

Common Health Problems and Risk Behaviors among Adolescent Males in Governmental Secondary Schools, Assuit Governorate

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Abstract

Background: During adolescence, males have higher rates of morbidity and suffer from various health problems and risk behaviors.

Aim of the Study: To assess the most common health problems and risk behavior performed by adolescent males in Governmental Secondary Schools.

Subject and Methods: A descriptive cross sectional design was utilized in this study.

Setting: Gamal Farghaly Soutan Governmental Secondary School for males Assuit City.

Sample: One hundred fifty five students were chosen randomly from 3 different grades.

Tools: One questionnaire sheet composed of 3 parts: Part I: Demographic characteristic of the students, part II: Common health problems (physical, social and psychological), part III: Risk health behavior performed by secondary male students.

Results: Physically, 23.9% of the students had medical health problems, out of them the most common were respiratory problems (48.6%). Regarding psychological problems frustration was common among (25.8%), while the most common social health problem was peer pressure to perform risk behaviors (52.9%). The most common risk behavior was violence at school (27.7%). Smoking was correlated positively with age ($p=0.001$).

Conclusion: The most common physical, psychological and social health problems were as follow, respiratory problems, frustration and peer pressure to perform risk behaviors while the most common risk behavior was violence at school.

Recommendation: More health educational programs to raise the awareness of secondary male students about how to avoid being engaged in health risk behaviors.

Key Words: Male – Adolescents – School – Health problems – Risk behaviors.

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Introduction

THERE is a growing interest in assessing adolescent health because mortality and morbidity rates for adolescents have increased in the past few decades [1]. Regarding secondary school male students available evidence indicates that they are prone to a number of health impacting conditions due to personal choices, environmental influences and lifestyle changes including both communicable and non-communicable disorders and injuries [2]. Male students were significantly more likely than female students to engage in risk behavior in school [3]. Such behavior involving substance abuse, unsafe sex and irresponsible driving, may be seen as ways to prove their manliness [4].

Globally, WHO revealed that about three quarters 73% of all road traffic deaths occur among young males under the age of 25 years who are almost 3 times as likely to be killed in a road traffic crash as young females [5]. Interpersonal violence represents 43% of all adolescent male deaths [6]. In Egypt male adolescents aged 15-19 years represent 5% of total population. Anemic school males aged 15-19 years represent 21.7% of total male students. Male students of the same age group who smoked cigarettes represent 18.9%. While percentage of male students who were in a physical fight one or more times during the past 12 months represented 62.0% of total male students aged 13 to 15 years old [7].

The worldwide guidelines assure the vital role of nurses' in health promotion especially with young people as they experience critical phase of life. Programs with the aim of preventing health risk behaviors are more efficient when implemented in early life. A positive health education can help young males to deal with health requirements and develop the cognitive and social required skills for

maintaining good health levels [8]. The nurses collaborate with teachers to assure proper understanding of the health curriculum in class. They can regulate smaller sessions according to the needs of students as smoking hazards and healthy nutrition [9]. Ideally adolescents themselves should take a part in the process of defining their relevant health problems and finding out solutions [10].

The objectives of the current study are to assess most common health problems and risk behaviors performed by secondary male students. The results will be useful in raising awareness of responsible health professionals and help them to improve health of male students in secondary schools also it will add to nursing body of knowledge in the area of school health and school nursing activities in their relevant endeavors.

Subjects and Methods

Setting: The study was carried out during the period November 1, 2015 – December 1, 2015 in Assuit Governorate which is located in Upper Egypt. It has 11 educational directorates. One directorate was selected randomly which is Assuit educational directorate. It has 4 secondary schools for males; each school has nearly from 500 to 1000 male students. Out of these four schools, one school had been chosen randomly which is Gamal Farghaly Soutlan Governmental Secondary Schools for males.

Research questions:

- 1- What are the most common health problems among adolescent males in secondary schools, Assuit governorate?
- 2- What are the risk health behaviors performed by adolescent males in Governmental Secondary Schools, Assuit Governorate?

Study design: Descriptive cross-sectional research design will be utilized to fulfill aim of the study. The cross-sectional research is a research approach in which the researchers investigate the state of affairs in a population at a certain point in time [11].

Sample: Cluster sample was used in the current study. The total number of the sample was 155 students.

