Assessment of Healthy Lifestyle among secondary school Adolescent girls in Iraq

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Abstract

Background: Healthy lifestyle is essential for adolescent girls to promote their health. **The study aimed to** assess healthy lifestyle among secondary school adolescent girls in Iraq. **Design**: A descriptive correlational research design was utilized to conduct this study. **Setting:** the study was conducted at 25% of total secondary schools in Iraq it included 6 schools which namely; Masra El-Rasol school, Khadija school, Belquis school, Adhamiya school, Hariri school, Al-Entsar school at Russafa in Baghdad. **Subjects**: included 200 adolescent student girls from previous mentioned school**. Tools:** Two tools were used for data collection; **first tool:** An interviewing questionnaire to assess knowledge regarding healthy lifestyle. **Tool two:** Fantastic Lifestyle questionnaire which included 15 closed questionnaires**. Results:** 68.0% of the studied students had average total knowledge about healthy life style, while, 29.5% of them had good total knowledge about healthy life style. In addition to, 2.5% of them had poor total knowledge about healthy life style. Also**,** 69.5% of the studied students had total psychological healthy lifestyle. While, 62.5% of them had unhealthy social lifestyle and 66.5% of them had total unhealthy lifestyle. **Conclusion:** There was highly statistically significant correlation between total knowledge about healthy life style of the studied students and total practices about healthy life style. **Recommendations:** Health educational programs about healthy life style to enhance health promotion.

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Key word: Health, Lifestyle, Adolescent, Girls.

Introduction:

Health is a universal trait; the World Health Organization defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease. Health contributes to general well-being and overall lifestyle. In order for a person to enjoy a quality of life, good health habits must be achieved because basic health determines what a person can do. There are several factors in a person's lifestyle that can make them healthy or unhealthy *(Ghaleb and Al-Khamees, 2015).*

Nowadays, health promotion is increasingly paid more attention and one of the main challenges of countries is providing health care according to the health promotion approaches. So that people could be capable to be responsible for own health and follow healthy life style. This practice should be started from childhood and adolescence and keep individuals safe against major health risk during their life. Life style plays an important role in bio- psychological health *(Golmakani et al., 2017).*

Life style is one of the most important influential factors on individual's health and illness. On the basis of statistical data, 53%

of deaths are related to the life style. Healthy life style causes a balance in life if which a person chooses intentional standards options for himself. In fact, healthy life style has been considered as a valuable source for decreasing health problems, promoting health, managing stressful events and improving the quality of life. The components of life style could be modified by applying related strategies; hence, public health shifted its attention more to inform changing strategies of life style *(Babanejad, 2016)*.

Adolescence might be critical for later health and disease, because there is some evidence stating that habits acquired in this period may track into adulthood. To improve adolescents' health, it is important to promote healthy behaviors at an early age, especially during adolescence. Healthy behaviors are a determinant of health; positive changes can have an impact on the overall health outcomes. The main behaviors associated with adolescents' health are physical activity, less time engaging with multimedia, healthy diet, and absence of alcohol and tobacco consumption, as well as caffeine/stimulant use, sleep deprivation, drug use, condom less sex, and unhealthy relationships *(Faught et al., 2017)*.

World Health Organization has predicted that life style is responsible for around 70%-80% of mortality rate in developed and 40%-50% in developing countries. Considering the fact that the attitudes and behaviors of students which is said to be formed during young adulthood are often a determinant of healthy lifestyle habits, and helping adolescents makes healthy lifestyle choices and preventing them from malicious behavior is crucial. Besides, in order to prevent these malicious behaviors, healthy lifestyle should be established in

adolescence *(Budd and Preston, 2019)*.

Basic diet and nutrition aids a person in many different ways. Eating the correct amount of nutrients is essential for the body's proper functioning. Healthy nutritional choices are necessary for maintaining a healthy lifestyle. There are positive relationships between eating breakfast and adolescent's health. Structured eating patterns help improve students' academic performance. Also it was found that eating disorders, such as anorexia and bulimia, are more prevalent among female students than among the general population *(Trockel et al., 2015)*.

