

# Factors Influencing Health and Risk Behaviors among Sample of Iraqi Adolescents

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## Abstract

**Background:** In last decade, our planet has seen a dramatic increment in the number of adolescents leads to increase the orientation toward adolescents' development and their risky behaviours.

**Objectives:** To recognize danger and defensive influences for adolescents at the family, school, peers, and single level and to find out if there is any association between these factors and adolescents' health: Emotional health, violence, substance use.

**Method:** A cross sectional study, conducted on students of four high schools, in Al-Resafa district, Baghdad, from January to July 2019, a convenient sample of (524) students were in fourth and fifth grades, the data were collected by using a questionnaire derived from previous literatures and modified by the researcher and validated by three family physicians.

**Results:** The family had the significant effect on each: Females who were (57.25%) of participants, adolescents of employed mothers (60.31%), and adolescents of parents living together (89.50%). The individual behaviours had a significant effect on: (53.05%) fifth grade adolescents, and whose mothers had college and higher degrees educational level (50%). The school and peers influences found significantly on adolescents of college and higher degrees fathers (77.48%).

**Conclusion:** In a view of social domain, the adolescent's personality and family presence were important and essential to guide the adolescent in managing his behavior, the peers inside or outside the school were critical in deciding the adolescent's life trajectory, while the school effect found being less on the healthy behaviours.

**Keywords:** Adolescents • Health • Family • Behaviour

## Introduction

Adolescence means 'to emerge' to obtain 'identity'. Personhood is what we want the adolescent to achieve not just in the physical or mental aspects but also in the whole adulthood, which includes the frequently neglected but evenly important aspects, which are emotional, psychological, social and spiritual. The time of growing up from childhood to adulthood is known as Adolescence, it can starts at nine and ends at 18 or can starts at 14 and ends at 25 [1], while the World Health Organization (WHO) defines an adolescent as any individual ages 10-19 years, adolescence is related with puberty and physical variations ending in reproductive maturity [2]. Risk behaviors can significantly affect the lives of adolescence and those around them, given the importance of adolescent health, understanding of adolescent health risk behaviors and recognizing the factors is the beginning step in promoting lifelong health, as well as to determine which risk behaviors require interventions [3]. Researches over the last decades lead to changing of interference program strategies from risk reduction to healthy youth development [4], these strategies aim to provide the support, relationship, experiences, resources, and opportunities to all adolescents to become productive and responsible adults [5]. In Iraq, Increasing awareness about adolescent's risky behaviors within a public and among policy and decision creators is frequently stimulating. Their requirements in times of disaster are likely to be multifaceted and closely associated with the simple requirements of teaching, family joining, safety, food, and housing [6]. In recent decades, inner anxiety, wars, global sanctions, and large civilian displacements within, and beyond, its borders have controlled the history of Iraq. Since the 2003 invasion of Iraq, hundreds of thousands

of Iraqis, including thousands of children and youths, have suffered severe injuries, and many lost their lives [6]. Loss of parents, kidnapping for ransom, and displacement have impaired the fundamental security of Iraqi adolescents. Deterioration of education, a high and increased rate of truancy, malnutrition, child labor, and involvement of adolescents with militia and insurgency groups threatens the wellbeing of Iraqi adolescents [6]. Moreover, political and religious abuses accompany ongoing civil illness in Iraq. The current equipped clashes in Iraq have had a profound impact on adolescent's psychological and physical fitness, the main danger factor to the psychological health of adolescents (and their caregivers) is intense and constant exposure to multiple stressful situations in conflict and disaster settings adolescents. The aim of study is to recognize danger and defensive influences for adolescents at the family, school, peers, and single level and to find out if there is any association between these factors and adolescents' health: Emotional health, violence, substance use.

## Methodology

A cross sectional study using multi task questionnaire; the study extended from January to July 2019. The study was conducted at four high schools, two schools for girls and two schools for boys, all in Al Rsafa district, Baghdad. A convenient sample of 524 students, all participants were in fourth and fifth grades, attending: Almutamayzat high school for girls, Almutamayzeen high school for boys, Baghdad college for girls, Baghdad college for boys. The data were collected by using questionnaire that was derived from previous literatures modified by the researcher and validated by three family physicians. The questionnaire consists of certain domains:

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## Demographic data of the student

Gender: Female male, School grade: 4th, 5th grades.

