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**Jordan  
Global School-  
based Student  
Health Survey**

**GSHS Country Report**



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# Executive Summary

## Back ground

Since 2003, the GSHS has been used to periodically monitor the prevalence of important health risk behaviours and protective factors related to the leading causes of mortality and morbidity among students aged 13-15 years: dietary behaviours, hygiene, mental health, physical activity, protective factors, sexual behaviours that contribute to HIV infection, tobacco use, and violence and unintentional injuries.

Jordan has been repeated the GSHS for the second time in 2007 in order to see trend of the health risk behaviour and protective factors among students 13-15 years old. Jordan has another few studies like tobacco use among students and the GYTS. Repeated GSHS which conducted by MOH/School health directorate in 2007 to provide accurate base line data on health risk behaviours and protective factors to help in developing priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies; establish trends in the prevalence of health risk behaviours and protective factors for use in evaluation of school health and youth health promotion; allow countries, international agencies, and others to make comparisons across countries and within countries regarding the prevalence of health risk behaviours and protective factors, and establish surveillance systems for health risk behaviours and protective factors.

## Methodology

A two-stage cluster sample design was employed to produce a representative sample of students in 8<sup>th</sup> through 10<sup>th</sup> grades. 25 schools were selected with probability proportional to school enrolment size. 70 classrooms were randomly selected intact from each school to participate. The sample of students eligible to participate was 2243 students. 2197 questionnaires were completed for the 2007 Jordan GSHS. The school response rate was 100%, the student response rate was 99.8%, and the overall response rate was 99.8%. Data collection occurred from 22<sup>nd</sup> to 24<sup>th</sup> May 2007. Students privacy was protected by allowing for anonymous and voluntary participation. The questionnaires, answer sheets, school level forms and class level forms were gathered and sent to CDC/Atlanta on 7/6/2007, for data entry, processing, and analysis and the envelopes were returned to Jordan as agreed on.

## Results:

Results show that the sample was 2197 students, females constituted 49.5% of the sample.

**Dietary behaviours:** 14.3% of students were at risk of becoming overweight and 3.9% were overweight. 34.9% of students were trying to lose weight. 14.1% of students went hungry because there was not enough food in their home. 14.6% of students ate at a fast food restaurant, 38.1% of students usually drink carbonated soft drinks and 35.8% drink milk or eat milk products.

**Hygiene:** 25.3% of students did not clean or brush their teeth. 7.4% of students never or rarely washed their hands before eating. 7.4% of students never or rarely washed their hands after using the toilet or latrine. 9.1% of students never or rarely used soap when washing their hands. 58.6%

of students do not have a source of clean water for drinking at school, 33.3% of students do not have a place to wash their hands before eating at school. 72.2% of students have not clean toilets or latrines at school.

**Mental Health:** 15.7% of students felt lonely most of the time. 18.4% of students felt so worried about something that they could not sleep at night. 18.0% of students seriously considered attempting suicide. 18.1% of students made a plan about they would attempt suicide. 8.2% of students have no close friends.

**Physical Activity:** 14.3% of students were physically active for a total of at least 60 minutes daily for 7 days. 83.5% of students participated in insufficient physical activity. 39.3% of students spent three or more hours per day doing sitting activities. 76.6% of students usually took less than 30 minutes to get to and from school each day during the past 7 days.

**Protective Factors:** 39.1% of students missed classes or school without permission, 36.5% of students reported that most of the students in school were kind and helpful. 34.3% of students were been never or rarely checked by their parents or guardians for their homework. 43.4% of students reported their parents or guardians never or rarely understood their problems and worries. 37.2% of students reported their parents or guardians never or rarely really know what they were doing with their free time.

**Sexual Behaviours that Contribute to HIV Infection :** 84.9% of students had ever heard of HIV/ AIDS. 56.1% of students had been taught in their classes about HIV or AIDS, 54.8% how to avoid HIV or AIDS, and 75.2% of students knew that people can protect themselves from HIV by not having sexual intercourse outside the bond of marriage.

**Tobacco Use :** During the past 30 days, 24.9% of students used any form of tobacco one or more times, 15.6% of students smoked cigarettes and 68.3% of them tried to stop smoking cigarettes. 75.3% of students reported that people smoked in their presence during the past seven days. 50.2% of students had a parent or guardian who uses any form of tobacco.

**Violence and Unintentional Injury :** During the past 12 months, 46.7% of students were in a physical fight one or more times. 43.7% of students were seriously injured one or more times. Among students who were seriously injured, 24.6% were playing sports, 18.8% had injury by a fall, 38.8% had injury as a result of accident, and 20.5% experienced a broken bone or dislocated joint as their most serious injury. 41.6% of students were bullied on one or more days, 13.3% out of them were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors.

