

## Assessment of Health Promotion Behavior Student's Teenage in Baghdad City

تقييم سلوكيات تعزيز صحة الطلاب المراهقين في مدينة بغداد

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### الخلاصة:

**الهدف:** تهدف الدراسة لتقييم سلوكيات تعزيز صحة الطلاب المراهقين في مدينة بغداد ولمعرفة العلاقة بين سلوكيات تعزيز الصحة لدى الطلبة وبعض الخصائص، مثل: العمر والجنس، ومستوى التعليم.

**المنهجية:** اجريت دراسة وصفية للفترة من 4 شباط ولغاية 5 ايار لسنة (2012) باستخدام عينة عشوائية مكونة من (100) طالب من الطلبة المراهقين الذين تم اختيارهم من المدارس المتوسطة والثانوية في مدينة بغداد جمعت من خلال استخدام مجموعة من الأسئلة، تم ترتيبها في إستمارة استبائية والتي تشمل سبعة أجزاء. وقد تم تحليل البيانات خلال تطبيق الإحصائية الوصفية (التكرار، نسبة مئوية).

**النتائج:** إن نتائج الدراسة تُشير بأن نصف العينة أعمارهم ما بين (16-18) سنة والذين يشكلون (50%) من العينة، والذكور أكثر من الإناث في عينة الدراسة ويشكلون (60%). أما بخصوص تعليمهم، فكانت نسبتهم (22%) في الصف الرابع الإعدادي.

**الاستنتاج:** استنتجت الدراسة إلى أن مجال السلوك الجنسي هي أكثر السلوكيات الموجودة عند المراهقين، ثم تليها أنماط الغذاء، التعرض للاضطهاد.

**التوصيات:** اوصت الدراسة ان كل المراهقون يجب أن يأخذوا بنظر الاعتبار تعزيز السلوكيات الصحية في المدرسة. ويجب أن يكون هناك درسا للتثقيف الصحي ضمن درس العلوم مثلا او تخصيص بضع دقائق لتوضيح اهمية السلوكيات الصحية ضمن المناهج المقرره.

### Abstract:

**Objectives:** The present study aims to assess health promotion behavior of teenage students in Baghdad city and to identify the relationship between students healthy behavior and some characteristics, such as: age, gender, level of education.

**Methodology:** A descriptive study is carried out from February 4th (2012) to May 5th (2012), Non probability (purposive) sample of (100) teenage students are selected from the intermediate and secondary school in Baghdad city. The data are collected through the use of constructed questionnaire, which consists of seven parts. The analysis of data was performed through the application of descriptive statistic (frequency, percentage).

**Results:** The findings of the study indicate that the findings of the study indicate that the teenage demographic characteristics has depicted that half of them are age group of (16-18) years (50%) of the sample have acquired better level of knowledge the Nutrition and its patterns and exposure to persecution (30%), and male more than female in the study sample (60%) have Psychological and mental was more positive answer for boys by (68%) than Girls. Regarding to their education, almost (22%) of them are his forth class in secondary school graduates have better level of knowledge with regard to all domains of health The promoting behaviors.

**Conclusions:** study concluded that there is a (Sexual behavior) respondent's domain is the best, then followed by (Dietary patterns), (Exposure to persecution) all these domains are pass

**Recommendations:** The study recommended that all teenagers should take into account the promotion of health behaviors in school. There must be a lesson for Health Education in the science class, or the allocation of a few minutes to explain the importance of healthy behaviors within the prescribed curriculum.

**Keywords:** Health, Promotion Behavior, Teenage.

## INTRODUCTIONS:

Teenagers are tendency to be at high risk of health-damaging behaviors including smoking, teenage pregnancy, and drug and alcohol use. Additionally, the recognition of high levels of psychological distress is cause for serious concern about teenage health. <sup>(1)</sup>

Most teenagers start making decisions about their attendance for health care at around age 15, and over half attend by themselves by this age. <sup>(2)</sup>

Teenagers are receptive to information about themselves and their bodies, and anxious to become more autonomous in decision-making.<sup>(3)</sup>

Health promotion is developed through a set of initiatives and Programs that aimed at the problems of disease prevention and identification of individuals and groups who are subject to risk factors.<sup>(4)</sup>

Health promotion views health as quality of life and fundamental human right to life and defines health as means to ( and capacity for ) life .It recalls that vital and social needs are registered and legitimized in social contracts that define rights and duties like the right to health and education among other <sup>(5)</sup>. It has been reported that information about practice services needs to be available in a form oriented to teenagers, and that it is important to advertise to 16 year olds that they can register with a different GP from that of their parents, and that consultations are confidential.<sup>(6)</sup>

