

Disturbance of Behavior in Male Secondary School Students

Saad Mhmood Kadhim¹, Ahmed Lutfi Saeed²

¹M.B.Ch.B/D.F.M, Ajehad health center / Baghdad health office/ Alkarkh, Director / Ministry of Health and Environment, ²Ministry of Health and Environment/ Baghdad /Iraq

How to cite this article: Saad Mhmood Kadhim, Ahmed Lutfi Saeed. Disturbance of Behavior in Male Secondary School Students. Medico-legal Update 2022;22(4).

Abstract

Background: Behavioral disturbance is a common problem for teenagers all over the world. The prevalence of behavioral disturbance depends on age, family environment, school environment, and friend relationships. The aim of the study to determine the prevalence of behavioral disturbance patterns among male students from age 13-19 yrs. In public secondary schools in Baghdad, Iraq.

Methods: Cross-sectional study done in public secondary schools in Baghdad for educational year 2020 - 2021. The sample was collected by multistage cluster sampling from 6 schools. Data collection was done through self-administered questionnaire from 7th February 2021 to 16th march 2021. The questionnaire is comprised of two parts; part 1 was made of demographic characteristics and behavioral disturbance manifestations. Part 2 comprised of socioeconomic characteristics.

Results: 600 students were participated in this study the mean age 15.51.3. Substance use disorder (15.8%) and bullying (13.5%) were the common forms of behavioral disturbance.

Conclusion: high rates of all behavioral disturbance were noticed among secondary school students including bullying, substance use disorder, Rebellion and pornography.

Keywords: Behavioral disturbance; age; family environment, school environment, and friend relationships.; Baghdad

Introduction

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles^[1]. The lives of adolescents today who are exposed to a variety of unfiltered external information and cultures brought

by mass media can influence their minds and behaviors^[2]. Social norms and customs differ from one society to another and among cultures according to place and time^[3]. Behavioral disturbance of teenagers in secondary schools include major problems such as bullying (verbal, physical and cyber), rebellion (hair style, change in dressing, drooping out of school... etc), substance use disorders, (smoking, alcohol and drug)^[4]. Rebellion is act of opposing rules or norms

and it is part of human development in young adult in order to develop identity independent from their parents or family and capacity for independent decision making^[5]. Bullying is a complex and widespread public health issue that affects children of all ages and adults^[6]. Bullying and victimization was significantly associated with smoking, drug abuse, and failure in school^[7]. The problem of substance use involves all age levels but appears to be more dangerous and common in adolescence^[8]. Substance use among adolescents ranges from sporadic use to severe substance use disorders (legal e.g alcohol, medications and illegal e.g marijuana, opiates and heroin). The acute and long-term consequences range from minor to life threatening, depending on the substance, the circumstances, and the frequency of use^[9]. Pornography is the term given for non-relational sex without any requirements for relational intimacy. The prevalence of pornography is becoming more serious in adolescents with the existence of smartphones which are affordable to every individual in the present^[10]. Access to pornography is easy and a wide variety of material including images in magazines, televisions, and videos renders pornography to the public with minimal effort in procuring it^[11]. Several factors are behind disturbance of behavior in male secondary school students, such as socioeconomic status, unstructured time with peers, parental influences, psychosocial factors and community factors^[12]. Peer pressure isn't a new issue, More and more teenagers are falling victim to peer pressure, social media brings it to a whole new level. being pressured into having sex, doing drugs, and even bullying other teenagers^[13]. In developed countries there is a keen interest in mental health status of teenagers while in developing countries especially Arabic countries the research is still relatively neglected. Previous studies done in Iraq have demonstrated high household density and low educational level are important factors in alcohol and drug abuse^[14].

Aim of study; to determine the prevalence of behavioral disturbance patterns in male governmental secondary school in Baghdad and certain associated factors (e.g socioeconomic factor).