## **Recommendations:**

1. Evaluate, modify the present educational programs, develop and design up to date programs, and developing guidelines and training for teaching staff, students, parents, and health providers that promote health of students and surrounding communities through improving their level of knowledge and awareness, attitudes, behaviors, gaining skills and healthy practices.
2. Reviewing and updating school curriculum regarding health issues and present it in a simple easy understood way.
3. Improving the learning and social environments through improving and building communication skills between students, teachers, and parents.
4. Improve coordination and cooperation with officials such as MOY, MOH, MOE, and MOD&SA to help students' participation in productive activities
5. Stress on the role of the social counsellors in building better social relations between students, teachers and parents.
6. Activation of councils of students' parents and improve communication skills and interaction between school staff and councils of students' parents.
- 7 Stressing the school legislations regarding school attendance for students, prevention of smoking, bullying and violence at schools.
8. GSHS is considered a base of surveillance system for health risk behaviours and protective factors at schools and need to be conducted periodically 2-3 years.
9. Adopt health initiatives to support school health programmes related to (nutrition, physical activity, hygiene tobacco use and sexual behaviours).

## **Part 1: Introduction**

## Background

In 2001, WHO, in collaboration with UNAIDS, UNESCO, and UNICEF, and with technical assistance from the US Centres for Disease Control and Prevention (CDC), initiated development of the Global School-based Student Health Survey (GSHS).

Since 2003, Ministries of Health and Education around the world have been using the GSHS to periodically monitor the prevalence of important health risk behaviours and protective factors among students.

Jordan was the first country in EMRO region who conducted GSHS in May 2004 and was the first country who repeated the GSHS in May 2007.

## Purpose

The purpose of the GSHS is to provide accurate data on health behaviours *and protective factors* among students to:

- Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies;
- Establish trends in the prevalence of health behaviours *and protective factors* by country for use in evaluation of school health and youth health promotion; and
- Allow countries, international agencies, and others to make comparisons across countries and within countries regarding the prevalence of health behaviours *and protective factors*.
- Establish base line data on health behaviours and protective factors
- Establish surveillance systems for health behaviours and protective factors

## About GSHS

The GSHS is a school-based survey conducted primarily among students aged 13-15 years. It measures behaviours *and protective factors* related to the leading causes of mortality and morbidity among youth and adults in *Jordan*:

- Alcohol and other drug use
- Dietary behaviours
- Hygiene
- Mental health
- Physical activity
- Protective factors
- Sexual behaviours that contribute to HIV infection.
- Tobacco use
- Violence and unintentional injury

Jordan has a total area of 89000 square km. The average annual current income per capita is 1515.6 JD. The annual population growth rate is 2.6%. The estimated population was 5,600000 for the year 2006. Most of population of Jordan are literate 91%; the total number of students from all educational sectors was more than one and a half million for the scholastic year



2003/2004, females constitute 49.3% and the percent of schoolchildren enrolled in schools was 98.2% in schools of all educational sectors since basic education till the 10th grade is mandatory by law. (Department of statistics, 2004)

There is political commitment from Jordan government through MOH and MOE towards the health status of students to reach the Gemini Goal of Health for All and Education for All students. The national strategy of school health was developed in order to achieve objectives of school health. Comprehensive school health program include the eight components: medical & dental examination, vaccination according to EPI at schools, school environment, health education, mental and psychosocial health, food and nutrition, physical and recreational activities, programs for school staffs (principals, teachers and custodians) and programs for communities surrounding schools. School health services are implemented by physicians, dentists and paramedics of the health centre that cover a number of schools in an area and offered free of charge only to students in public schools at primary level of care and only poor students are covered by medical insurance according to school administration coverage letter that the student is poor for secondary and tertiary levels in addition to primary care levels.

Data about school visits, medical & dental examination and referral of students, vaccination, laboratory investigation, school environment and drinking water laboratory testing (routine, chlorine residue, and microbiological), health education, infectious and chronic diseases are gathered on monthly and annual bases but no data are collected regarding risk factors and behaviours of students. there is previous study Jordan GSHS/2004 about the magnitude of problems related to such risk factors and behaviours we have in Jordan also few studies about tobacco use among students and the GYTS where overall 21% of students smoked cigarettes on one or more days during the past 30 days and male students (25%) were significantly more likely than female students (14.8%) to have smoked cigarettes. Overall 33% of students used any other form of tobacco and male students ( 36.5%) were significantly more likely than female students (27.7%) used any other form of tobacco. Overall 61.8% tried to stop smoking cigarettes. This study will be conducted to explore the magnitude of health risk behaviours and protective factors among students aged 13-15 years in order to provide baseline data for policy makers to help in setting priorities and planning programs that improve quality of life as students now and fathers tomorrow.

## Methods

### Sampling

The 2007 Jordan GSHS employed a two-stage cluster sample design to produce a representative sample of students in 8<sup>th</sup> through 10<sup>th</sup> grades. The first-stage sampling frame consisted of all schools containing any of 8<sup>th</sup> through 10<sup>th</sup> grades. Schools were selected with probability proportional to school enrolment size. 25 schools were selected to participate in the Jordan GSHS, 14 of them were male schools, and distributed as follow: 20 public schools, 2 private schools in Greater Amman, and 3 UNRWA school. Public schools are geographically distributed as follow: 13 in Greater Amman, other governorates:, 4 in Zarqa, 2 in Dear Alla and 1 in each of Irbid , Maan, Ramtha,Mafraq,Bane Kenanh andAjlon.

The second stage of sampling consisted of randomly selecting intact classrooms (using a random start) from each school to participate. All classrooms in each selected school were included in the sampling frame. All students in the sampled classrooms were eligible to participate in the GSHS.

The sample of students was 2243 students from the sampled 70 classrooms.(Annex 2).