Research into teenage health promotion in the general practice setting is limited but indicates that teenagers trust their doctors for health-related and would like to discuss a broad range of health concerns with them<sup>(7)</sup>. Teenagers exhibiting health-compromising behaviors are more likely to feel alienated from school, limiting the impact of school-based health interventions.<sup>(8)</sup>

The large majority of adolescents who have left school still have contact with the health services .Teen age attitudes to health: It has been reported that most teenagers agree that 'health is not a matter of luck' and are aware of the health risks they take, but may not put this knowledge into practice, for example by not smoking.<sup>(9)</sup>

Control is based on the premise that those who feel that they control their lives are more likely to embark on health-promoting behaviors than those who feel powerless to act or who abdicate this responsibility.However, reviews have concluded that the relationship between locus of control and health-related behavior is only modest.<sup>(3)</sup>

## **OBJECTIVES OF THE STUDY:**

The present study aims to assess health promotion behavior of teenage students in Baghdad city and to identify the relationship between students healthy behavior and some characteristics , such as : age, gender , level of education .

## **METHODOLOGY:**

**Design of the study :** Descriptive Across sectional study is carried out from February 4th to May 5th 2012, to achieve the study objectives .

**Setting of the study:.**

**Sample of the study :** The present study is conducted at the secondary schools. One sample consist of ( 100 ) students divided to (50) selected from al-rusafa and (50) selected from al-karkh in Baghdad City who are divided according to their social and economical level .

**Instrument of the study :** An assessment tool is questioner based on domains of health Promoting behavior for teen age students ( Use : Yes or No ) . Consist of Physical activity and body fitness , Nutrition and its patterns, Sexual behavior, Legal use for drugs and alcohol, Exposure to persecution, Access on the health care, psychological and mental.

A pilot study was conducted at the secondary schools in Baghdad City. In order to determine the reliability of the study instrument which was used for measuring health promoting behavior of teenage students in Baghdad city and to identify the relationship between students health promoting behavior and some characteristics, such as: age, Gender, level of education. The sample consists of (10) teenage and the pilot sample was excluded from original sample of the study. Reliability of the questionnaire was determined through the

use assessment approach, for approximately three weeks, for the determination of interval consistency of promoting behavior of teenage students in Baghdad city. The results of the reliability present cronbach alpha technique which was ( $r=0.92$ ).

**Data Collection:** Data are collected through the use of the assessment tool and the interview technique as means of data collection .

**Data Analysis :** Data are analyzed through the application of the descriptive statistical data analysis approach (frequency and percentage) and inferential statistical (Correlation Coefficient)

## RESULTS:

**Table 1: Observed frequencies and percents of demographical characteristics of the teenage**

a	Variables	Frequency	Percentage
1 Age	13-15	36	36%
	16-18	50	50%
	19 and more	14	14%
2 Gender	Male	60	60%
	Female	40	40%
3 Education (class)	Intermediate -First	18	18%
	-Second	15	15%
	-Third	20	20%
	Secondary - fourth	22	22%
	-Fifth	16	16%
	-sixth	9	9%
4 Father's education level	-Unable read and right	3	3%
	-read and right	4	4%
	-Primary school	13	13%
	-Secondary school	20	20%
	-Institution Level	15	15%
	-college level	40	40%
5 Mother's education level	-High educational level	5	5%
	-Unable read and right	10	10%
	-read and right	12	12%
	-Primary school	17	17%
	-Secondary school	20	20%
	-Institution Level	12	12%
6 Monthly in come	-college level	25	25%
	-High educational level	4	4%
	Insufficient	40	40%
7 Father's Occupation	Somewhat Sufficient	50	50%
	Sufficient	10	10%
	Governmental employee	56	56%
	Privet employee	14	14%
	Free works	10	10%
	Daily workers	15	15%
8 Mother's Occupation	Retired	5	5%
	Governmental employee	25	25%
	Privet employee	5	5%
	Free works	6	6%
	Daily workers	4	4%
	House wife	60	60%

Table (1) shows teenage demographic characteristics has depicted that half of them are (16-18) years old which is accounted for (50%) of the sample, and boy more than girl in the study sample (60%). Regarding to their education, almost (22%) of them are his forth class in

secondary school graduates ,and (40%) of respondents the level of education among members of the father are graduates of colleges, in addition to mother's education level was (25%) mostly housewives, half of the sample was monthly income is somewhat sufficient and finally father's occupation was governmental employee which accounted for (56%).

