

Health Problems in a Sample of Secondary School Student in Baghdad

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Abstract:

Background: Study of students' problems in the school of the PHC catchment area; is very important to find the solutions for them as a part of school health programs.

Objective: Discover of secondary school students' problems and their types in catchment area of Bab-Al-Moatham-PHC-for-family-health. Find the association between students' demographic features and their problems.

Methods: Cross section study with analytic element, by involving of 520 secondary school's students (first - sixth class), by group discussion and distribution of questionnaire, The Data collection takes 3 months: (April, May and September 2017).

Results: The highest percentage of students' age were 14-16 years old 226(43.46%) followed by 11-13 years old while only 105(20.19%) of students at 17-19 years old; (with mean=14.67, SD=1.886), first class (38%), 17% of students were working. Near half of the students 200(38.5%) suffer from psychological problems; and 187(36%) of them were suffering from physical problems and 54(11%) were suffering from sexual problems. The students seek help mostly from their parents (346), friend (145), and through internet (105). The student's age had statistical significant association with the psychological, sexual problems, and student's working status had significant association with psychological, sexual and physical problems. Allergy and asthma are the most type in medical problems; anxiety and stress are most psychological condition.

Conclusion: most students suffer from psychological, physical problems and sexual problems; they seek help mostly from their parents, friend, and find solution through internet

Key word: secondary school students, Baghdad, Iraq, health problems, psychological problems, sexual problems.

Introduction

adolescence is a key time period during which risk and protective behaviors are initiated that will influence overall health in adulthood. ⁽¹⁾

Failure to adequately address adolescent health can jeopardize earlier investments in child health and lead to deleterious effects on adult health, health disparities, and social inequality ⁽²⁾

Adolescents aged 10–24 years comprise nearly 25% (1.8 billion) of the world. Out of the 1.8 billion, almost 9 out of 10 live in less developed countries ^(3, 4) In the Arab region; the majority of the population is below the age of 25 years ^(3, 5)

Although it is believed that adolescence is a healthy time in an individual's life, around 15% of the global burden of disease accounted for by disability adjusted life years (DALYs) is in the 10–24 years old age group. During adolescence, several biological, cognitive, physiological, psychological, emotional and social changes emerge, and certain risky behaviors arise and are linked to adolescents' health ^(1, 3).

Many young people bear the burden of poor health owing to the effects of accidents and injuries including those caused by insecurity, war and occupation. In all countries, whether developing, transitional or developed, disabilities and acute and chronic illnesses are often induced or compounded by economic hardship, unemployment, sanctions, embargoes, poverty or poorly distributed wealth. ⁽⁶⁾

Young people themselves and the local communities, in which they live, supported by the achievements of international development agencies working to ensure that the special

needs of this important population and their right to good health are understood and met. ⁽⁶⁾

Objective:

- Discover of secondary school students' problems and their types in catchment area of Bab-Al-Moatham-PHC-for-family-health.
- Find the association between students' demographic features and their problems.

Methods:

A cross section study with analytic element, out of 2160 male students of three secondary schools within the catchment area of Bab Al-Moatham PHC for family-health, sample 520 (24%) choosing randomly ranged from first-sixth class. Equal percentage of students taken from 3 schools two intermediate and one is Preparative.

Included criteria:

all the students present in the choosing class at the days of collection, and accept to participant in the study,

Tool:

The study consists of two parts: group discussion generally about the problems in all aspects for at least 1-1:30 hours and then the second part complete the questionnaire sheet by the students, after explain the aim and benefit of the study, and read the questions, one by one and let the students to answer, and collecting the questionnaire papers. The Data collection takes 3 months: (April, May and September 2017).