Community health nurses (CHNs) are interested in working in community-based settings and able to apply the nursing process in a less structured or controlled environment compared with the hospital. CHNs are also able to assimilate information well beyond the immediate physical and psychosocial needs of the client in a controlled acute care setting, and deal with environmental threats, lifestyle choices, family issues, different cultural patterns, financial burdens, transportation problems, communication barriers, limited resources, and client acceptance and compliance *(Anderson & McFarlane, 2015)*.

Significant of the study:

The high prevalence of unhealthy behaviors and their negative associations are concerning for adolescents as school education which are demonstrated a protective factors against the development of adverse health over the entire lifespan. Unhealthy behaviors contribute to adverse health consequences through direct physiological effects and by negatively influencing on health *(Omage et al., 2018)*.

Quality of life among Elderly Hearing Impairment (Presbycusis) at Benha City

There are few studies on the culture focusing on adolescent lifestyle in-depth. Hence, this study aims to identify what the adolescents' perspectives are of their lifestyle and also attempts to explore the factors that adolescents feel persuade their decisions to select healthy or unhealthy lifestyle behaviors.

Aim of the study

This study aims to assess healthy lifestyle among secondary school adolescent girls in Iraq**.**

Research question:

-What is the knowledge of adolescent girls regarding healthy lifestyle?

-What is the level of healthy lifestyle among adolescent girls in Iraq?

-Is there correlation between adolescent girls' knowledge level and their healthy lifestyle?

Subject and Methods

Research design:

A descriptive research design was utilized to conduct this study.

Setting:

The study was conducted at 25% of total secondary schools in Iraq which included 6 schools from 24 schools and namely; Masra El-Rasol School, Khadega School, Belquis School, Adhamiya School, Hariri school, Al-Entsar school at Russafa at Baghdad.

Subject:

A systematic random sample used; then one/fourth of the classes in each school; all students in each class taken with inclusion criteria, female in first and second grade, free from medical health problems. 200 adolescent student girls from previous mentioned school available at the time of the study who accepted to be involved in the study.

Tools of data collection:

Two tools were used to collect the data:

First tool: An interviewing Questionnaire Sheet: It was developed by the investigator and revised by supervisor staff, based on reviewing the related literatures, and it was written in simple clear language. It consisted of two parts:

The part1: It was designed to collect data about demographic characteristics of studied adolescent girls such as age, class, residence school grade, attended courses.

The part 2: It was designed to assess the studied adolescent girls' knowledge regarding healthy life-style which includes 12 closed questions.

Scoring system of the studied sample knowledge:

Each item was assigned a score of 2 given when the answer was correct and complete answer, a score of 1 was given when the answer was correct but incomplete answer, and score of 0 was given when the answer didn't know or incorrect answer. The total knowledge score was considered good if the score of the total >75% while considered average if it equal 50-75% and considered poor if it <50%.

Second tool: Fantastic Lifestyle questionnaire developed in 1984 by Wilson and Ciliska used and modified in this study to assess lifestyle practiced by adolescents girls consisted of **physical healthy lifestyle** which included 15 closed questionnaires such, **Psychological healthy life style** which included 7 closed questionnaires and **Social healthy life style** which included 10 closed questionnaires.

Scoring system of the studied nurses practices:

For each practice was given as follows: 2 score for always, 1 score for sometimes and

0 score for never. The total practice was calculated and practices scores were considered. The total score was classified as the following: healthy ≥75 % and unhealthy <75%.

Validity and Reliability of tool: Content validity:

The tool validity was done by five of Faculty Staff nursing experts from the Community Health Nursing Specialties who reviewed the tools for clarity, relevance, comprehensiveness, applicability, and easiness for administration implementation and according to their opinion minor modification were required.

Reliability of tools:

Alpha perceived adolescents girls` knowledge was 0.85 and for practices was 0.84

Statistical design:

The collected data was analyzed, tabulated and presented in figures using the number and percentage distribution, mean and stander deviation using Statistical Analysis Package for Social Science (SPSS) version 20. Data were presented using proper statistical tests that were used to determine whether there significant differences or not and if there were positive correlation or not. The following statistical tests that were used: Number and Percentage: Mean and stander deviation (SD) and Chi-square X^2 was used for qualitative data and spearman correlation test. Also P-value was used to determine significance of results as follows: <0.05 is statistically significant difference: >0.05 not statistically significant difference and<0.01 it

is highly significant difference.