Subjects and Methods

This cross-sectional study was conducted in six male secondary schools in Al-karkh side of Baghdad. A total of 600 students from secondary schools are participated in this study. The participating students were selected by multi stage cluster sampling, one educational directorate out of four directorates in Al-karkh and six schools out of in directorate, four high secondary schools (10th - 12th class) and two intermediate secondary schools (7th - 12th class) were chosen. From each school (100-120) students were selected. (5-7) students were randomly selected from each class in the grade. The student's age ranges from 13 to 19 years in this study. The data was collected from 7th February to 16th March 2021.

The questionnaire is comprised of two parts; part 1 was made of demographic characteristics Part 2 comprised of socioeconomic characteristics. Detailed sections concerning important patterns of behavioral disturbances e.g. rebellion, bullying, substance use disorders, pornography, were included in a questionnaire.

Statistical analysis: Data analysis was done using SPSS version 24 computer software (Statistical Package for Social Sciences), frequencies and percentages were used for qualitative data and analytic statistics using Chi-Square tests (χ^2) to test for the association between categorical variables. P-value less than 0.05 was considered statistically significant throughout analysis.

Results

In Table 1 results showed the prevalence of behavioral disturbance was more commonest in late teenage (57.5%) than in early teenage (39.64%).

Table (1): Demographic characteristics of participants (n=600)

Variable	Total No.	Disturbed behavior	
		No.	%
Age			
13-15 Y	280	111	39.64
16-19 Y	320	184	57.5
Total	600	295	49.16

Table 2 at the age of early teenage from 13 to 15 years. The commonest behavioral disturbance was bullying (16.4%) while at the age of late teenage from 16-19 years the commonest behavioral disturbance

was substance use disorder (80%) The prevalence of behavioral disturbance in teenagers from age 13-19 was (49.1%).

Table 2: Prevalence of behavioral disturbance patterns among two age groups in secondary school student

Variable	13-15 Y		16-19 Y		Total		Statistical test
	No.	%	No.	%	No.	%	
Bullying	46	16.4	35	10.9	81	13.5	$\chi^2=3.856$, d.f.=1 P=0.050
Rebellion	34	12.1	29	9	63	10.5	$\chi^2=1.508^a$, d.f.=1 P=0.219
Substance use disorder	15	5.3	80	25	95	15.8	$\chi^2=43.237^a$, d.f.=1 P=0.000
Pornography	16	5.7	40	12.5	56	9.3	$\chi^2=8.126^a$, d.f.=1 P=0.004
Total	111	39.6	184	57	295	49.1	$\chi^2=19.053^a$, d.f.=1 P=0.000

Table-3 the commonest substance use disorder in teenager students was cigarette smoking (86.2%).

Table 3: Prevalence of substance use disorder among two age groups

Variable SUD	Age				Statistical test
	13-15 yrs.		16-19 yrs.		
	F	%	F	%	
Cig. smoking	12	13.7	75	86.2	$\chi^2=44.128^a$, d.f.=1 P=0.000
Alcohol	2	40	3	60	$\chi^2=0.090^a$, d.f.=1 P=0.764
Drug abuse	1	33.3	2	66.6	$\chi^2=0.215^a$, d.f.=1 P=0.643

Table 4 the commonest associated Factor for behavioral disturbance in students related to High socioeconomic status (55.08%)

Table 4: Prevalence of behavioral disturbance according to socioeconomic status

SES	Age	Disturbed behavior		Statistical test
	13-19 yrs.	F	%	
Low	235	105	44.68	$\chi^2=3.751^a$, d.f.=2 P=0.153
Medium	247	125	50.6	
High	118	65	55.08	
Total	600	295	49.16	

Discussion

This study showed that behavioral disturbance was 49.16% among secondary school student. The highest disturbed behavior from all behaviors which had been studied was substance use disorder (15.8%) mainly cigarette smoking (86.2%).

The current study is in agreement with study done in 2019 in Saudi Arabia students^[15] on 320 students which had been showed that the highest disturbed behavior was smoking (40.8%) among male secondary school students Cigarette smoking was the most common type (67.3%).