**Table (2) : Mean of score, Standard Deviation, Relative sufficiency, and evaluate according to cutoff point of Health promotion behaviors**

main domains	No	Mean of Score	Stander Deviation	Relative Sufficiency	*Evaluate
Physical activity and body fitness	100	2.0575	0.3553	68.6	Failure
Nutrition and its patterns	100	1.7575	0.2564	58.6	Pass
Sexual behavior	100	1.6100	0.2871	53.7	Pass
Legal use for drugs and alcohol	100	2.0388	0.3893	67.4	Failure
Exposure to persecution	100	1.9775	0.3318	65.9	Pass
Access on the health care	100	1.8763	0.1935	62.5	Pass
Psychological and mental	100	2.1456	0.3555	68.6	Failure

C.C= Correlation Coefficient

C.S= Correlation Significant

Table 2 shows that The evaluate were done according to applying cut of point (66.66) that studied domains distribution which dose mean that under cut of point is (pass) and upper cut of point is (failure). According to the results of (table 1), we can conclude that (Sexual behavior) respondent's domain is the best, then followed by (Dietary patterns), (Exposure to persecution) all these domains are pass , and Physical activity and Legal use for drugs and alcohol domain , and Psychological and mental then domain are failure.

**Table 3: Distribution of Health promotion behaviors overall assessment in the studied sample according to age groups with cause's correlation ships**

Age	Health promotion behaviors overall assessment	Health promotion behaviors overall assessment			C.S. P-value
		No	%	Total	
13-15 16-18 19 and more	Physical activity and body fitness	30	30%	100	C.C.=0.119 P=0.043 S
		40	40%		
		30	30%		
13-15 16-18 19 and more	Nutrition and its patterns	20	20%	100	
		60	60%		
		24	24%		
13-15 16-18 19 and more	Sexual behavior	30	30%	100	
		16	16%		
		54	54%		
13-15 16-18 19 and more	Legal use for drugs and alcohol	32	32%	100	
		24	24%		
		40	40%		

13-15		20	20%	
16-18	Exposure to persecution	60	60%	100
19 and more		24	24%	
13-15		30	30%	
16-18	Access on the health care	26	26%	100
19 and more		54	54%	
13-15		32	32%	
16-18	Psychological and mental	24	24%	100
19 and more		40	40%	

C.C= Correlation Coefficient

C.S= Correlation Significant

Table(3) shows “Age Groups” that were distributed due to the Health promotion behaviors in overall evaluate by under and upper cutoff point .the relationship between health promoting domains and the teenage age, the teenage (16-18) years have acquired better level of knowledge the Nutrition and its patterns and exposure to persecution (30%) ,and Physical activity and body fitness (40%) and another half of the age groups are (19 and more) that sexual behavior (54% )and Legal use for drugs and alcohol (40%) and Access on the health care( 54%) finally the psychological and mental domain (40%). That there has been significant association between age group and assessment of health promotion behavior with (C.C.= 0.219).

**Table (4): Distribution of Health promotion behaviors overall assessment in the studied sample according to gender with cause’s correlation ships**

Health promotion behaviors	Gender				Total	C.S. P-value
	Boys		Girls			
	No.	%	No.	%		
Physical activity and body fitness	66	66%	34	34%	100	
Nutrition and its patterns	60	60%	40	40%	100	
Sexual behavior	54	54%	46	46%	100	
Legal use for drugs and alcohol	64	64%	36	36%	100	<b>C.C.=0.134</b>
Exposure to persecution	62	62%	38	38%	100	<b>P=0.026</b>
Access on the health care	66	66%	34	34%	100	<b>S</b>
Psychological and mental	68	68%	32	36%	100	

Table(4) shows that correlation between gender and assessment of health promotion behavior that (60%) of study sample Boys , (40%) are Girls, and side Psychological and mental was more positive answer for boys by (68%) than Girls. That there has been significant relationship between gender and assessment of health promotion behavior with (C.C =0.134).

**Table 5: Distribution of Health promotion behaviors overall assessment in the studied sample according to educational levels( class) with cause's correlation ships**

Class		Health promotion behaviors	Health promotion behaviors				Total	C.S. P-value
			Ye s	%	No	%		
Intermediate Second Third Secondary fourth	-First	Physical activity and body fitness	9	9%	7	7%	100	C.C.=0.087 P=0.071 S
	-		11	11%	2	2%		
	-		15	15%	6	6%		
	-		12	12%	8	8%		
	-		9	9%	2	2%		
Intermediate Second Third Secondary fourth	-First	Nutrition and its patterns	10	10%	8	8%	100	
	-		12	12%	6	6%		
	-		12	12%	1	10		
	-		8	8%	0	%		
	-		15	15%	7	7%		
Intermediate Second Third Secondary fourth	-First	Sexual behavior	8	8%	5	5%	100	
	-		15	15%	4	4%		
	-		8	8%	6	6%		
	-		12	12%	5	5%		
	-		7	7%	8	8%		
Intermediate Second Third Secondary fourth	-First	Legal use for drugs and alcohol	14	14%	5	5%	100	
	-		16	16%	0	0		
	-		8	8%	4	4%		
	-		12	12%	5	5%		
	-		10	10%	5	5%		
Intermediate Second Third Secondary fourth	-First	Exposure to persecution	15	15%	2	2%	100	
	-		14	14%	3	3%		
	-		15	15%	7	7%		
	-		12	12%	6	6%		
	-		8	8%	0	%		
Intermediate Second Third Secondary fourth	-First	Access on the health care	10	10%	8	8%	100	
	-		12	12%	1	10		
	-		8	8%	0	%		
	-		15	15%	7	7%		
	-		8	8%	5	5%		
Intermediate Second Third Secondary fourth	-First	Access on the health care	15	15%	4	4%	100	
	-		8	13%	6	6%		
	-		12	27%	5	5%		
	-		7	7%	8	8%		
	-		14	14%	5	5%		
Intermediate Secondary fourth	-	Access on the health care	16	16%	0	0	100	
	-Fifth							