One class was selected randomly from each grade (first, second and third grade).

Tool: After extensive reading of related literature, one tool was developed by the investigator based on Global School Based Student Health

Survey (GSHS) which was developed by W.H.O and conducted primarily among students aged 13-17. A structured questionnaire tool was disseminated and filled by the students. It included three parts as follows:

Part I: Demographic characteristics of the students include questions as age, class, place of residence, family data include questions as total family number, parent occupation and education, and socioeconomic class.

Part II: Common health problems (physical, social and psychological) among secondary school male students. It was divided into three main sections; (A) Physical, psychological and social health problems. Physical health problems include questions as chronic health problems, skin problems, nutritional problems and sleeping problems. (B) Psychological health problems include questions as stress problems, body image and depression problem. (C) Social health problems include questions as relationship with parent at home, peers pressure and relationship with teachers at school. Some questions were answered with present or absent (scored 1-0), other questions answered with yes or no (scored 1-0), while questions answered by lickert scale (always-sometimes-never) scored (1-2-3) respectively. The Body Mass Index (BMI) was calculated by dividing student weight in kilograms by their height in meters squared (kg/m^2). The height and weight measures were taken from student's records which were kept in the school. Assessment of BMI was done using categories reported by center for disease control and prevention (CDC) for adolescents from 10 to 18 years old; BMI $<5^{\text{th}}$ percentile are considered to be underweight, normal weight 5^{th} to $<85^{\text{th}}$ percentile, overweight 85^{th} to $<95^{\text{th}}$ percentile and obese $>95^{\text{th}}$ percentile [12].

Part III: Risk health behavior performed by secondary school male students. It includes questions as smoking habits, having drugs, performing violence at school and following safety measures during driving vehicles.

Procedure: Study subject approval was obtained from Ethical Committee, Faculty of Nursing, Cairo University. An official permission was obtained from Assuit educational directorate and the principle of Gamal Farghaly Soutlan School to carry out this study. One class was selected randomly from the 1st, 2nd and 3rd secondary grade classes by cluster sample method to cover the sample size needed. The investigator explained the aim of the study to the school administration and to all participants. Also written consent obtained from every

participant. Data was collected for 2 months from November till December 2015. The investigator meets the students 2 days a week according to the student's time during break time or spare time at school day. The time spent for each student to complete (structured interviewing questionnaire) was approximately 20 to 30 minutes. Sheets were distributed over the students to fill the data. Each sheet was reviewed by the investigator to detect any missing data or to explain any vague items.

Ethical and legal considerations an official permission to conduct the proposed study was obtained from the officials of both Faculty of Nursing Cairo University and the the principle of Gamal Farghaly Soutan School. The protocol of this study was approved by the Ethical Committee of the Faculty of Nursing, Cairo University. The purpose, specific objectives, anticipated benefits and the method of the study were carefully explained to the students. When the students agreed to participate in the study, they were assured that they would not be identified in the report of the study. The investigator emphasized that participation in the study is entirely voluntary; and their rights were secured; anonymity and confidentiality will be assured through coding of the data. Written consents were taken from workers who accepted to be included in the study.

Statistical analysis up on completion of data collection, the data were scored, tabulated, and analyzed by computer using the "Statistical Package for the Social Science" (SPSS windows) Version 20. Numerical data were expressed as mean \pm SD, and range. Qualitative data were expressed as frequency and percentage. Relations between different numerical variables were tested using Pearson correlation. For qualitative data, comparison between two variables was done by using r & p . Probability (p -value) equal to or less than 0.05 was considered significant and less than 0.001 was considered as highly significant.

Results

Part I: Demographic characteristics of the selected students:

Table (1) shows that 45.1% of the students were 16 years old with a mean age of 16.8 ± 0.9 years. 58.1% of the students were from urban area, 52.3% of the student's family sized from 5 to 6 members at home, 72.3% of the student's fathers worked at governmental work. Student's fathers who had university education represented 64.5%, 58.7% of the student's mothers had university education, 67.7% of the student's mothers were housewives.

Students who came from middle socioeconomic class represented 73.5%.

Table (1): Percentage distribution of selected students according to their demographic data (N=155).

