

Effect of Health Education on Knowledge of Females about Mobility, Stress Management and Living Skills

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ABSTRACT: The main purpose of this research was to study effect of health education on knowledge of females about mobility, stress management and living skills. This research was a semi-experimental design. All female high school students of Tabriz 5 region (4230 subjects) participated in this research. 60 students were chosen as sample groups and were randomly divided to experimental and control groups. The research tools were research made questionnaire. Covariance test were applied orderly to data testing of research hypotheses. The results showed that the health education effects on knowledge of mobility, stress management and living skills.

Keywords: Health Education, Knowledge, Mobility, Stress Management, Living Skills.

INTRODUCTION

The active and organized participation of people in the field of health took place almost after World War II, initially with the establishment of NGOs. Clause 4 of the Alma-Ata Declaration states that people have the right and duty to participate individually and jointly in the planning and implementation of their health care (Sadeghi, 1994).

When doing special health work, community members must get help through their experiences. If people know why a successful or unsuccessful program is, then they will be able to work harder later on. This is where community participation plays its part (Mohseni, 1998). Women make up about half the human capital of each country, and even become a community mentor, and need health education to play a role in health care. Given the specific cultural and traditional characteristics of Iran, it is easier for women to share health issues and, on the other hand, women in the family's health care programs are the largest audience of the program. Given the central role of women in family health, can transfer health education and messages to the family (Gilbert, 1985).

Today, despite the profound cultural changes and changes in lifestyle, many people do not have the ability to deal with the problems and crises of life, which makes them more vulnerable to problems with everyday life. Human beings need to equip themselves with these abilities in order to cope with the tensions and conflicts of life.

Khoshbaki et al. (2008) showed that there is a significant difference between students' educational level and knowledge of life skills, but there was no significant difference between demographic factors and knowledge of life skills. Pour Abdolahi and Ebrahimi (2000) showed that there was no significant difference between the mean score of girls' awareness with different educational areas of age groups in different fields of study and their mother's level of education. Aqamla'i (1997) showed that the implementation of oral health programs has been effective in increasing the students' health behaviors in the prevention of oral and dental illness. Loupe & Frazier (2014) showed that health education has a positive and significant effect on healthy lifestyle, but most teachers do not pay enough attention to the health of their students.

Another study found that teachers' teaching role is more effective than mothers' (Dekasteilho et al., 2006). In another study in London, brushing teeth once a day, supervised by teachers, by health workers, could significantly reduce the rate of teeth decay (Jackson et al., 2005). Also, in Chinese schools, which was implemented by the World Health Organization's Health Promotion Plan, after three years, parents' referrals for the repair of their children's permanent and permanent rotting teeth significantly increased. The treatment of the case group was significantly different from control group (Peterson et al., 2004). In another study in Saudi Arabia, the knowledge and practice of teachers about oral health was studied. In this study, despite the high awareness of teachers, they had poor performance in this regard (Wein et al., 2002).

MATERIALS AND METHODS

The research is a quasi-experimental one. The statistical population of this study is all 2nd grade high school students in Tabriz 5 region. 60 female secondary school students participated in this research and were randomly replaced in experimental and control groups.

A researcher-made questionnaire was used to get the results. The questionnaire assesses the level of knowledge of students about mobility (20 questions), coping with stress (6 questions) and life skills (20 questions).

Cronbach's alpha values were calculated for mobility 0.84, coping with stress 0.87, life skills 0.85. The findings were analyzed by Ancova's analysis of covariance.

RESULTS

Table 1. Descriptive statistics of pre-test and post-test scores of subjects in knowledge about healthy lifestyle and its dimensions

Group variables	Groups	Experimental		Control	
		M	M dev.	M	M dev.
Dealing with stress	Pretest	11.46	1.87	13.67	1.98
	Post-test	17.65	1.21	13.34	1.10
Mobility	Pretest	12.14	1.12	13.25	1.69
	Post-test	18.24	1.55	13.37	1.43
Life Skills	Pretest	10.17	1.17	9.95	1.35
	Post-test	16.56	1.29	9.88	1.56

Table 1 shows increase average scores of coping with stress, mobility and life skills in the experimental group compared with the mean post-test of the control group.

Table 2. Covariance test to investigate the effect of health education on the knowledge of high school students about healthy lifestyles

Sources Change	TS	df	MS	F	Sig.	Eta
Pretest	18771.703	1	18771.703	89.487	P<0.121	0.611
Group	22338.802	1	22338.802	106.49	P<0.001	0.651
Error	11956.863	57	11956.863			

The results of the test indicate that the health education has a significant effect on the knowledge of high school students about healthy lifestyles.