Analysis of data:

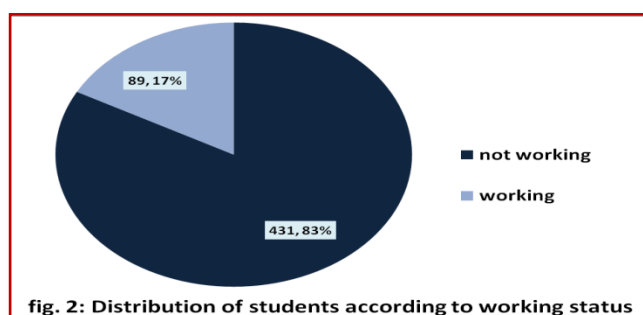
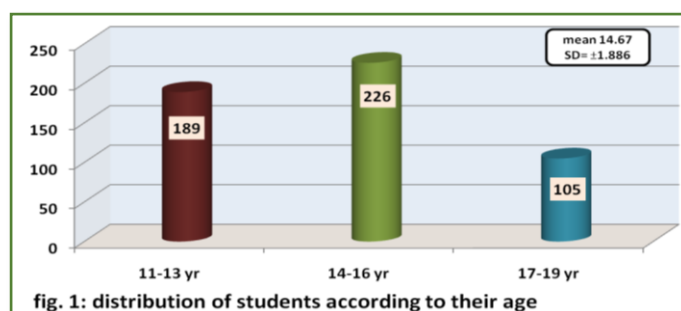
was done by using SPSS ver.23. Frequency, percentage, Chi-Square test were used. $P < 0.05$ considered significance.

Ethical consideration:

After obtaining the approval of the Ministry of health, and Ministry of education, and all students' parent informed about the objective of the study and indicated their permission to involve their children in this study during school-parents meeting.

Results:

The study found highest percentage of students' age were 14-16 years old 226(43.46%) followed by 11-13 years old 189(36.35%) while only 105(20.19%) of students at 17-19 years old; (with mean=14.67, SD=1.886). Regarding working status only 89(17.1%) of students were working, as shown in fig 1 and 2.



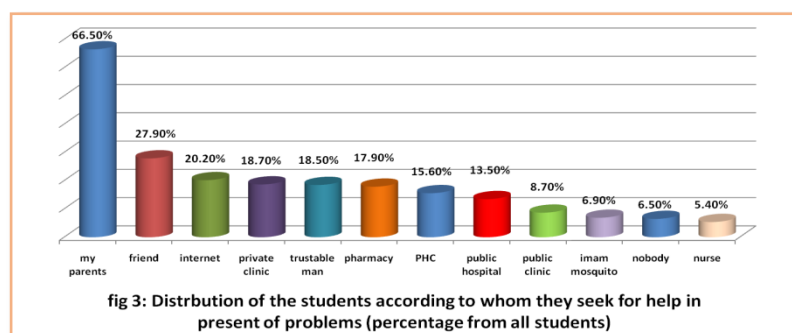
The study revealed that 200(38.5%) of the students were suffering from psychological problems (according to symptoms: Anxiety and stress due to difficulty in study and general Iraq situation, Bullying, arraignment, using bad words, noise , intolerance of problems and challenge, , drug addition alcohol, smoking, difficulties in sleep, shining, family disturbance problems and violence , non-effective teachers), 187(36%) of them said that they have physical problems (according to symptoms allergy and asthma, anemia, headache , vision problems, acne, urinary infection, skin disease, nose

deviation), while 54(11%) suffer from sexual problems, as shown in table 1.

When ask the students to whom you seek for help; if you suffer from problems, we found that 346(66.50%) said that they seek help from their parents, 145(27.90%) from friend, 105(20.20%) through internet, 97(18.70%) from private clinic, 96(18.50%) students from trustable man, 93(17.90%) direct from pharmacy, 81(15.60%) from primary health center (PHC), 70(13.50%) from public hospital, 45(8.70%) from public clinic, 36(6.90%) from imam mosquito, 28(5.40%) from nurse and 34(6.50%) seeking help from no body, as appeared in figure (3)

Table 1: Distribution of the students according to present health problems

	Present Student's health problem (N=520)			
	Yes	%	No	%
psychological problem*	200	38.5%	320	61.5%
physical problems**	187	36%	333	64%
sexual problem	54	10.4%	466	89.6%
The problems according to the students' symptoms:				
Psychological problems*: Anxiety and stress, Bullying, arraignment, using bad words, noise , intolerance of problems and challenge, , drug-addition, alcohol, smoking, difficulties in sleep, shining, family disturbance problems and violence , non-effective teachers				
medical problems**: allergy and asthma, anemia, headache , vision problems, acne, urinary infection, skin disease, nose deviation				



According to the table ⁽²⁾, it's found that there is a statistical significant association between the age of students and the psychological problems, sexual problems; but no statistical significant association between the

age of students and physical problem. There is a statistical significant association between the working state of students and the physical, psychological and sexual problems.