### Weighting

A weighting factor was applied to each student record to adjust for non-response and for the varying probabilities of selection.

$$W = W1 * W2 * f1 * f2 * f3$$

where:

W1 = the inverse of the probability of selecting the school;

W2 = the inverse of the probability of selecting the classroom within the school;

f1 = a school- level non response adjustment factor calculated by school size category (small, medium, large). The factor was calculated in terms of school enrolment instead of numbers of schools.

f2 = a school- level non response adjustment factor calculated by class.

f3 = a post stratification adjustment factor calculated by grade.

### Response rates

For the 2007 Jordan GSHS, 2197 questionnaires were completed in 25 schools. The school response rate was 100%, the student response rate was 99.8%, and the overall response rate was 99.8%. The data set was cleaned and edited for inconsistencies. Missing data were not statistically imputed. Software that takes into consideration the complex sample design was used to compute prevalence estimates and 95% confidence intervals. GSHS data are representative of all students attending 8<sup>th</sup> through 10<sup>th</sup> grades in Jordan.

## **Administering the survey**

### Survey Administration.

- Approval and permission to conduct the study were obtained from both MOH & MOE. **(Annex1)**  
The 2004 GSHS questionnaire was the same tool used in 2007 GSHS. 43 questions were used from the GSHS global core modules and 44 additional questions were added from the GSHS core expanded set of questions .
- A total of 87 questions in 11 pages were selected for Jordan
- Print out & copying of the accredited and translated questionnaire was done and 3000 copies were prepared. **(Annex3)**
- Preparing special forms at school level for the selected sample of schools (School level form) and forms at class level (Class level form).
- Translating & printout of all the instructions relevant to field survey implementation activities: (Student instructions ‘School message, and Instructions for field workers).
- A one day workshop was held on for training field workers on how to implement survey activities in the field. Trainers illustrated practically the implementation activities. Copies of questionnaires & answer sheets, pencils, instructions, envelopes of different sizes were delivered to them.

Data collection occurred from 22<sup>rd</sup> to 24<sup>th</sup> May 2007. Survey procedures were designed to protect student privacy by allowing for anonymous and voluntary participation. Students completed the self-administered questionnaire during one classroom period and recorded their responses directly on a computer-scanable answer sheet. Approximately, twenty Survey Administrators were specially trained to conduct the GSHS.

The answer sheets, questionnaires, school level forms and class level forms were gathered and put in the envelopes according to survey protocol and CDC instructions and sent via FedEx company to CDC/Atlanta on 7/6/2007, for data entry, processing, and analysis and the tabulated data were returned to Jordan in order to prepare the final report.

## **GSHS Questionnaire**

The Jordan GSHS questionnaire contained 87 questions addressing the following topics:

1. Respondents demography.
2. Dietary behaviours
3. Personal hygiene.
4. Mental health.
5. Physical activity.
6. Protective factors.
7. Tobacco use.
8. Violence and unintentional injury

## **Part 2: Results**

## Overview

Data results were tabulated for frequency descriptions and relevant variable description: demographic characteristics of participating students mainly age, sex, and grade, dietary behaviours, personal hygiene, mental health, physical activity, protective factors, sexual behaviours that contribute to HIV, AIDS, and other STIs, tobacco use, violence and unintentional injuries.

## Demographics

*The demographic characteristics of the sample are described in the following table.*

*Table 1. Demographic characteristics of the sample for Jordan, 2007*

	Sex		Grade			Age in years		
	Males	Females	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>	≤12	13-15	≥16
<b>Jordan</b>	50.5%	49.5%	34.8%	32.7%	29.7%	1.4%	73.9%	24.6%

## Dietary Behaviours

### Background

During adolescence, overweight is associated with hyperlipidemia, raised blood pressure (hypertension), abnormal glucose tolerance, and adverse psychological and social consequences. Overweight acquired during childhood or adolescence may persist into adulthood and increase risk later in life for coronary heart disease, diabetes, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints. Nutritional deficiencies as a result of food insecurity (protein-energy malnutrition, iron, Vitamin A, and iodine deficiency) affect school participation and learning.<sup>i</sup>

Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances important for good health. Dietary patterns that include higher intakes of fruits and vegetables are associated with several health benefits, including a decreased risk for some types of cancer.<sup>ii</sup>

## Results

Table 2. Body Mass Index (BMI) and dietary behaviours, by sex, Jordan, 2007.