While study done in 2015 in Arabic countries reported for cigarette smoking the highest rates were in Libya (80.2%), Jordan (80%), KSA (70.7%), Egypt (61.2%), and Palestine (52.7%).

Another study done in Arabic countries in 2014 reported for cigarette smoking the highest rates were in Tunis (53%) Lebanon (46%) Syria (38%), Yemen (30%), Bahrain (29%) and Morocco (28%)^[16].

The National Institute on Drug Abuse at the National Institutes of Health (NIH) survey reported that in 2019, about 5.7% of 12th graders reported current cigarette use down from 7.6% in 2018; only about 2% report smoking every day^[17]. Although international trends indicate that alcohol is the first and most widely used substance among students globally^[18], the prevalence of alcohol consumption in the current study was relatively low. This was mostly related to religious beliefs and prohibition of alcohol in Islam, knowing that most of the population of Baghdad is Muslim.

A possible explanation for this association is the psychosocial consequences linked to poverty; students may drink alcohol to minimize multiple stressors such as poorer housing, lack of affordable day care, and social discrimination. Moreover, alcohol is not expensive in Iraq. Some studies have indicated that there is an association between family socioeconomic status and adolescent substance use^[19].

However, this study did not clearly confirm that except for our finding that family income was inversely associated with alcohol consumption.

This coincides with another study that reported that poverty was a predisposing factor for alcohol consumption^[20].

In Iraq (including Kurdistan Region), according to the final report of the Iraq National Household Survey on Alcohol and Drug Use (INHSAD), the lifetime prevalence rates of tobacco use, alcohol consumption, nonmedical use of prescription drugs, and use of illicit drugs were 28.8%, 8.1%, 2.9%, and 0.7%, respectively^[21]. Another report, from the Iraqi Community Epidemiology Work Group, suggests that there has been increased use of alcohol and prescription and illicit drugs in Iraq since 2009, especially among adolescents^[22]. Studies conducted in countries bordering Iraq (Islamic Republic of Iran and Turkey) have revealed that a high proportion of young people have reported substance use, including cigarettes, waterpipe smoking and alcohol consumption, at least once in their lifetime^[23,24].

Most people who use tobacco started during adolescence, and those who begin at a younger age are more likely to develop nicotine dependence and have trouble quitting^[25]. According to the 2017 Monitoring the Future Survey, 9.7 percent of 12th graders, 5.0 percent of 10th graders, and 1.9 percent of 8th graders used cigarettes in the past month^[26]. analyses of the 2012 National Youth Tobacco Survey (NYTS) found that 20.8 percent of current adolescent tobacco users reported wanting to use tobacco within 30 minutes of waking (a classic symptom of nicotine dependence). The study also found that 41.9 percent reported strong cravings for tobacco^[27]. Other research has found that light and intermittent smoking among adolescents is associated with the same level of difficulty quitting as daily smoking^[28].

The prevalence of bullying was (13.5%). It is lower than that reported in Egypt 34.2%, Yemen (21.5%), Jordan (18.3%), and it is higher than that reported in Tunisia (12.3), Morocco (10.2%)^[29]. According to the National Center for Education Statistics, about 20% of teens in the US experienced bullying in 2017^[30]. One explanation the research has cited for this is the rise of social media use by teens, which has made bullying much more public and more pervasive. In fact, cyberbullying has replaced bullying as the common type of harassment that teens experience^[31].

Low rates were reported in high income countries and high rates were reported in low- and middle-income countries^[2,32]. The difference was partially due to socioeconomic inequalities. In Iraq socio economic inequality due to several factors like uncontrolled immigration after change of regime (2003). Community violence (terrorism and violence) and frequent unrest conditions influence bullying^[33]. About 5% of high school students drop out of high school each year in the United States, according to the National Center for Education Statistics^[34]. As far as Iraq scenario is concerned, there is lack of research related to pornography and its adverse effects. Also, there are no definitive laws regarding pornographic content in Iraq.

Conclusions

1. High Prevalence rates were noticed for among male secondary school, also Bullying and rebellion were most frequent in early teenage years.
2. Substance use disorder and pornography were most frequent in the late teenage years.
3. The high rates might be attributed to low educational level and lack of supervision by parents and teachers.