## Demographic data of the parents

Mother's educational level: illiterate, primary, secondary, college and higher studies. Father's educational level: Illiterate, primary, secondary, college and higher studies. Mother's occupation: Employed or unemployed. Father's occupation: Governmental or non-governmental. Marital status: Divided into living together, separated, divorced, widow. Approval of supervising committee of the Arab Board of Medical specializations for the research topic. Oral consent was obtained from each school administration to facilitate the task of obtaining the information from the students. Oral consent was obtained from each student after explaining the subject of the survey and the aims of it.

## Statistical analysis

Descriptive data: were presented in forms of numbers and percentages. Analytic data: Of the social 4 backgrounds (family, individual, school and peer effect) on each of the adolescent health was evaluated using:

Multiple linear regressions for continuous outcome variables. Demographic variables: Gender, school grade, occupation and level of education for parents, and marital status of parents, the same analysis was used for the health variables (emotional, substance use and violence). Multivariate Analysis of Variance (MANOVA): All dependent and independent variables were consistent distinctly for each grade category to a mean of 0 and SD of 1 before conducting the multivariate analysis, except for dichotomous variables. P-value less or equal to 0.05 considered significant.

## Results

As Table 1 shows association between genders, health, social variables of the total sample and association between mother's occupation and health, social variables of the total sample shown in Table 2 while in Table 3 association between father's occupation and health, social variables of the total sample. According to Table 4 the association between mother's educational level and health, social variables of the total sample, Association between father's educational level and health, social variables of the total sample as in Table 5 and in Table 6 the association between marital status and health, social variables of the total sample.

**Table 1.** Association between genders, health and social variables of the total sample.

Variable	Emotion		Substance use		Violence	
	Male	Female	Male	Female	Male	Female
Family	-0.182	0.016*	0.076*	-0.089*	0.220	0.171*
Individual	0.818	-0.984	0.924	0.914	-0.780	0.829
School	0.222*	0.016	0.082**	-0.094	-0.281*	0.206
Peer influence	-0.262**	0.025*	0.086*	0.084	0.481*	0.236

**Note:** P-Value is considered: \*Significant<0.05\*\*highly significant<0.005.

**Table 2.** Association between mother's occupation, health and social variables of the total sample.

Variable	Emotion		Substance use		Violence	
	Employed	Unemployed	Employed	Unemployed	Employed	Unemployed
Family	4.793	-0.079*	0.270**	3.259	2.683*	3.259
Individual	1.378**	0.232*	0.004*	-4.091**	-9.883	4.041*
School	0.052	-0.120	0.206	-2.740	4.396	-2.740
Peer influence	1.101	0.131*	0.025*	1.493	4.433*	1.493

**Note:** P-Value is considered: \*Significant<0.05\*\*Highly significant <0.005

**Table 3.** Association between father's occupation, health and social variables of the total sample.

Variable	Emotion		Substance use		Violence	
	Gover	Non-gover	Gover	Non-gover	Gover	Non-gover
Family	-1.948*	-3.783	0.529	1.057*	2.506	-7.019
Individual	-6.349	0.432*	0.022	0.065	0.997*	1.878
School	4.604	0.560*	-5.682	-8.597	0.018*	2.502
Peer influence	0.178	0.576	-7.338	2.672*	0.003	0.002

**Note:** P-Value is considered: \*Significant<0.05\*\*Highly significant <0.005.

**Table 4.** Association between mother's educational level, health and social variables of the total sample.

Variable	Emotion			Substance use			Violence		
	Primary	Second	College and higher	Primary	Second	College and higher	Primary	Second	College and higher
Family	0.057**	0.048	0.718*	1.652	0.071	0.126	0.844	0.306	0.284*
Individual	0.060*	0.063	0.184	0.306	0.066	0.236**	0.184	2.273*	0.779
School	0.018	0.145	2.541	0.184	0.221	0.943	0.059	0.059	0.285*

Peer influence	-2.502*	1.782*	-1.221*	0.694	0.144*	-2.506*	0.694	-4.304	0.159
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**Note:** P-Value is considered: \*Significant<0.05 \*\*Highly significant<0.005.

