

## Risky Health Behaviors among Teaching Institutes Students in Tikrit

Ashoor R. Sarhat<sup>1</sup>, Abid A. Salman<sup>2</sup>, Hind K. Sabih<sup>3</sup>.

<sup>1</sup>Community medicine Dept., <sup>2</sup>Pediatrics Dept., Tikrit College of Medicine, <sup>3</sup>Salah - Al-Deen Health Directorate.

### Abstract

Schools are considered as one of the sources of health education and information to the students and to the whole community. Teaching institutes are considered as the foundation that builds the teachers who will build the coming generations. So it is necessary to study the presence of Risky Health Behaviors among Students of Teaching Institutions in Tikrit City. In Iraq, no available data or previous studies about health risk behaviors and protective factors among adolescents have been executed. This is a pioneer study in this time and field. This study was done to provide data concerning knowledge, attitude and practices of risky health behaviors & protective factors among Students of Teaching Institutes in Tikrit. A descriptive cross-sectional study carried out on simple randomly selected (231) students, in Tikrit from 20/11/2006-20/3/2007 by using a modified questionnaire according to Iraqi circumstances for male and female teaching institutes in Tikrit city. A sample of 231 secondary school students was studied, of which 69.5% were 16 years and older. Nineteen percent (19.48%) of students were from families displaced due to sectarian causes. It is found that 125 (54%) of the students were of urban residence. It is also found that none of the students in the female institute were smokers, nor tried alcohol and drugs, but that a significant number of students in the male institute did (28.6%, 11.4%, 2.9%, and 12.4% respectively). The study concluded that risky health behaviors are prevalent among teaching institutions students in Tikrit.

### Introduction

Adolescence, the unique developmental period between childhood and adulthood, is generally associated with the second decade of life. (1) Adolescents routinely engage in behaviors that put their health at risk. (2) There are differences between adolescents and children regarding risk. (3) Taking risks in adolescence is part of identity formation. Risk behaviors may enhance self-confidence and help build relationships with peers and connection with others. Some teens, however, move beyond behaviors that might be considered developmentally-appropriate experimentation, putting themselves in situations that carry the potential for serious problems, including impairment. Surveys

suggest that some youth engage in forms of risk-taking that may be associated with adverse long-term consequences. For example, survey data from the United States (U.S.) Youth Risk Behavior Surveillance Survey (YRBS) 2001, indicates that 10% - 20% of youth engage in behaviors that put them at substantial risk for negative secondary problems (e.g., pregnancy, sexually transmitted diseases STDs, negative self-feelings). (4) Much of adolescent morbidity and mortality can be tied to risky behaviors, (5).



Health care professionals are well positioned to assist children and their families through the adolescent years by promoting healthy adolescent development, helping adolescents choose behaviors that enhance rather than risk health, and addressing specific health needs. A healthy school environment pertains to the physical, emotional and social climate of the school. It is designed to provide a safe plant as well as a healthy and supportive environment that fosters learning. (1)

By this study, we intend to provide data which health care professionals may benefit from. This study aim at providing data concerning risky health behaviors and protective factors (lack of hygiene, unhealthy dietary behaviors, inactivity and sedentary life style, tobacco, alcohol and other drugs, Sexual behavior, mental health, violence and injuries, protective Factors, and their relation to demographic and personal characteristics of the students) amongst students of teaching institutions in Tikrit province (6).

### Subjects and Methods

A descriptive cross-sectional study carried out on a randomly selected sample of (231) students of 2 teaching institutions (male and female teaching institutes in Tikrit city), in Tikrit during the period from 20/11/2006-20/3/2007. A modified questionnaire according to Iraqi current circumstances and culture was based on the Jordanian and a Canadian questionnaire for secondary school students concerning (Risky Health Behaviors) developed and after a pilot study questionnaire. Collected data was analyzed by SPSS & manager system. The level of significance chosen was 0.05 for

comparison, and chi square was analyzed accordingly.

### Results

Demographic and Social Pattern of the Study Population: Geographic & Sexual Distribution: Table 1, reveals that 125 (54%) of the students were of urban residence. Table 2 shows that 17 (7.3%) had defective information, and that only 24 (10.4%) were of the higher social class, while the middle and lower social classes (35%, and 47.2% respectively). The highest percentage was in the lower social class. From table (3), we find that 19.48% (45) of the students in the study sample were from families who were displaced due to sectarian causes. From table 4 we find that none of the students in the female institute were smokers, nor tried alcohol and drugs, nor watched "porn", but that a significant number of students in the male institute did (28.6%, 11.4%, 2.9%, and 12.4% respectively). A significantly higher number of female students knew methods of transmission of AIDS when compared to the males (84.9% in comparison to. 42.9% males). Sixteen percent of students from the male institute had less care for hygiene of teeth and hands, but were more physically active than the females (68.6% in comparison to 58.7%). The girls had a much higher percentage of absenteeism (69.8% in comparison to 37.1%), and feeling lonely most of the time, when compared to the boys. A higher percentage of males (17.1%) had considered suicide, but both were similar in feeling sad for two consecutive weeks to an extent which interfered with their daily activities, and again the percentages of considering dropping off school were almost similar between the two.