Source of funding: Self

Conflict of Interest: non

Ethical clearance: non

References

1. World Health Organization: Maternal, newborn child and adolescent health. Available from http://www.who.int/maternal_child_adolescent/topics/adolescence/development/en/. [Last access on Aug 7, 2016].
2. F Idris, NRM Suradi, SS Muhamad, KA Mastor, H Kasan, K Zainal, *Procedia-Social and Behavioral Sciences*. 2012; 59, 51-60.
3. Conley D. *introduction to sociology 2017* (5th ed) New York: W. W. Norton.
4. Lipfer p. Common Teenage Problems and How to deal with them Retrieved from (2017): <https://pumpic.com/security/teenage-problems-and-solution>
5. Loop E. The effects of teenage rebellion (2017, June 13). Retrieved from <http://www.livestrong.com/article/1005346-effects-teenage-rebellion/>
6. Rettew C, Pawlowski S, *Child & Adolescent Psychiatry*. 2016; 25:235-242. <http://dx.doi.org/10.1016/j.chc.2015.12.002> Available at: <https://scholar.utc.edu/jafh/vol7/iss2/2> [+] -Common Sense Media. Landmark Report: U.S. Teens Use an Average of Nine Hours of Media Per Day, Tweens Use Six Hours. 2015.
7. Yahya H. M. Hashim M. T. Al-Kaseer E.A. Bullying victimization among school- going adolescents in Iraq *J Fac Med Baghdad* 2015; Vol.57, No.3
8. Tshitangano TG, Tosin OH. Substance use amongst secondary school students in a rural setting in South Africa: prevalence and possible contributing factors. *Afr J Prim Health Care Fam Med*. 2016 Apr 8;8(2):e1-6.
9. Rukundo A, Kibanja G, Steffens K. Factors influencing psychoactive substance use among adolescents in public secondary schools in Uganda. *Int J Alcohol Drug Res*. 2017;6(1):69-76.
10. Imtiaz Arif Wajeeha Aslam Muhammad Ali. Students dependence on smartphones and its effect. 2016.
11. Allen A, Kannis-Dymand L, Katsikitis M. Problematic Internet pornography use: The role of craving, desire thinking, and metacognition. *Addict Behav*. July 2017;70:65-71.
12. Alhyas L, Ozaibi NA, Elarabi H, El-Kashef A, Wanigaratne S, Almarzouqi A, et al. Adolescents' perception of substance use and factors influencing its use: a qualitative study in Abu Dhabi. *J R Soc Med*. 2015 Mar 2;6(2):1-12.
13. Gassó AM, Klettke B, Agustina JR, Montiel I. Sexting, Mental Health, and Victimization Among Adolescents: A Literature Review. *Int J Environ Res Public Health*. 2019;16(13):2364.
14. Al-Hemiary N. J. Hashim M. T. Al-Diwan J.K. Abdul Razzaq. E. Alcohol and drug abuse in post-conflict Iraq *Fac Med Baghdad* 2015; Vol.57, No.4.
15. Albangy F, H, Mohamed A ,E, Hammad S, M. Prevalence of smoking among male secondary school students in Arar City, Saudi Arabia *Pan Afr Med J*. 2019; 32: 156. Published online 2019 Apr 8. doi: 10.11604/pamj.2019.32.156.18558.
16. Maziak W. , Nakkash R., Bahelah R., Hussein A. , Fanous N., Eissenberg T. Tobacco in the Arab world: old and new epidemics amidst policy paralysis *Health Policy and Planning*, Volume 29, Issue 6, September 2014, Pages 784-794.
17. Johnston LD, Miech RA, O'Malley PM, et. al.: Monitoring the Future national survey results on drug use 1975-2019: 2019 Overview, key findings on