**Table 5.** Association between father's educational level, health and social variables of the total sample.

Variable	Emotion			Substance use			Violence		
	Primary	Second	College and higher	Primary	Second	College and higher	Primary	Second	College and higher
Family	1.948	6.349*	-4.604	1.057	0.935	0.028*	0.067	0.048	0.0524*
Individual	1.387	0.432	1.378	0.288	0.065	0.098	0.154	0.039*	0.033
School	0.529	0.022*	0.052	-1.484	0.541	-1.553*	0.078	0.081*	0.047**
Peer influence	0.270	0.004	1.101	0.541	0.325	2.672**	0.053	1.049	0.084*

**Note:** P-Value is considered: \*Significant<0.05 \*\*Highly significant<0.005.

**Table 6.** Association between marital status, health and social variables of the total sample.

Variable	Emotional				Substance use				Violence			
	Living together	Separate	Divorced	Widow	Living together	Separate	Divorced	Widow	Living together	Separate	Divorced	Widow
Family	0.057**	2.506	0.938	0.126	0.066*	0.841	0.718	0.221	0.156	0.998*	1.652	2.463
Individual	0.943	0.018*	0.062	0.874	0.934*	0.159	0.282*	0.779	0.844	0.059*	0.998	0.694*
School	0.060	-7.019*	0.006	0.144	0.071	0.295	2.540	0.284	0.184	1.988**	0.002*	0.306
Peer influence	0.063	2.502	0.018*	0.148	0.074**	0.285	-2.540	0.286	0.178	-4.304*	2.143	2.273*

## Discussion

In this study there was obvious effect of the school connectedness and peers friendships on adolescent's emotional variations, substance use and violence on males, while females affected by family mainly in all 3 variables (emotion, substance use, violence) and significant effect of peers on emotion, a study by Skeer et al. In Chicago USA revealed that emotional changes and substance use were not affected by family conflicts in males, while in females there was association between family conflicts and emotional changes, conduct problems and substance use [7]. In another study by Marin et al. in Washington USA showed that school affected on females more than males regarding violence this may be caused by the differences in communities, the role of teachers, and their influence on students[8]. The study showed that adolescents of employed mothers affected by family, individual, peers in using alcohol, drugs and smoking also affected emotionally and either being violent or victim, while the adolescents of unemployed mothers affected emotionally by family, individual and peer influences and there was a significant correlation between individual self-image, personality with violence and substance use, a study done in Pakistan on the development of children by Almani A. showed no significant difference in child development between working and non-working mothers, but the attachment between working mother and her child was decreased [9], Batra et al. Showed that employed mothers' adolescents had high self-concept on the dimension of social, temperamental and on total self-concept[10]. The study revealed in adolescents of fathers in governmental jobs had a significant correlation between family on emotions and the violence affected relatively by both individual self-concept, personality and school connectedness, while in non-governmental jobs fathers their adolescents affected emotionally by school and individual variables, but the substance use in those adolescents affected by family connectedness and peers, in a study by Wheeler L. on Mexican-origin parents its results supported the positive impact of fathers' occupational self-direction on all 3 aspects of adolescents' adjustment through decreased father-adolescent conflict, after controlling for family socioeconomic status and earner status, and underemployment. Parental work pressure and discrimination were

indirectly linked to adolescents' adjustment, with different mechanisms emerging for mothers and fathers [11]. The study found the separation between parents affected on adolescent's health behaviors, the violence of adolescent affected by social variables, while emotional changes affected by school and individual variables, if the parents were living together the study showed a relation between emotions and family, the substance use affected relatively by the social variables, if the parents were divorced the study found no relation of family with health behaviors but significant relation between individual self-image with substance use, school with violence and peer influence on emotions of the adolescent, also there was a correlation of violence on individual and peer variables in adolescents of widow parent, in a study done by Langton et al. U.S. Suggested that adolescents. In most other family types tend to have poorer outcomes than those in two-biological-parent families [12].

## Conclusion

In a view of social domain, the adolescent's personality and family presence were important and essential to guide the adolescent in managing his behavior, the peers inside or outside the school were critical in deciding the adolescent's life trajectory, while the school effect found being less on the healthy behaviors.

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