Intermediate	-sixth	Psychological and mental	8	8%	4	4%	100
	-First		12	12%	5	5%	
Second	-		10	10%	5	5%	
	-		15	15%	2	2%	
Third	-		14	14%	3	3%	
Secondary	-		16	16%	3	3%	
fourth	-						
	-Fifth						
	-sixth						

C.C= Correlation Coefficient

C.S= Correlation Significant

Table(5) depicted the relation between teenage education level (class) and their knowledge about health promoting knowledge has depicted that the secondary school graduate have better level of knowledge with regard to all domains of health promoting behaviors was significant between association education level and health promotion behaviors overall assessment (C.C =0.087).

## DISCUSSION:

The study indicated that better domains effect and high health promotion behavior domains was drug use among teenage secondary school graduate. The overall studied domains indicate that the drug use domain was the better for health promotion behaviors assessment , but this results inconsistent with many previous study. German and Burton (1999) <sup>(8)</sup> has discovered that differences in health beliefs, attitudes, language ,disease, and supervision on medication intake have impact upon the understanding of the use of medication and its effect on human health. Teenage demographic characteristics in( Table 1) has depicted that half of them are (16-18) years old which is accounted for (50%) of the sample , and male more than female in the study sample (60%) .Regarding to their education, almost (22%) of them are his forth class in secondary school graduates, This result presents the majority of teenage fathers and mothers educational levels the college graduate more than other graduate (40%),(25).This result depicted that the majority of the study sample are a somewhat Sufficient monthly income (50%) , and more the occupation fathers teenage study sample governmental employee (56%) while the mother occupation is housewife (60%). A cross-sectional survey was administered to 1945 teens at 16 randomly selected North Carolina high schools. Predictor variables examined included teens' socio-demographic characteristics, employment patterns, and health promoting law knowledge<sup>(9)</sup>.

The study shows the relationship between health promoting domains and the teenage age, the teenage (16-18) years have acquired better level of knowledge the Nutrition and its patterns and exposure to persecution (30%), because of that this category of a group of adolescents had received information on the pattern of nutrition through the media or through some of the school subjects that may be given to them in this period, which is for healthy nutrition.

Concerning the teenage gender and relation to heath promoting domains, the finding have revealed that boy students have expressed better level of knowledge use for drugs and alcohol (42%), and psychological and mental domain (48%), table (4) shows that correlation between gender and assessment of health promotion behavior that (60%) of study sample Boys , (40%) are Girls, and side Psychological and mental was more positive answer for boys by (68%) than Girls .That there has been significant relationship between gender and assessment of health promotion behavior with (C.C =0.134). The proportion of men in the study more

than females, because males can answer questions, even if they are embarrassing, especially related to sexuality or taking certain medications and alcohol<sup>(10)</sup>.

This table depicted the relation between teenage education level and their knowledge about health promoting behaviors has depicted that the secondary school graduate have better level of knowledge with regard to all domains of health promoting behaviors ,because these graduate of school Characterized that students at this stage are love of reading and that most studies tend toward human health as well as the effect of family is important at this stage.

## **CONCLUSIONS:**

Study concluded that there is a (Sexual behavior) respondent's domain is the best, then followed by (Dietary patterns), (Exposure to persecution) all these domains are pass, and Physical activity and Legal use for drugs and alcohol domain, and Psychological and mental then domain are failure. Teenage express better level of knowledge about heath promoting than others. boys and secondary school have acquired good level of knowledge than others. Forth class in secondary school have better level of knowledge than others.

## **RECOMMENDATIONS:**

1. All teenagers should take into account the promotion of health behaviors in school.
2. There must be a lesson for Health Education in the science class, or the allocation of a few minutes to explain the importance of healthy behaviors within the prescribed curriculum.
3. Attention should be forwarded to female teenage with respect to this issue.

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