Results:

Table (1) shows that 43.5% of studied students were aged 17- less than 18 years old with **Mean ±SD 17.03±0.75**. Also 49.0% of them were at the second class and 63.5% of them lived in rural. In addition 69.5% of the studied students were the first ranking and 60.5% of them received training courses related total physical healthy life style.

Figure (1) clears that 68.0% of the studied students had average total knowledge about healthy life style. In addition 29.5% of them had good total knowledge about healthy life style. In addition 2.5% of them had poor total knowledge about healthy life style.

Figure (2) shows that 69.5% of the studied students had total psychological healthy lifestyle. In addition 62.5% of them had total unhealthy social lifestyle. In addition to; 55.5% of them had total unhealthy lifestyle.

Figure (3) shows that 66.5% of the studied students had total unhealthy lifestyle. In addition 33.5% of them had total healthy lifestyle.

Table (2) shows that there was highly statistically significant correlation between total knowledge about healthy life style of the studied students and total practices about health life style.

Table (1): Frequency distribution of studied students regarding demographic characteristics (n=200).

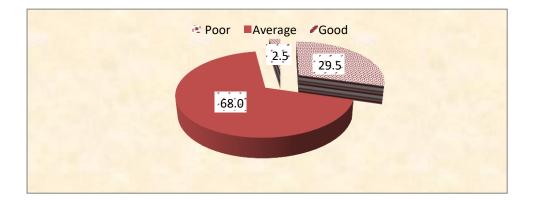| Demographic characteristics	No.	%
School name		
Age		
16-	54	27.0
17-	87	43.5
18+	59	29.5
Mean ±SD	**17.03±0.75**	
Class		
Frist	33	16.5
Second	98	49.0
Third	69	34.5
Residence		
Urban	127	63.5
Rural	73	36.5
Students school grade		
The first	139	69.5
The second	44	22.0
The third	14	7.0
the fourth	3	1.5
Attended training courses		
Yes	121	60.5
No	79	39.5

Figure (1): Percentage distribution of studied students regarding total knowledge about healthy lifestyle (n=200).
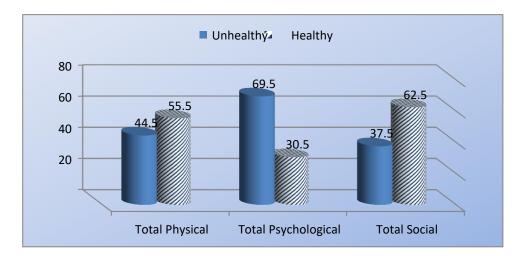
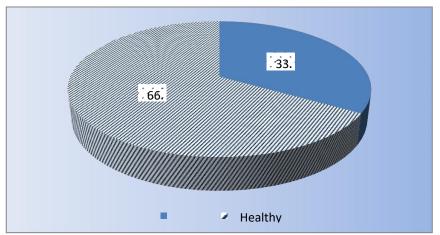**Figure (2): Percentage distribution of studied students regarding total practices items about lifestyle (n=200).**

Figure (3): Percentage distribution of studied students regarding total practices about healthy lifestyle (n=200).

Table (2): Correlation between total knowledge and total lifestyle (n=200).

Total practices about Lifestyle	Total knowledge	
	r.	**P-value**
	0.31	0.000**

Discussion

Concerning the studied students' age; the current study revealed that less than half of them aged 17 to less than 18 years with mean and standard deviation of 17.03±0.75 (table 1). This finding was against the result

of ***Jihad et al., (2016),*** whose study was about "a study of eating habits among female nursing students in the university of Babylon/Iraq" and stated that the highest percentage of the sample reported at age ranged between 22 and 24 years with mean

and standard deviation of 22.01 ± 1.360. This might be because the study was conducted for students within greater educational stage.

As regards the studied students' school grade; the present study showed that slightly less than half of them were at the second grade (table 1). This result was disagreed with the result of *Elhassan et al., (2013),* who study was about "Nutrition knowledge attitude and practices among students of Ahead University for Women in India" and found that the greater number of them was in the third class. This might be the most critical period for unhealthy lifestyle is adolescents.

Regarding the place of residence; the present study revealed that more than half of the studied students lived in urban areas (table 1). This finding was in agreement with *Jihad et al., (2016),* who reported that more than three quarters of the studied sample represents urban residency. This may be explained that the life in the urban areas is different from that in rural which seen in most of their practices, such as sleeping habits, they are used to sleep a lot during the day, as well as food, they are more accustomed to eating fast food.

