghi's Book entitled *The Collector of Felicities* (which includes a theoretical and philosophical foundation), and Motahari's books. Afterwards, the initial list was classified and a consequent shorter list was prepared with the cooperation of the Islamic Educationalists. In this regard, two points were emphasized: a) Providing comprehensive and complete titles that accommodate a number of similar works, while not bearing overlap with each other; b) Selecting the titles that are more effective during adolescence. A summary of the sessions of the Social-Educational-Social Immunization Program based on Islamic teachings is presented in Table 1.

Based on the analysis of 24 therapeutic approaches and subsequent studies on personal growth and change programs, whether within the scope of psychotherapy or outside of this framework (changes arising from spiritual guidance), Prochaska & Norcross (2011) found that changes are derived from certain stages and are foreseeable. These stages include precontemplation, contemplation, preparation, action, maintenance, and termination. This template was used in the development of this program.

1. Precontemplation: Praying, watching the self and God and God's creation on the subject of each session;

2. Contemplation: a) Before change: the emphasis is on the word "wtca" (will, trust, contemplation, and action), reading a treaty with the self; b) Change stimulation: Mirror sessions;

3. Preparation: The schedule form is filled out and score current "I" score and a better "I";

4. Action: Studying or listening to ethical CDs, writing diaries (recording positive effects of the session, informative tips in the session, people's inspirational deeds and words, etc.);

5. Termination: Balance sheet (self, creatures, creation, and God), final praying, emphasis on continuity of achievements through communication among members.

**Table 1: Training sessions of social-educational immunization program with the Islamic teachings approach**

<i>Session</i>	<i>Content</i>
<b>First</b>	Prayer, pre-test implementation, introducing of the clients and therapists, introduction of the workshop conditions, familiarity with the topics used in this course, completion of the membership form, development of the class rules and regulations, placement of emphasis on the word "wtca" (will, trust, contemplation, and action), and final praying.
<b>Second</b>	Praying, installation of the table of light in the class, reading the treaty with the self, the subject of ethics, i.e. patience and honesty (whatness, whyness, and howness), completion of the schedule form and scoring the current "I" score and a better "I", mirroring sessions (using the information box and knowledge of the group about the subject and the members' efforts to prepare the best program for achieving the better I), studying, indigenous exercises, writing diaries (positive effects of the session, informative points in the session), and final praying.
<b>Third</b>	Praying, reading the general covenant, the subject of ethics: affection, filling in the schedule form of the program, the mirroring sessions, the balance sheet (self, creation, creatures, and God), indigenous exercises, diary writing, and final praying.
<b>Fourth</b>	Praying, the subject of belief: seeing God everywhere, seeing good things, filling out the schedule form, book reading, indigenous exercises, diary writing, and praying.
<b>Fifth</b>	Praying, the subject of belief: ability and making a change in changes, filling out the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.
<b>Sixth</b>	Praying, the subject of time: the best use of time and most important task, filling out the schedule form, mirroring sessions, book reading, indigenous exercises, diary writing, and praying.
<b>Seventh</b>	Praying, the subject of time: discipline and use of time, completion of the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.
<b>Eighth</b>	Praying, the subject of relationship: usefulness and screening of relationships, filling out the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.
<b>Ninth</b>	Praying, the subject of relationship: promoting relationships and developing, filling in the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.
<b>Tenth</b>	Praying, the subject of social responsibility: prevalence of the fame and faithfulness, filling out the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.
<b>Eleventh</b>	Praying, the subject of social responsibility: knowledge seeking and hardworking, filling out the schedule form, mirroring sessions, book reading, reading the treaty with the self, indigenous exercises, diary writing, and praying.

**Table 1: Training sessions of social-educational immunization program with the Islamic teachings approach**

<i>Session</i>	<i>Content</i>
<b>Twelfth</b>	Praying, reviewing the diaries, reading the treaty with the self, administering the post-test, and praying.

## Results

The descriptive statistics of the components of High-Risk Behaviors Scale are presented for each group in Table 2.

**Table 2: Descriptive statistics of components of High-Risk Behaviors Scale for each group**

<i>Component</i>	<i>Test type</i>	<i>Experimental</i>		<i>Control</i>	
		<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
<b>Dangerous driving</b>	Pre-test	16.28	1.87	16.33	1.81
	Post-test	13.94	1.25	16.44	1.72
<b>Violence</b>	Pre-test	14.39	2.17	14.33	2.19
	Post-test	12.28	1.77	14.44	1.91
<b>Smoking</b>	Pre-test	13.94	1.73	14.28	1.56
	Post-test	12.78	1.59	14	1.68
<b>Drug use</b>	Pre-test	20.61	2.54	20.78	2.43
	Post-test	17.22	2.07	20.78	2.34
<b>Alcohol consumption</b>	Pre-test	15.44	2.35	15.56	2.02
	Post-test	13.33	2.05	15.56	2.20
<b>Friendship with the opposite sex</b>	Pre-test	11.89	2.05	11.89	1.90
	Post-test	9.83	1.15	11.89	1.90
<b>Sexual relations</b>	Pre-test	9.33	1.13	9.44	0.98
	Post-test	7.56	1.14	9.44	1.14
<b>Total score</b>	Pre-test	101.89	10.26	102.61	9.38
	Post-test	86.94	6.16	102.56	9.54

To investigate the effectiveness of the social-education immunization program based on Islamic teachings in high-risk behaviors, multivariate covariance analysis should be used. One of the assumptions of using this test is the homogeneity of regression slope whose results indicate that this assumption has not been met ( $P < 0.001$ ;  $F = 98.82$ ). Due to the absence of this assumption, the analysis of the scores was performed using independent t-test whose results are presented in Table 3.