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
At risk for becoming overweight <sup>1</sup>	14.3 (11.3 – 17.4)	18.1 (14.4 – 21.8)	9.8 (7.5 – 12.2)
Overweight <sup>2</sup>	3.9 (2.3 – 5.6)	5.5 (3.4 – 7.5)	2.1 (0.7 – 3.4)
Try to lose weight.	34.9 (29.3 – 40.6)	26.4 (23.3 – 29.5)	43.6 (37.2 – 50.1)
Went hungry most of the time or always because there was not enough food in their home during the past 30 days	14.1 (12.1 – 16.2)	14.2 (11.4 – 17.0)	13.5 (10.2 – 16.8)
Usually ate fruit, such as apples, bananas, citrus fruits, one or more times per day during the past 30 days	69.2 (65.1 – 73.4)	67.6 (62.2 – 73.1)	70.9 (64.6 – 77.1)
Usually ate vegetables, such as tomato, cucumber, spinach or eggplant, one or more times per day during the past 30 days	77.5 (74.7 – 80.4)	78.6 (75.0 – 82.1)	76.5 (72.2 – 80.7)
Ate five or more fruits and vegetables per day during the past 30 days	25.2 (22.4 – 27.9)	26.9 (23.9 – 29.9)	23.6 (18.8 – 28.4)
Ate at a fast food restaurant, such as McDonalds, Boston Fried Chicken, or Burger King on three or more days during the past seven days.	14.6 (11.8 – 17.3)	15.8 (12.9 – 18.6)	13.0 (9.2 – 16.8)
Usually drink carbonated soft drinks, such as Coke, Pepsi, Coca cola, 7-up or Fanta two or more times per day during past 30 days.	38.1 (34.5 – 41.8)	40.5 (36.3 – 44.7)	35.6 (28.9 – 42.4)
Drink milk or eat milk products such as yogurt, cheddar cheese, or cream cheese two or more times per day during the past 30 days	35.8(33.3 –38.3)	37.3 (33.2 –41.4)	34.4 (30.8 -38.0)

\*95% confidence interval.

<sup>1</sup>Students who were at or above the 85<sup>th</sup> percentile, but below the 95<sup>th</sup> percentile for body mass index by age and sex based on reference data from Cole, Bellizzi, Flegal, and Dietz, *BMJ*, May 2000.

<sup>2</sup>Students who were at or above the 95<sup>th</sup> percentile for body mass index by age and sex based on reference data from Cole, Bellizzi, Flegal, and Dietz, *BMJ*, May 2000.

### Prevalence of overweight

In Jordan, 14.3% of students were at risk for becoming overweight (i.e., at or above the 85<sup>th</sup> percentile, but below the 95<sup>th</sup> percentile for body mass index by age and sex) and 3.9% were overweight (i.e., at or above the 95<sup>th</sup> percentile for body mass index by age and sex). Male students (18.1%) are significantly more likely than female students (9.8%) to be at risk for becoming overweight.

### Trying to lose weight

Overall, 34.9% of students were trying to lose weight. Female students (43.6%) are significantly more likely than male students (26.4%) to be trying to lose weight.

### **Prevalence of hunger**

Overall, 14.1% of students went hungry most of the time or always because there was not enough food in their home during the past 30 days

### **Fruit and vegetable intake**

Overall, 69.2% of students usually ate fruit, such as apples, bananas and citrus fruits, one or more times per day during the past 30 days. Overall, 77.5% of students usually ate vegetables, such as tomato, cucumber, spinach or eggplant, one or more times per day during the past 30 days. Overall, 25.2% of students usually ate fruits and vegetables five or more times per day during the past 30 days.

### **Fast food and soft drink consumption and milk & milk products intake**

Overall, 14.6% of students ate at a fast food restaurant, such as McDonalds, Boston Fried Chicken, or Burger King on three or more days during the past seven days. 38.1% of students usually drink carbonated soft drinks, such as Coke, Pepsi, Coca cola, 7-up or Fanta two or more times per day during past 30 days. 35.8% of students drink milk or eat milk products such as yogurt, cheddar cheese, or cream cheese three or more times per day during the past 30 days

# Hygiene

## Background

Dental caries affect between 60-90% of children in developing countries and is the most prevalent oral disease among children in several Asian and Latin American countries. In Africa, the incidence of dental caries is expected to rise drastically in the near future due to increased sugar consumption and inadequate fluoride exposure.<sup>iii</sup> In addition to causing pain and discomfort, poor oral health can affect children's ability to communicate and learn. More than 50 million school hours are lost annually because of oral health problems.<sup>iv</sup> In both developed and developing countries, many children do not have access to water fluoridation or professional dental care. Daily tooth cleaning or brushing can help prevent some dental disease.<sup>v</sup>

Diarrhoeal diseases kill nearly 2 million children every year. Hygiene education and the promotion of hand-washing can reduce the number of diarrhoeal cases by 45%.<sup>vi</sup> About 400 million school-aged children are infected with worms worldwide. These parasites consume nutrients from children they infect, cause abdominal pain and malfunction, and can impair learning by slowing cognitive development.<sup>vii</sup>

## Results

*Table3. Hygiene-related behaviours, by sex, Jordan, 2007.*

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Did not clean or brush their teeth during the past 30 days	25.3 (21.5 – 29.1)	30.6 (26.4 – 34.7)	19.3 (16.1 – 22.5)
Never or rarely washed their hands before eating during the past 30 days	7.4 (5.6 – 9.2)	9.7 (6.8 – 12.5)	4.9 (3.4 – 6.4)
Never or rarely washed their hands after using the toilet or latrine	7.4 (5.1 – 9.7)	9.1 (6.3 – 11.9)	5.3 (3.6 – 7.0)
Never or rarely used soap when washing their hands	9.1 (7.3 – 11.0)	11.2 (9.1 – 13.2)	6.8 (4.7 – 8.9)
Do not have a source of clean water for drinking at school.	58.6 (50.6 – 66.6)	50.8 (42.3 – 59.3)	66.3 (57.5 – 75.2)
Do not have a place to wash their hands before eating at school.	33.3 (26.8 – 39.8)	35.0 (27.3 – 42.6)	31.6 (22.1 – 41.2)
Whose toilets or latrines at school are not clean.	72.2 (66.5 – 78.0)	70.0 (64.3 – 75.7)	74.4 (66.0 – 82.8)

\*95% confidence interval.