Total sample (n=155)		
Demographic data	Frequency	%
<i>Age:</i>		
16 years	70	45.1
17 years	48	31
18 years	37	23.9
Mean \pm SD	16.8 \pm 0.9	
<i>Class:</i>		
First	67	43.2
Second	50	32.3
Third	38	24.5
<i>Place of residence:</i>		
Urban	90	58.1
Rural	65	41.9
<i>Family size:</i>		
2-4 members	14	9
5-6 members	81	52.3
More than 6 members	60	38.7
<i>Father occupation:</i>		
Government work	112	72.3
Private work	25	16.1
No work	18	11.6
<i>Father education:</i>		
Can't read and write	2	1.2
Read and write	13	8.5
Secondary technical education	40	25.8
University or higher	100	64.5
<i>Mother occupation:</i>		
Working	50	32.3
Housewife	105	67.7
<i>Mother education:</i>		
Can't read and write	5	3.2
Read and write	4	2.6
Secondary technical education	55	35.5
University or higher	91	58.7
<i>Socioeconomic class:</i>		
Low	10	6.5
Middle	114	73.5
High	31	20

Part II: Health problems (physical, psychological and social) of the selected students:

Table (2) indicates that 23.9% of the students reported one or more medical health problems out of them 48.6% had respiratory problems, 45.9% had skin problems and 40.5% had iron deficiency anemia.

Table (3) shows that 64.5% of the students reported that they had shortage in information provided by school about puberty changes and want to learn more about it, 38.1% of them reported that they didn't trust in the information provided to them. Students who had difficulties in dealing with physical changes of puberty represented 27.1%. 43.2% of the students got their information

about puberty change process from friends, while 35.5% of them get their information from the internet.

Table (2): Percentage distribution of the selected students according to medical health problems (N=155).

	Yes		No		Total
	Frequency	%	Frequency	%	
• Presence of medical health problems	37	23.9	118	76.1	155
* Type of health problems as reported by the students	Frequency		%		
<i>Respiratory problems:</i>	18	48.6	37		
Asthma	11	29.7			
Allergic rhinitis	3	8.1			
Sinusitis	3	8.1			
Bronchitis	1	2.7			
<i>Skin problems:</i>	17	45.9			
Acne vulgaris	17	45.9			
<i>Anemia:</i>	15	40.5			
Iron deficiency anemia	15	40.5			
<i>Vision problems:</i>	13	35.1			
Astigmatism	9	24.3			
Myopia (Nearsightedness)	4	10.8			
<i>Allergy:</i>	10	27			
Skin allergy	7	18.9			
Food allergy	3	8.1			
<i>Gastrointestinal problems:</i>	7	18.9			
Irritable bowel syndrome	7	18.9			
Diabetes	2	5.4			

*: Responses not mutually exclusive.

Table (3): Percentage distribution of the selected students according to their puberty stage problems and source of information about puberty (N=155).

Puberty stage problems	Total sample (n=155)			
	Yes		No	
	Frequency	%	Frequency	%
• *Proper dealing with puberty's physical changes.	113	72.9	42	27.1
• Trusting in the information that you get about physiological change during puberty.	96	61.9	59	38.1
• Finding all what you want to know about puberty changes in school curriculums.	55	35.5	100	64.5
Source of information about puberty changes process	Frequency		%	
Home or school	33	21.3		
Friends	67	43.2		
Internet	55	35.5		

*: Physical changes include (broadening of chest and shoulders, deepening of voice and appearance of facial hair, appearance of body hair and pubic hair, increase in size of genitals and ability to ejaculate).

Table (4) depicts that 66.5% of the students communicated well with their friends, 71.6% of them satisfied about the way they look, 50.3% of the students had the ability to deal with psychological stress. Students who had the ability to integrate with others without feeling of introversion and isolation represented 76.2% while 25.8% of the students reported that they felt frustrated and had no goals or hope in the future.

Table (4): Percentage distribution of the selected students according to their psychological problems (N=155).