Table 3. The effect of health education on students' awareness of mobility

Sources Change	TS	df	MS	F	Sig.	Eta
Pretest	972.23	1	972.23	77.84	0.401	0.043
Group	1492.52	1	1492.52	119.49	0.001	0.169
Error	624.75	57	624.75			

Table 3 shows a significant difference between the post-test and the mean scores of students' knowledge about the mobility of the experimental and control groups. Therefore, it can be admitted that health education has improved students' awareness of the mobility of the experimental group. The value of the ETA squared is 0.169.

Table 4. Covariance test to investigate the effect of health education on students' knowledge about coping with stress

Sources Change	TS	df	MS	F	Sig.	Eta
Pretest	33.056	1	33.056	1.062	P<0.091	0.018
Group	549.051	1	549.051	17.639	P<0.001	0.236
Error	211.1774	57	127.31			

The results of table 4 indicate that health education has a significant effect on students' awareness of the stress response; health education of the experimental group has been able to create a change in tension scores. The Eta squared value is equal to 0.236.

DISCUSSION AND CONCLUSION

The results showed that health education affects the knowledge of high school students about healthy living practices. This finding is consistent with the findings of Dehdari et al. (2012), Keramati et al (2009), Ramezani et al (2007), Loupe and Frazier (2014), Glaserd and Frieser (2012), Chapman et al., 2006). In explaining this finding, it can be said that healthy lifestyle is a way of life that provides, maintains and improves the health and well-being of the individual. Although using the right style of life has to start from an embryo, it is never too late to change lifestyles and to create healthy lifestyles that lead to health (Taylor et al., 2014). Education of health information provides health and health needs for the development and development of children and adolescents. Students also learn the correct nutrition rules by receiving health information.

The results showed that health education affects the knowledge of high school students about mobility. This finding is consistent with the findings of Dehdari et al (2012), Keramati et al (2009), Hameili Mehrabani et al (2009), Nazari et al. (2005), Ramezani et al (2007), Loupe and Frazier (2014), Glaserd and Frazier (2012), Chapman et al., 2006). Physical mobility is one of the most important behaviors that can affect noninvasive diseases. In 2005, around 35 million deaths occurred due to chronic non-chronic diseases, accounting for 60 percent of all deaths. According to the World Health Organization, this figure is estimated at 75% in 2020 (Ahmadi Tabatabai et al., 2012).

Regular physical activity is considered as one of the important dimensions of healthy lifestyle and plays an important role in reducing mortality from diseases. Since the benefits and the impact of regular physical activity on health promotion are well-known, and today, by changing lifestyle and machining, there has been a significant reduction in physical mobility in different classes, so interventions should be designed so that through It promotes the adoption and maintenance of health behaviors. The implementation of educational programs has provided health awareness in this direction and has led students who have received health education in the experimental group to gain higher mobility scores.

The results showed that health education affects the knowledge of high school students about coping with stress. This finding is consistent with the findings of Dehdari et al (2012), Keramati et al (2009), Hameili Mehrabani et al (2009), Nazari et al. (2005), Ramezani et al (2007), Loupe and Frazier (2014), Glaserd and Frazier (2012), Chapman et al., 2006).

To have a healthy lifestyle, having skills to deal with tensions is essential. On the other hand, with the mechanization of life, no person is safe from problems, stresses and tensions. To cope with these problems, the only way is to bring people into armed skills that can best deal with the problems. Health education is one of the methods that can equip students to cope with stress in life. Therefore, in this research, students who received health education were able to score higher in the healthy lifestyle questionnaire.

According to the researcher, in the curriculum the stress-and-stress coping techniques have been taught to the students. Therefore, the health education has been effective and the mean scores of students in the experimental group with control had a significant difference.

The results showed that health education influences the knowledge of high school students about life skills. This finding is consistent with the findings of Dehdari et al. (2012), Karamati et al. (2009), Khosbashi et al (2008), Hameili Mehrabani et al (2009), Nazari et al. (2005), Ramezani et al (2007), Loupe & Frazier (2014), Glaserd and Frazier (2012), Chapman et al., 2006).

Social life, industrial progress, and massive transformations in information and media technology have transformed today's human life into a confused and complex situation, which requires adaptation to these conditions of knowledge of how to deal with problems. Coping with the pressures of life and the acquisition of individual and social skills is always part of the realities of human life and manifests itself in various ways in different periods of life (Khosbash et al., 2008).

Accordingly, the importance of life skills in all aspects of human life and the need for knowledge of skills for each person in each situation and the application of its basic principles to create a healthy and useful life are revealed. According to the researcher, life skills training in a package of health education is considered as a primary preventive measure in the context of mental health, and it enables individuals to adopt healthy lifestyle by learning life skills. That is why health education can affect the life skills of healthy lifestyles of students.

Conflict of Interest

The authors declare no conflict of interest.

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