## **Personal Hygiene:**

In Jordan, the percentage of students who did not clean or brush their teeth during the past 30 days was 25.3%. Male students (30.6%) are significantly more likely than female students (19.3%) to not clean or brush their teeth. the percentage of students who Never or rarely washed their hands before eating during the past 30 days(7.4%). Male students( 9.7%) are significantly more likely than female students(4.9%) to never or rarely washed their hands before eating during the past 30 days. Overall, 7.4% of students never or rarely washed their hands after using the toilet or latrine during the past 30 days. the percentage of students who Never or rarely used soap when washing their hands(9.1%). Male students( 11.2%) are significantly more likely than female students(6.8%) to never or rarely used soap when washing their hands during the past 30 days.

In Jordan, 58.6% of students do not have a source of clean water for drinking at school. 33.3% of students do not have a place to wash their hands before eating at school. Overall, 72.2% of students have toilets or latrines which are not clean at school.

## Mental Health

### Background

World-wide, approximately 20% of children and adolescents suffer from a disabling mental illness.<sup>viii</sup> Anxiety disorders, depression and other mood disorders, and behavioural and cognitive disorders are among the most common mental health problems among adolescents. Half of all lifetime cases of mental disorders start by age 14.<sup>ix</sup>

Every country and culture has children and adolescents struggling with mental health problems. Most of these young people suffer needlessly, unable to access appropriate resources for recognition, support, and treatment. Ignored, these young people are at high risk for abuse and neglect, suicide, alcohol and other drug use, school failure, violent and criminal activities, mental illness in adulthood, and health-jeopardizing impulsive behaviours. World-wide, about 4 million adolescents attempt suicide each year. Suicide is the third leading cause of death among adolescents.<sup>x, xi</sup>

### Results

*Table 4. Mental health issues among students, by sex, Jordan, 2007 .*

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Most of the time or always felt lonely during the past 12 months	15.7 (12.8 – 18.6)	12.2 (9.1 – 15.4)	19.3 (15.2 – 23.4)
Most of the time or always felt so worried about something that they could not sleep at night during the past 12 months	18.4 (15.6 – 21.1)	13.5 (10.6 – 16.3)	23.4 (20.9 – 25.8)
Seriously considered attempting suicide during the past 12 months	18.0 (16.1 – 19.9)	16.8 (14.4 – 19.1)	18.8 (15.9 – 21.6)
Made a plan about how they would attempt suicide during the past 12 months	18.1 (16.1 – 20.1)	17.0 (13.8 – 20.1)	18.9 (16.9 – 20.9)
Have no close friends	8.2 (6.5 – 9.8)	8.9 (6.6 – 11.1)	7.4 (5.2 – 9.6)

*\*95% confidence interval.*

### Loneliness/depression

In **Jordan**, **15.7%** of students most of the time or always felt lonely during the past 12 months. Overall, **18.4%** of students most of the time or always felt so worried about something that they could not sleep at night during the past 12 months . Male students (**13.5%**) are significantly less likely than female students (**23.4%**) to most of the time or always feel so worried about something they can not sleep at night.

### Suicidal behaviour

Overall, **18.0%** of students seriously considered attempting suicide during the past 12 months. Overall, **18.1%** of students made a plan about how they would attempt suicide during the past 12 months. Overall **8.2%** of students have no close friends.

## Physical Activity

### Background

Participating in adequate physical activity throughout the life span and maintaining normal weight are the most effective ways of preventing many chronic diseases, including cardiovascular disease and diabetes.<sup>xii</sup>

The prevalence of type 2 diabetes is increasing globally and now is occurring during adolescence and childhood.<sup>xiii</sup> Participating in adequate physical activity also helps build and maintain healthy bones and muscles, control weight, reduce blood pressure, ensure a healthy blood profile, reduce fat, and promote psychological well-being.<sup>xiv</sup>

Roughly 60% of the world's population is estimated to not get enough physical activity. Patterns of physical activity acquired during childhood and adolescence are more likely to be maintained throughout the life span, thus sedentary behaviour adopted at a young age is likely to persist.<sup>xv</sup>

### Results

*Table 5. Physical activity among students, by sex, Jordan, 2007.*

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Physically active all seven days for a total of at least 60 minutes per day during the past seven days	14.3 (12.2 – 16.5)	17.5 (14.7 – 20.2)	11.3 (9.7 – 13.0)
Physically active seven days for a total of at least 60 minutes per day during a typical or usual week	11.2 (9.6 – 12.8)	14.7 (12.8 – 16.6)	7.9 (6.6 – 9.2)
Participated in physical activity for a total of at least 60 minutes per day on five or fewer days on average	83.5 (81.3 – 85.6)	79.1 (76.7 – 81.6)	87.8 (86.2 – 89.3)
Spent three or more hours per day doing sitting activities during a typical or usual day	39.3 (35.5 – 43.2)	37.8 (33.2 – 42.4)	41.2 (34.5 – 47.8)
Did not walk or bicycle to and from school during the past seven days	44.4 (40.5 – 48.3)	42.4 (38.7 – 46.1)	46.5 (39.6 – 53.4)
Usually took less than 30 minutes to get to and from school each day during the past seven days	76.6 (74.7 – 78.4)	74.6 (72.9 – 76.4)	78.4 (75.5 – 81.2)

\*95% confidence interval.