Psychological problems	Total sample (n=155)					
	Always		Sometimes		Never	
	Freq- uency	%	Freq- uency	%	Freq- uency	%
• Being able to communicate well with friends.	103	66.5	34	21.9	18	11.6
• Satisfying about the personal appearance.	111	71.6	35	22.6	9	5.8
• Ability to tolerate stressful situations.	78	50.3	73	47.1	4	2.6
• Being able to Integrates in groups without feeling introversion and isolation from others.	118	76.2	22	14.1	15	9.7
• Being optimistic about the future.	95	61.3	20	12.9	40	25.8

Table (5) indicates that 20% of the students didn't have close friends, 38.7% of them reported that they had friends with delinquent behaviors, while students who reported that they couldn't face peer pressure to perform risk behaviors represented 52.9%.

Table (5): Percentage distribution of the selected students according to peer pressure problems (N=155).

Peer pressure problems	Total sample (n=155)			
	Yes		No	
	Frequency	%	Frequency	%
• Having close friends.	124	80	31	20
• Having friends without delinquent or risk behaviors.	95	61.3	60	38.7
• Being able to face peer pressure to perform risk behaviors.	73	47.1	82	52.9

Part III: Risk behaviors performed by the selected students:

Table (6) describes that 67% of the student's parents smoked cigarette. Students who smoked cigarette or shisha represented 26.5%, 56.1% of them start to smoke at the age of 9 to 12 years old, 58.5% of the students smoked one or two cigarette per day.

Table (6): Percentage distribution of the selected students according to their smoking habits (N=155).

Smoking habits	Yes		No		Total N
	Frequency	%	Frequency	%	
• Having smoking parent or siblings.	104	67	51	33	155
• Are you smoking.	41	26.5	114	73.5	
Age of starting to smoke	Frequency		%		Total
9 to 12 years	23		56.1		41
13 to 15 years	6		14.6		
Above 15 years old	12		29.3		

Table (7) indicates that 58% of the students mentioned that they always witness violence at school, while 27.7% of them always got involved into physical fight inside school.

Table (7): Percentage distribution of the selected students according to violence at school (N=155).

Violence at school	Total sample (n=155)					
	Always		Sometimes		Never	
	Freq- uency	%	Freq- uency	%	Freq- uency	%
• Being witness on any kind of violence at school (verbal - physical).	90	58	40	25.8	25	16.2
• Getting involved into physical fights inside school.	43	27.7	38	24.5	74	47.7

Part IV: Correlation between variables under the study:

Table (8) describes correlation between student's age and common health problems. It indicated that there was negative correlation between age and peer pressure problems ($r=-0.15, p=0.004$).

Table (9) describes correlation between student's age and risk behaviors. It indicated that there was a statistically significant positive correlation between the student's age and smoking habit ($r=0.52, p=0.001$).

Table (8): Correlation between age of selected students and common health problems (N=155).

Common health problem	Age	
	r	p-value
<i>Social health problem:</i> Peer pressure problem	-0.158	0.004**

* : Statistically significant correlation ($p<0.05$)

** : Statistically significant correlation ($p<0.01$).

Table (9): Correlation between age of selected students and risk behaviors (N=155).

Risk behaviors	Age	
	r	p-value
Smoking	0.522	0.001**

* : Statistically significant correlation ($p<0.05$)

** : Statistically significant correlation ($p<0.01$).

Discussion

Part I: Demographic characteristics of the selected students:

The result of the current study indicated that, male student's age ranged from 16 to 18 years old with mean age $16.8+0.9$ years old and more than half of the students were from urban area. Ismail, Mahran, Zarzour and Sheahata [13] conducted a study in Assiut, Egypt to determine the prevalence of poor sleep quality and to assess its psychological and general health correlates among 829 secondary school students from public, private, and technical secondary schools. Students aged 15-19 years and two thirds of the sample was from urban areas. This result related to the high population density in Assiut city where number of students living in urban areas overtook those living in rural areas.

Part II: Health problems (physical, psychological and social) of the selected students:

Considering physical health problems it was found that respiratory problems were the most common problem among students. This result was contraindicated with a study done by El-Gilany [14] who devolved a study in Egypt to estimate the prevalence of the common self-reported chronic diseases among 1493 students in public secondary schools in Mansoura, Egypt and found that acne vulgaris was the most frequent somatic disease.

From the investigator's point of view this result may be related to several factors that are highly prevalent in the study locality and may predispose young males to acquire asthma, including crowded houses and classrooms, low income level, smoking and frequent exposure to environmental allergens especially for the half of the samples who came from rural areas where pesticides commonly used by farmers.