- adolescent drug use. Ann Arbor, Institute for Social Research, University of Michigan, 2020.
18. Global status report on alcohol and health. Geneva: World Health Organization; 2014 (https://www.who.int/iris/bitstream/handle/10665/112736/1/9789240692763_eng.pdf, accessed 30 April 2019).
 19. Whitesell M, Bachand A, Peel J, Brown M. Familial, social, and individual factors contributing to risk for adolescent substance use. *J Addict*. 2013 ;2013:579310. <http://dx.doi.org/10.1155/2013/579310>. PMID:24826363.
 20. Jones L, Sumnall H. Understanding the relationship between poverty and alcohol misuse. Liverpool: Centre for Public Health, Liverpool John Moores University; 2016 (<http://www.cph.org.uk/wpcontent/uploads/2016/06/Understanding-the-relationship-between-poverty-and-alcohol-abuse.pdf>, accessed 19 April 2019).
 21. Al-Hemiery N, Dabbagh R, Hashim MT, Al-Hasnawi S, Abutiheen A, Abdulghani EA, et al. Self-reported substance use in Iraq: findings from the Iraqi National Household Survey of Alcohol and Drug Use, 2014. *Addiction*. 2017 Aug;112(8):1470–9.
 22. Al-Hemiary NJ, Al-Diwan JK, Hasson AL, Rawson RA. Drug and alcohol use in Iraq: findings of the inaugural Iraqi Community Epidemiological Workgroup. *Subst Use Misuse*. 2014 Nov;49(13):1759–63.
 23. Akhavan S, Arti S, Qaraat L, Geramian N, Farajzadegan Z, Heidari K, et al. A review study of substance abuse status in high school students, Isfahan, Iran. *Int J Prev Med*. 2014 Dec; 5(Suppl 2):S77–82.
 24. Evren C, Ogel K, Demirci A, Evren B, Yavuz B, Bozkurt M. Prevalence of lifetime tobacco, alcohol and drug use among 10th grade students in Istanbul. *Klinik Psikofarmakoloji Bulteni*. 2014;24(3):201–10.
 25. Walker JF, Loprinzi PD. Longitudinal examination of predictors of smoking cessation in a national sample of U.S. adolescent and young adult smokers. *Nicotine Tob Res Off J Soc Res Nicotine Tob* . 2014;16(6):820-827. doi:10.1093/ntr/ntu005.
 26. Apelberg BJ, Corey CG, Hoffman AC, et al. Symptoms of tobacco dependence among middle and high school tobacco users: results from the 2012 National Youth Tobacco Survey. *Am J Prev Med*. 2014;47(2 Suppl 1):S4-S14. doi:10.1016/j.amepre.2014.04.013.
 27. Rubinstein ML, Rait MA, Sen S, Shiffman S. Characteristics of adolescent intermittent and daily smokers. *Addict Behav*. 2014;39(9):1337-1341.
 28. Kann L, McManus T, Harris WA, et al : Youth Risk Behavior Surveillance—United States, 2017. *MMWR Surveill Summ*. 2018; 67(No. SS-8):1–114.
 29. Wilson ML, Dunlavy AC, Berchtold A. Determinants for 6- bullying victimization among 11-16 year-olds in 15 low and middle income countries: a multilevel study. *Soc Sci* 2013; 2: 208-220.
 30. National Center for Education Statistics. Indicator 10: Bullying at School and Electronic Bullying. Updated April 2019.
 31. Selkie EM, Fales JL, Moreno MA. Cyberbullying Prevalence Among US Middle and High School-Aged Adolescents: A Systematic Review and Quality Assessment. *J Adolesc Health*. 2016;58(2):125-133.
 32. Kazarian SS, Ammar J. School bullying in Arab World: a 13- review. *The Arab Journal of Psychiatry* 2013;24: 37-45.
 33. Al-Diwan JK. Psychological consequences of wars and 12- terrorism in Baghdad, Iraq:. The 3rd conference for medical sciences, Hawler Medical University. 24-26 Oct. 2012. Conference proceeding's book. 2012. P. 19-26.
 34. National Center for Education Statistics. Status Drop Out Rates. Updated May 2020.