### Physical activity

In Jordan, 14.3% of students were physically active all 7 days during the past 7 days for a total of at least 60 minutes per day. Male students(17.5%) are significantly more likely than female students(11.3%) to be physical active all 7 days for a total of at least 60 minutes per day than . 11.2% of students were physically active 7 days during a typical or usual week for a total of at least 60 minutes per day. Male students(14.7%) are significantly more likely than female students(7.9%) to be physically active 7 days during a typical or usual week for a total of at

least 60 minutes per day. 83.5% of students participated in insufficient physical activity (i.e., participated in physical activity for a total of at least 60 minutes per day on five or fewer days on average). Male students (79.1%) are significantly less likely than female students (87.8%) to participate in insufficient physical activity (i.e., participated in physical activity for a total of at least 60 minutes per day on five or fewer days on average).

### **Sedentary behaviour**

Overall, 39.3% of students spent three or more hours per day doing sitting activities during a typical or usual day.

### **Walk or bicycle to and from school**

Overall, 44.4% of students did not walk or bicycle to and from school during the past 7 days. Overall, 76.6% of students usually took less than 30 minutes to get to and from school each day during the past 7 days.

## **Protective Factors**

### **Background**

For most adolescents, school is the most important setting outside of the family. School attendance is related to the prevalence of several health risk behaviours including violence and sexual risk behaviours.<sup>xvi</sup>

Adolescents who have a positive relationship with teachers, and who have positive attitudes towards school are less likely to initiate sexual activity early, less likely to use substances, and less likely to experience depression. Adolescents who live in a social environment which provides meaningful relationships, encourages self-expression, and also provides structure and boundaries, are less likely to initiate sex at a young age, less likely to experience depression, and less likely to use substances.<sup>xvii</sup>

Being liked and accepted by peers is crucial to young people's health development, and those who are not socially integrated are far more likely to exhibit difficulties with their physical and emotional health. Isolation from peers in adolescence can lead to feelings of loneliness and psychological symptoms. Interaction with friends tends to improve social skills and strengthen the ability to cope with stressful events.<sup>xviii</sup>

Parental bonding and connection is associated with lower levels of depression and suicidal ideation, alcohol use, sexual risk behaviours, and violence.<sup>xix</sup>

## Results

*Table 6. Protective factors among students, by sex, Jordan, 2007.*

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Missed classes or school without permission on one or more of the past 30 days	39.1 (34.4 – 43.9)	42.9 (37.1 – 48.8)	35.1 (28.7 – 41.6)
Most of the students in their school were never or rarely kind and helpful most of the time or always during the past 30 days	36.5 (32.5 – 40.4)	42.9 (39.7 – 46.1)	29.9 (26.2 – 33.6)
Parents or guardians never or rarely checked to see if their homework was done most of the time or always during the past 30 days	34.3 (31.2 – 37.4)	31.7 (28.5 – 34.8)	36.8 (31.7 – 42.0)
Parents or guardians never or rarely understood their problems and worries most of the time or always during the past 30 days	43.4 (40.8 – 46.0)	42.3 (39.0 – 45.7)	44.4 (40.1 – 48.8)
Parents or guardians never or rarely really knew what they were doing with their free time most of the time or always during the past 30 days	37.2 (34.2 – 40.2)	38.3 (34.8 – 41.8)	36.1 (32.1 – 40.2)

\*95% confidence interval.

### Missing classes

In Jordan, overall 39.1% of students missed classes or school without permission on one or more of the past 30 days.

### Being kind and helpful

36.5% of students reported that most of the students in their school were never or rarely kind and helpful most of the time or always during the past 30 days. Male students (42.9%) are significantly more likely than female students (29.9%) reported that most of the students in their school were never or rarely kind and helpful most of the time or always during the past 30 days.

### Parents or guardians

Overall, 34.3% of students reported their parents or guardians never or rarely checked to see if their homework was done most of the time or always during the past 30 days. Overall, 43.4% of students reported their parents or guardians never or rarely understood their problems and worries most of the time or always during the past 30 days. Overall, 37.2% of students reported their parents or guardians never or rarely really know what they were doing with their free time most of the time or always during the past 30 days.

## Sexual Behaviours that Contribute to HIV Infection, and Other STI.

### Background

AIDS has killed more than 25 million people since 1981. As of 2005, an estimated 40.3 million people were living with HIV. In that year alone, roughly 3.1 million people died of HIV and another 4.9 million people became infected with HIV.<sup>xx</sup> Young people between the ages of 15 and 24 are the most threatened group, accounting for more than half of those newly infected with HIV. At the end of 2003, an estimated 10 million young people aged 15 to 24 were living with HIV. Studies show that adolescents who begin sexual activity early are likely to have sex with more partners and with partners who have been at risk of HIV exposure and are not likely to use condoms. In many countries, HIV infection and AIDS is reducing average life expectancy, threatening food security and nutrition, dissolving households, overloading the health care system, reducing economic growth and development, and reducing school enrolment and the availability of teachers.<sup>xxi</sup>

STIs are among the most common causes of illness in the world and have far-reaching health consequences. They facilitate the transmission of HIV and, if left untreated, can lead to cervical cancer, pelvic inflammatory diseases, and ectopic pregnancies.<sup>xxii</sup> Worldwide, the highest reported rates of STIs are found among people between 15 and 24 years; up to 60% of the new infections and half of all people living with HIV globally are in this age group.<sup>xxiii</sup>

### Results

Table 7. HIV-related knowledge, by sex, Jordan 2007.