**Table 3: Independent t-test results for assessing the effectiveness of the social-education immunization program**

<i>Component</i>	<i>Mean differences</i>	<i>t</i>	<i>Df</i>	<i>Sig.</i>	<i>Result</i>
<b>Dangerous driving</b>	-2.50	-4.97	34	0.0005	Significant reduction
<b>Violence</b>	-2.16	-3.51	34	0.0005	Significant reduction
<b>Smoking</b>	-1.22	2.24	34	0.03	Significant reduction
<b>Drug use</b>	-3.55	-4.82	34	0.0005	Significant reduction
<b>Alcohol</b>	-2.22	-3.12	34	0.004	Significant reduction
<b>Friendship</b>	-2.05	-3.91	34	0.0005	Significant reduction
<b>Behavior</b>	-1.88	-4.93	34	0.0005	Significant reduction
<b>Total</b>	-15.61	-5.82	34	0.0005	Significant reduction

## **Discussion and Conclusion**

The present study was carried out to investigate the effectiveness of social-educational immunization program based on Islamic teachings in reducing the rate of risky behaviors among students. The results of the present study suggest that the training of social-education immunization based on the teachings of Islam has a positive effect on reducing the incidence of risky behaviors among students. These findings are consistent with those of the studies carried out by Stone et al. (2012), Drerup et al. (2011), Chong & Yong (2011), Inzlicht et al. (2006), Brooks (2003), Sinha et al. (2007), Asghari et al. (2013), Serajzadeh et al. (2013), and Yazdanpanah et al. (2010). The designed intervention was implemented based on the Islamic and native characteristics of our country and also based on four axes of knowledge and skills management, ethics, science and study, and networking (social cooperation) in a group-based fashion. According to the already-conducted studies, this method has been effective in reducing high-risk behaviors.

To interpret these results, it can be argued that group sessions bring the adolescents who are at risk more successful experiences since they spend much time with their friends and are influenced by groups. This part of the model is consistent with the research conducted by Brown & Damico (2002) where the adolescents who were at increased risk of drug use were asked about selecting the treatment method and it was reported that 80% of them considered group therapy more effective than individual treatment methods. Group therapy facilitates cognitive, behavioral, and emotional changes. On the other hand, group interventions cost less than individual interventions. The individuals who participated in group counseling sessions have been able to seek more effective and efficient solutions rather than to engage in problems and repeat maladaptive strategies. In addition, they have sought to increase their capabilities to control risky behaviors, have an appropriate control over the tensions, choose appropriate strategies for solving their problems, and become more adapted. The implementation of the intervention in a group-based mode led students to form a group of friends, discuss different subjects in the group, use the experiences and views of each other, make the most of the positive wave of performing group prayer and exercise, and vaccinate themselves against social harm. The lack of direct training reduces individuals' resistance in the group, and this is one of the positive effects of placement in the group. It seems that the analysis of individuals' information and experiences in the group and the members' reactions against the other members' information boxes and mirroring sessions have led to an increased self-esteem and sense of integrity and purposefulness in the lives of individuals in the group and this has reduced the risk of the incidence of high-risk behaviors. Through this perspective, social-education, immunization sessions based on Islamic teachings changed their health level since the spiritual dimension of humans can be achieved through transcendence, as well. In this way, individuals transcend their limits of the self, biological limits, and

psychological limits; and possess special values and understand the meaning of their lives. Thus, they can perceive their true self through self-esteem. These positive impacts are generated more in group therapies as people get committed to life, which is a long-term self-exploring journey (Corey, 1990).

Students' awareness of the divine nature and the inner core of their existence will restore their desire for goodness and favorable behavior. The assignment of attention to humans' ability and capacity to perform good behaviors and act well led students to become acquainted with the positive dimension of their existence and work hard to live them out. In this intervention, praying programs, tablets of light, and discussion on religious books raised the students' motivation to enhance their divine existence. Moreover, reading useful books in the ethical dimension and, then, a discussion on the content of books in groups brought about knowledge management and deepening of awareness among students. The people who used the praying ceremonies, mirroring sessions, and balance sheets to change their own cycles from current I to the superior I have taken the highest advantage of the treatment program. This part of the model is consistent with the research conducted by Asghari et al. (2013), Serajzadeh et al. (2013), and Sinha et al. (2007). Religious and ethical debates can provide the requirements for the establishment of a bond among the members and social cohesion and, consequently, social protection by creating a collective spirit and religious enthusiasm, and by means of the spread of universal feelings through collective ceremonies and rituals (group praying, ethics, group discussions, tablets of , etc.). Religion, in addition to other functions, is the provider of meaning to a universe that is continuously moving towards meaninglessness. With a justification that religion offers about suffering and disaster, it fulfills one of the profound and universal needs of mankind, i.e. the need for understanding that incidents and accidents are not a coincidence, but are some part of a meaningful pattern and fair discipline. Therefore, the findings of the present study regarding the effect of religiosity on the reduction of high-risk behaviors confirm this theory that the ascetic content of religious teachings regarding morality, patience, control of the desires of the soul, and the avoidance of banned items makes religious people refrain from turning to risky behaviors by controlling their egos.

In sum, the results of this study showed that the social-educational immunization program based on Islamic teachings can be used as an effective model for reducing risky behaviors. The most important limitation of this research was the lack of a literature on the social-educational immunization program based on Islamic teachings and high-risk behaviors. Therefore, it is suggested that other researchers also examine other variables in addition to high-risk behaviors and embark on conducting workshops for school students of other levels as well as for university students. It is also recommended that this program be performed for both girls and boys. The implementation of this program in the groups exposed to risk and couples on the verge of separation is also recommended.

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