Regarding source of information about puberty changes stage, results illustrated that, more than one fourth of the students (27.1%) reported that, they had difficulties in dealing with physical changes of puberty and more than two fifth of the students (43.2%) get their information about puberty change process from friends while more than one third

(35.5%) reported that they get their information from home or school. This result supported by Ramiro et al., [15] who conducted a study in Portugal to assess significance of sexual health education in school on 5050 adolescents from 139 high schools and found that, the majority of adolescents prefer to talk about sexual topics with friends, while more than two third of them get their needed information from the internet.

This result may be related to the fact that sexual information is considered as a taboo and cultural norms of the Arab community prevent discussing subjects like these, so young males get their knowledge and information about these topics from indirect sources like internet or from each other's, which could provide them with wrong information that may affect them negatively in the future.

In relation to psychological status of the students, frustration was common among one fourth of the students (25.8%). This result was in agreement with a study carried out by Abdel-Fattah et al., [16] in Saudi Arabia to identify male Saudi school children emotional and behavioral issues and their possible risk factors. Data were collected from 4 schools in Taif Governorate with total sample of 1313 male students. They found that (8.3%) of male students were emotionally and/or behaviorally disturbed students. From the investigator's point of view many interrelated factors contributes to this result as peer relation, body image, economical factors as standard of living and psychological factor as mental health especially in this age as puberty and hormonal change which may affect their psychological status.

Regarding adolescents peer relationships and its influences, it was found that, nearly one fourth of the students mentioned that their friends make up troubles and more than half of the students reported that they couldn't face peer pressure to perform risk and delinquent behaviors. In the same context, Gardner and Steinberg [17] developed a study in United States to examine the influence of peers on risk behavior among 306 adolescents aged from 13 to 24 years old and indicated that in presence of peers, adolescents tend to take more risk decisions. This result due to lack of support from student's family, which causes them to seek acceptance in other places, also loneliness and desire for acceptance often drives students to give in to negative peer pressure. An open and trusting family relationship arms the teen with information about negative choices like smoking and drug use, and the teen is more likely to make good decisions.

Part III: Risk health behavior:

In relation to smoking habit among students, more than one fourth of the students smoked cigarette or shisha regularly. This result was supported by Karimy et al., [18] who conducted a study in Iran to evaluate smoking habits on 365 adolescent males of high schools aged from 15 to 19 years. They concluded that the prevalence of cigarette smoking in male adolescents was high and having friends or parents who smoke were significant contributing factors to adolescent's cigarette smoking behavior. From the investigator's point of view, peer pressure, parental smoking, thinking that smoking makes young males look older or independent and believing that no harm will come to them are the reasons behind the higher rate of smoking among male adolescents.

Considering violence at school it was found that more than half of the students mentioned that they always had been witnessed on violence at school, while nearly one third of them reported that, they got involved into physical fight inside school. This result was supported by Alshareef et al., [19] who made a study in United Arab Emirates to investigate violence in preparatory and secondary schools on 1054 students and indicated that violence was more common in boys.

This results could be attributed to student's environment at school and home that contributes to the formation of adolescent's aggressive relations, also the masculinity and high levels of testosterone that may have negative influence on adolescent's relationships with peers and others in the community.

Part IV: The correlation between the study variables:

Statistically negative correlation was found between student's age and peer pressure. In the same line, Steinberg and Monahan [20] conducted a study in Netherlands to investigate age and gender difference in the developmental trajectory of resistance to peer influence. Sample included 464 adolescents from 7 schools in Leiden, Netherlands and participants aged from 10-18 years old. Results showed that age was a significant factor and the effect of peer pressure decreased in older adolescents.

The current study also revealed that there was a significant positive correlation between age and smoking behavior. On the same line Ferreira, and Torgal [21] developed a study in Portugal to evaluate the rate of tobacco use among high-school adolescents. Sample was drawn from 5 public schools.

Sample comprised of 680 adolescents. Results indicated that increasing age was associated with significantly higher smoking rates.

Limitations of the study:

This study had some limitations. First, self-reports of health problems and risk behaviors were used. Self-reports may be biased by inaccuracies arising from cognitive processes such as comprehension and recall, or from factors related to social desirability and interviewing conditions. In the present study, these biases may have been reduced by guaranteeing privacy to the subjects. Second, the results were derived from cross-sectional data. It was therefore not possible to provide information about cause consequence relationships.