Concerning the attendance of training courses; the result of the current study showed that more than half of the studied students attended training courses related healthy life style (table 1). This result disagreed with *Almutairi et al., (2018),* who study was about "Health promoting lifestyle of university students in Saudi Arabia: a cross- sectional assessment" and stated that the majority of the studied students in both colleges do not attend educational programs on health care or healthy lifestyle. This might be because they don't know the importance of health related training courses.

Concerning the studied students' total knowledge about healthy lifestyle; more than half of them had average total knowledge, while more than one quarter had good total knowledge and the minority of them had poor total knowledge (figure 1). This finding agreed with *Al- Tawil et al., (2015),* whostudy was about "Knowledge and practices of a group of adolescents' girls toward some aspects of their health and development" and found that more than two thirds of the studied respondents had good total knowledge and rest of them had poor total knowledge regarding the healthy lifestyle. This might be because the studied students received training courses concerning health and the healthy lifestyle before.

Regarding the studied students' total practices items about the healthy lifestyle; more than half of them had total psychological healthy lifestyle, while more than half of them had total unhealthy social lifestyle, and more than half of them had total unhealthy physical lifestyle (figure 2). These findings might be because the studied students did not receive the necessary information about the different aspects of the healthy lifestyle (physical, psychological, and social) through the training courses they had taken, besides considering the adolescence a stage of independence without returning to the family.

As for the studied students total practices score regarding the healthy lifestyle; the present study results denoted that more than half of the studied students had total unhealthy lifestyle, while more than one quarter of them had total healthy lifestyle (figure 3). These findings agreed with *Almutairi et al., (2018),* who found that the majority of the studied students had total unhealthy lifestyle, while the minority of

them had total healthy lifestyle

Regarding the correlation between the studied students' total knowledge and total practices regarding the healthy lifestyle; the result of the present study showed that there was highly statistically significant correlation (table 2). This finding agreed with *Salih (2016),* who stated that there was highly statistically significant correlation between the studied students' total knowledge and total practices regarding the healthy lifestyle. This might be explained that the high level of knowledge about the healthy lifestyle exactly improve the practices towards the same thing.

Conclusion

Based on the results of the present study and research questions the study concluded that:-More than two thirds of the studied students had average total knowledge about healthy life style. More than quarter of them had good total knowledge about healthy life style. In addition to, minority of them had poor total knowledge about healthy life style. Two thirds of the studied students had total unhealthy lifestyle. In addition one third of them had total healthy lifestyle. In addition to; there was highly statistically significant relation between total knowledge score about healthy life style of the studied students and total practices score about health life style

Recommendations

▪ Develop and implement health education programs about healthy life style to enhance students` health promotion.

▪ Community health nurses should develop boosters and booklet about risks of unhealthy lifestyle practices.

▪ Recommending the schedules and healthy programs to be as essential part of daily life programs of students.

▪ Further educational programs can be developed based on results.

▪ Further studies for students, teachers, parents and school health nurse regarding effect of life style, risk factors and effect of healthy life style and unhealthy life style health promotion and learning achievement.

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أسلوب الحياة الصحي بين الفتيات المراهقات في المدارس الثانوية في العراق

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تعد الوصله الشريانيه الوريديه هي أفضل طريقه للمرضي الذين يتلقون الغسيل الكلوي الدائم , لذلك هدفت هذه الدراسه إلي تقييم نمط الحياة الصحي بين الفتيات المراهقات في المرحلة الثانوية في العراق. وقد أجريت الدراسه على ٢٥٪ من مجموع المدارس الثانوية في العراق وشملت ٦ مدارس وهي: مدرسة مسرة الرسول , مدرسة خديجة, مدرسة بلقيس الاعظمية, مدرسة الحريري ,مدرسة الانتصار في الرصافة ببغداد على٢٠٠ طالبة في المرحلة الثانوية. حيث كشفت النتائج على وجود علاقة ذات دلالة احصائية بين معلومات المراهقات حول نمط الحياة الصحي وممارساتهم لنمط الحياة الصحي. كما أوصت الدراسه بأهميه إجراء برامج التثقيف الصحي حول نمط الحياة الصحي لتعزيز الصحة.