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Ever heard of HIV or the disease called AIDS	84.9 (81.5 – 88.4)	81.1 (77.2 – 85.1)	88.6 (85.2 – 92.0)
Taught in any of their classes about HIV or AIDS during this school year	56.1 (51.1 – 61.0)	51.2 (44.4 – 57.9)	60.7 (53.7 – 67.8)
Taught in any of their classes how to avoid HIV or AIDS during this school year	54.8 (50.6 – 59.0)	52.9 (46.4 – 59.4)	56.7 (49.5 – 63.9)
Know that people can protect themselves from HIV by not having sexual intercourse	75.2 (72.2 – 78.2)	72.9 (70.4 – 75.3)	77.5 (74.0 – 81.0)

\*95% confidence interval

### Awareness of HIV or AIDS

In Jordan, 84.9% of students had ever heard of HIV or the disease called AIDS. Male students (81.1%) are significantly less likely than female students (88.6%) had ever heard of HIV or the disease called AIDS. Overall, 56.1% of students had been taught in any of their classes about HIV or AIDS during this school year. Overall, 54.8% of students had been taught in any of their classes how to avoid HIV or AIDS during this school year. Overall, 75.2% of students knew that people can protect themselves from HIV by not having sexual intercourse.

## Tobacco Use

### Background

About 1.1 billion people worldwide smoke and the number of smokers continue to increase. Among these, about 84% live in developing and transitional economy countries. Currently 5 million people die each year from tobacco consumption, the second leading cause of death worldwide. If present consumption patterns continue, it is estimated that deaths from tobacco consumption will be 10 million people per year by 2020.<sup>xxiv</sup> The overwhelming majority of smokers begin tobacco use before they reach adulthood. Among those young people who smoke, nearly one-quarter smoked their first cigarette before they reached the age of ten. Smokers have markedly increased risks of multiple cancers, particularly lung cancer, and are at far greater risk of heart disease, strokes, emphysema and many other fatal and non-fatal diseases. If they chew tobacco, they risk cancer of the lip, tongue and mouth. Children are at particular risk from adults' smoking. Adverse health effects include pneumonia and bronchitis, coughing and wheezing, worsening of asthma, middle ear disease, and possibly neuro-behavioural impairment and cardiovascular disease in adulthood. Many studies show that parental smoking is associated with higher youth smoking.<sup>xxv</sup>

### Results

*Table 8. Tobacco use among students, by sex, Jordan, 2007.*

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Smoked cigarettes on one or more days during the past 30 days	15.6 (11.0 – 20.2)	22.7 (18.1 – 27.2)	8.7 (6.1 – 11.2)
Used any other form of tobacco, such as argela or pipe, on one or more days during the past 30 days	20.8 (16.3 – 25.3)	26.6 (23.3 – 29.9)	14.6 (9.6 – 19.6)
Used any form of tobacco on one or more of the past 30 days	24.9 (19.4 – 30.3)	33.5 (29.2 – 37.9)	16.5 (11.6 – 21.5)
Among students who smoked cigarettes during the past 12 months, those who tried to stop smoking cigarettes	68.3 (63.4 – 73.3)	71.0 (66.9 – 75.2)	62.1 (51.5 – 72.7)
People smoked in their presence on one or more days during the past seven days	75.3 (72.3 – 78.3)	75.0 (71.2 – 78.8)	75.8 (71.8 – 79.7)
Have a parent or guardian who uses any form of tobacco	50.2 (46.8 – 53.6)	50.2 (46.7 – 53.8)	50.1 (44.6 – 55.7)

\*95% confidence interval.

\*\*fewer than 100 students

### Prevalence of tobacco use

In Jordan 15.6% of students smoked cigarettes on one or more days during the past 30 days. Male students (22.7%) are significantly more likely than female students (8.7%) to have smoked cigarettes on one or more days. Overall, 20.8% of students used any other form of tobacco on one or more days during the past 30 days. Male students (26.6%) are significantly more likely than female students (14.6%) to use any other form of tobacco on one or more days. Overall, 24.9% of students used any form of tobacco on one or more of the past 30 days. Male students (33.5%) were significantly more likely than female students (16.5%) to use any form of tobacco. Among students who smoked cigarettes during the past 12 months, 68.3% tried to stop smoking cigarettes.

### Parents or guardian tobacco use

Overall, 75.3% of students reported that people smoked in their presence on one or more days during the past seven days. Overall, 50.2% of students had a parent or guardian who uses any form of tobacco.

## Violence and Unintentional Injury

### Background

Unintentional injuries are a major cause of death and disability among young children.<sup>xxvi</sup>

Each year, about 875,000 children under the age of 18 die from injuries and 10 to 30 million have their lives affected by injury. Injury is highly associated with age and gender. Males aged 10-14 have 60% higher injury death rates than females. Teenagers aged 15-19 have higher rates than those aged 10-14 years (64 compared to 29 per 100,000).