Conclusion:

The study concluded that most common physical, psychological and social health problems were as follow acne, mood upset and peer pressure to perform risk behaviors. While the most common risk behavior was violence at school. Smoking was associated with age and education of fathers, while puberty stage problems were associated negatively with baccalaureate degree fathers. Also peer pressure problems was associated negatively with age.

Recommendations:

Based on the study results, the following recommendations are suggested:

- 1- Health education programs are needed to disseminate information about common health problems and risk behaviors among adolescent male students.
- 2- Prevention programs should be conducted through formal and informal media to promote the health of male secondary school students and to avoid risk behavior performed by them.
- 3- Conducting more studies on large sample of male secondary school students in different schools.
- 4- Maximize the role media, and social empowerment, as well as incentives dedicated to maintain a healthier lifestyle among young males.

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المشاكل الشائعة والممارسات الخطرة بين الطلاب المراهقين في المدارس الثانوية-بنين بمحافظة أسيوط

الهدف من البحث: التعرف على المشاكل الصحية الشائعة والسلوكيات الخطرة بين الطلاب البنين المراهقين في المدارس الثانوية الحكومية بمحافظة أسيوط.

منهج البحث: إستخدام تصميم الوصفي الإستقطاعي (descriptive cross sectional) ليناسب الغرض من الدراسة.

العينة ومكان البحث: أجريت هذه الدراسة في محافظة أسيوط والتي تحتوى على ١١ إدارة تعليمية تم إختيار إدارة واحدة عشوائيا وهي إدارة مدينة أسيوط التعليمية والتي تحتوى على ٤ مدارس ثانوى للبنين تم إختيار مدرسة واحدة وهي مدرسة جمال فرغلى سلطان الثانوية تم إختيار فصل من كل صف (الأول والثاني والثالث الثانوى) ليكون بذلك العدد الكلى لعينة البحث ١٥٥ طالب. تم جمع البيانات خلال شهرين إبتداء من شهر نوفمبر وحتى نهاية ديسمبر ٢٠١٥.

أدوات البحث: تم جمع البيانات الخاصة بالدراسة بواسطة أداة واحدة تتكون من ثلاث أجزاء: الجزء الأول يشمل البيانات الديموجرافية للطلاب، الجزء الثانى يشمل المشاكل الصحية (البدنية والنفسية والإجتماعية) والجزء الثالث السلوكيات الخطرة التى يقوم بها المراهقين الذكور وقد تم تصميمهم بواسطة الباحث بعد مراجعة المراجع العلمية الحديثة.

النتائج: نسبة إنتشار الأمراض البدنية بين الطلاب ٩.٢٣٪ وأكثر الأمراض إنتشارا هى الأمراض التنفسية ٤٨.٦٪، بينما أكثر المشاكل النفسية هى الإحباط ٢٥.٨٪ أما أكثر المشاكل الإجتماعية كانت ضغوط الأصدقاء لممارسة السلوكيات الخطرة (٥٢.٩٪). أكثر السلوكيات الخطرة إنتشارا بين الطلاب الذكور فى المرحلة الثانوية هو العنف فى المدرسة (٢٧.٧٪). كما وجدت الدراسة علاقة إيجابية ذات دلالة إحصائية بين عمر الطلاب والتدخين.

الخلاصة: توصلت الدراسة إلى أن أكثر المشاكل الصحية (البدنية والنفسية والإجتماعية) شيوعا هى كالتالى مشاكل الأمراض التنفسية، اليأس والإحباط ومشاكل ضغوط الأصدقاء لممارسة سلوكيات خطيرة كما أن أكثر السلوكيات الخطرة المنتشرة بين الطلاب الذكور فى المدارس الثانوية الحكومية العنف فى المدرسة كما توصلت الدراسة لوجود علاقة إيجابية ذات دلالة إحصائية بين عمر الطلاب والتدخين.

التوصيات: تقديم المزيد من برامج التنقيف الصحى للطلاب لنشر وتوفير المعلومات الخاصة بالمشاكل الصحية للذكور فى مرحلة المراهقة وكيفية التعامل الصحى معها والإبتعاد عن السلوكيات التى قد تشكل خطورة على صحة الطلاب.