Table 2: Distribution of student's problem type and their age & working status:

(N=520)		Student problems					
		Physical		Psychology		Sexual	
		no	yes	no	yes	no	yes
Age	11-13yrs(N=189)	120	69	145	44	186	3
	14- 16 yrs(N=226)	141	85	130	96	189	37
	17 - 19 yrs(N=105)	72	33	45	60	91	14
		P value= 0.541		P= 0.000		P = 0.000	
Working status	No(N=431)	290	141	277	154	394	37
	Yes(N=89)	43	46	43	46	72	17
		P =0.001		P =0.005		P =0.003	

Discussion:

The study revealed students' age was gone with the expected age in the secondary school. This is similar to Statiscal Snaophot, MICS6 IRAQ - 2018 –Adolescents page ⁽⁷⁾. The seventeen percentage of students were working, this is indicate that the critical in economic status, this is agreed with Iraqi report for poverty and Iraqi report for schools, and UNICEF report youth hunger and poverty 2015 and UNESCO report and world bank data 2018 ^(5, 8, 9, 10, 11 & 12).

The study revealed that near half of the sample suffer from psychological problems, then sexual problems, followed by physical problems. This is agreed with previous Iraqi study, 2011, showed that most of youth problems were psychological (39%), which followed by mixed then physical and unemployment (15%) while physical and sexual problems (9%) and (8%) respectively ⁽¹²⁾.

Also WHO estimations show that up to 20% adolescent have one or more mental or behavioural problems ⁽¹¹⁾. Studies conducted in different parts of the world show that prevalence of behavioural and emotional problems in adolescents ranges from 16.5% to 40.8%, in India behavioural & emotional problems in the range of 13.7% to 50%. Also

this study result agreed with other studies - Banstola, 2018, Ramesh et al. 2015, and Pathak et al, 2011. ^(13, 14, 15 & 16) while disagreed with study done in Suadi Arabia 2017⁽¹⁷⁾, which showed that only (14%) reported feeling so sad or hopeless and 6% reported feeling worried during the past 12 months prior to survey, related to very long and painful situation 1991 war, followed by siege and then 2003 war not that only end with civilize war, then ISIS invasion and War of liberation.

When ask the students to whom you seek for help if you suffer from problems, the result is expected due to Iraqi culture, Customs and traditions and this agreed with previous Iraqi study, 2011 & the WHO report for adolescents 2007. ^(12, 18)

It's found that there is a statistical significant association between the age of students and the psychological problems, sexual problems of them. But no statistical significant association between students' age and his physical problem (P=0.210), this is may be due to that the students pass in adolescents stage were going many psychological, sexual changes and challenge to reach the maturity. This is similar to the WHO facts sheet about adolescents where half of all mental health

disorders in adulthood start by age 14, but most cases are undetected and untreated.⁽¹¹⁾

There is a statistical significant association between the working state of students and the physical, psychological and sexual problems. There are similar results with the Iraqi study 2011,⁽¹²⁾ UNICEF education, Iraq report 2017.⁽¹⁹⁾ Study done in Cape Town, South Africa 2017 and another study done in India 2009,^(18, 20) and other Iraqi study 2007.⁽²¹⁾

Allergy and asthma are the most common physical problems in this study, and that may be due to increase air pollution in Baghdad, as many studies show that.^(22, 23, 24, 25, 26 & 27)

The study revealed that main psychological problems were anxiety and stress. War, deteriorating living conditions and a lack of high-quality study options; these main factors affect psychological condition and cause psychological problems mainly anxiety and stress. This is agreed with WENR (world education news and reports) report of education in Iraq, 2017⁽²⁸⁾.

Conclusion:

High percent of students were suffering from psychological, sexual problems then physical problems, and seeking help mostly from their parents, friend, internet, private clinic, respectively while less than ten percent seeking no help. Allergy and asthma are the most type in medical problems, while anxiety and stress are most psychological problems.

Recommendation:

Improve the psychological assessment and support by school health services, with training courses to health worker and teachers as well. And involve mass media to help the whole community and especially the adolescent group. Additional improve the school environment to decrease aggravating allergy and asthma and farther study about the cause factors.

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