Lastly, the male institute students had a higher percentage of sharing in physical fights (14.3% in comparison to 5.6%).

### Discussion

Students of male and female teaching institutes will be the teachers of the future generations. In this study, risky health behaviors of the students of the male teaching institute, were found to have a much higher prevalence compared to their female counterparts, especially smoking; 28.6% male students vs. 0% female students, alcohol consumption; 11.4% male vs. 0% female, drug taking; 2.9% male vs. 0% female, watching porn; 12.4% male vs. 0% female, and finally, considering suicide; 17.1% male vs. 10.3% female, and having such high percentages of these risky behaviors amongst these students should make us consider regarding the future students who will be taught by them.

They also had less care for hygiene of teeth and hands, but were more physically active than the females. Concerning knowledge of HIV transmission, in which the students of the female teaching institute scored higher; 84.9% female vs. 42.9% male, again this returns us to the fact that females have more compassion to learn how to protect themselves. Students of the female teaching institute though, had a higher rate of absenteeism without permission, and feeling lonely most of the time or always. Both had similar rates of feeling sad for two consecutive weeks to an extent it interfered with daily activity, and dropping off school, though the females scored a bit higher in both, and finally, the male teaching institute students had a much higher percentage of sharing in physical fights; 14.3% vs. 5.6%,

which is part of the nature of males, while females usually will not resort to fights in resolving differences.

### References

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**Table (1)** Geographic distribution of students in relation to sex

| Residence    | Sex        |            | Total                 |
|--------------|------------|------------|-----------------------|
|              | Male       | Female     |                       |
| Urban        | 57         | 68         | 125<br>(54)%          |
| Rural        | 48         | 58         | 106<br>(46)%          |
| <b>Total</b> | <b>105</b> | <b>126</b> | <b>231<br/>(100)%</b> |



**Table (2):** Student distribution according to social class.

| Social Class Level | Sum (%)         |
|--------------------|-----------------|
| Information defect | 17 (7.3)        |
| High social class  | 24 (10.4)       |
| Middle socialclass | 81 (35)         |
| Low social class   | 109 (47.2)      |
| <b>Total</b>       | <b>231(100)</b> |

P value = 0.001

**Table (3):** Students displaced due to sectarian causes

| Displaced students | Frequency  | Percent     |
|--------------------|------------|-------------|
| No response        | 4          | 1.73%       |
| Yes                | 45         | 19.48%      |
| No                 | 182        | 78.78%      |
| <b>Total</b>       | <b>231</b> | <b>100%</b> |

**Table 4** Student behavior of male and female teaching institutes

| Behavior                                                                                                                           | Male institute<br>denominator=105 |      | Female institute<br>denominator =126 |      |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------|--------------------------------------|------|
|                                                                                                                                    | No.                               | %    | No.                                  | %    |
| Current smoker                                                                                                                     | 30                                | 28.6 | 0                                    | 0    |
| Ever tried alcohol                                                                                                                 | 12                                | 11.4 | 0                                    | 0    |
| Ever took drugs                                                                                                                    | 3                                 | 2.9  | 0                                    | 0    |
| Watch porn films                                                                                                                   | 13                                | 12.4 | 0                                    | 0    |
| Know methods of AIDS transmission                                                                                                  | 45                                | 42.9 | 107                                  | 84.9 |
| Clean their teeth less than once daily in past 30 days                                                                             | 17                                | 16.1 | 8                                    | 6.2  |
| Washed hands before meals ( rarely or never ) in past 30 days                                                                      | 7                                 | 6.7  | 1                                    | 0.8  |
| Washed hands ( rarely or never ) after using the toilet                                                                            | 7                                 | 6.7  | 2                                    | 1.6  |
| Were physically active for at least 60 minutes a day in the past week                                                              | 72                                | 68.6 | 74                                   | 58.7 |
| Absent from school without permission in past 30 days                                                                              | 39                                | 37.1 | 88                                   | 69.8 |
| Felt lonely most of the time, or always                                                                                            | 13                                | 12.4 | 21                                   | 16.7 |
| Seriously considered suicide                                                                                                       | 18                                | 17.1 | 13                                   | 10.3 |
| Felt severely sad or loss of hope for at least 2 consecutive weeks during this year to an extent it interfered with daily activity | 57                                | 54.3 | 73                                   | 57.9 |
| Considered dropping off school                                                                                                     | 11                                | 10.5 | 15                                   | 11.9 |
| Were in physical fight at least once in past 12 months                                                                             | 15                                | 14.3 | 7                                    | 5.6  |