Estimated global homicide death rate for males aged 15-17 is 9 per 100,000<sup>xxvii</sup>. For every youth homicide, approximately 20 to 40 victims of non-fatal youth violence receive hospital treatment.<sup>xxviii</sup>

Many unintentional injuries lead to permanent disability and brain damage, depression, substance abuse, suicide attempts, and the adoption of health risk behaviours.

Victims of bullying have increased stress and a reduced ability to concentrate and are at increased risk for substance abuse, aggressive behaviour, and suicide attempts.<sup>xxix</sup>

### Results

Table 9. Violence and unintentional injury among students, by sex, Jordan,, 2007

Question	Total % (CI)*	Sex	
		Male % (CI)	Female % (CI)
Were in a physical fight one or more times during the past 12 months	46.7 (37.9 – 55.5)	63.9 (59.3 – 68.5)	29.4 (23.7 – 35.1)
Were seriously injured one or more times during the past 12 months	43.7 (37.7 – 49.7)	52.3 (47.9 – 56.7)	34.7 (29.5 – 39.9)
Among students who were seriously injured during the past 12 months, those whose most serious injury happened to them while they were playing or training for a sport	24.6(18.0 – 31.2)	33.7 (28.8 – 38.6)	11.1 (6.2 – 16.0)
Among students who were seriously injured during the past 12 months, those whose most serious injury was the result of a fall	18.8 (15.9 – 21.7)	20.4 (17.1 – 23.7)	15.7 (11.9- 19.6)
Among students who were seriously injured during the past 12 months, those who most serious injury was the result of them hurting themselves by accident	38.8 (34.4 – 43.1)	33.8 (29.5 – 38.0)	46.7 (38.6 – 54.8)
Among students who were seriously injured during the past 12 months, those who had a broken bone or dislocated joint as their most serious injury	20.5 (16.9 – 24.0)	24.6 (21.8 – 27.4)	14.1 (8.5 – 19.7)
Were bullied on one or more days during the past 30 days	41.6 (36.9 – 46.3)	46.6 (43.4 – 49.7)	36.5 (29.6 – 43.5)
Among students who were bullied during the past 30 days, those who were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors	13.3 (9.6 – 17.0)	16.9 (13.4 – 20.4)	8.5 (5.4 – 11.6)

\*95% confidence interval.



## **Serious Injury**

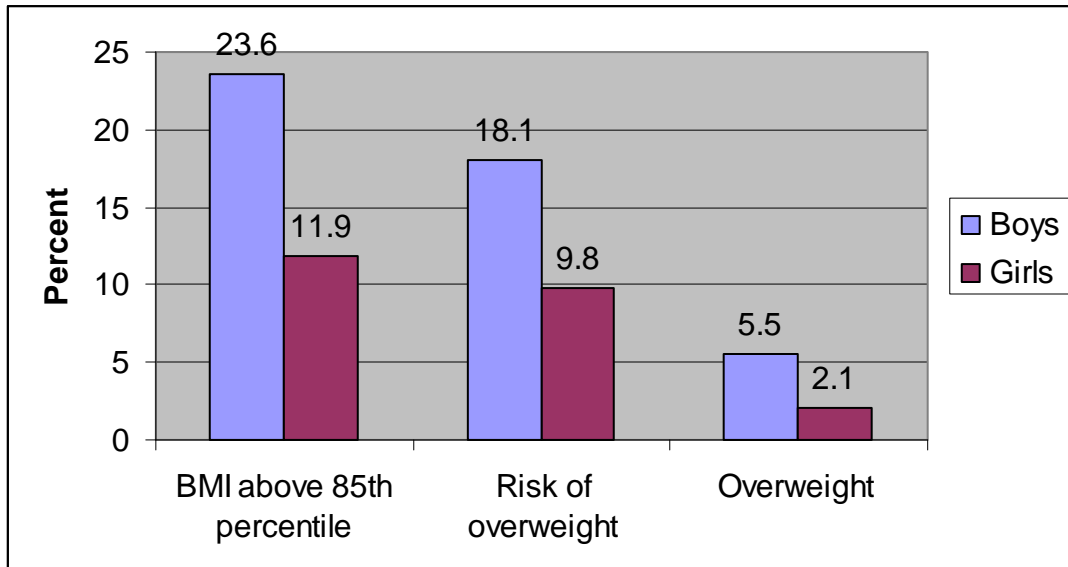
In Jordan 46.7% of students were in a physical fight one or more times during the past 12 months. Male students (63.9%) are significantly more likely than female students (29.4%) to have been in a physical fight. Overall, 43.7% of students were seriously injured one or more times during the past 12 months. Male students (52.3%) are significantly more likely than female students (34.7%) to have been seriously injured. Among students who were seriously injured during the past 12 months, 24.6% were playing or training for a sport when their most serious injury happened to them, 18.8% had their most serious injury caused by a fall, 38.8% had their most serious injury occur as a result of hurting themselves by accident. Male students (33.8%) are significantly less likely than female students (46.7%) had their most serious injury occur as a result of hurting themselves by accident. and 20.5% who had a broken bone or dislocated joint as their most serious injury. Male students (24.6%) are significantly more likely than female students (14.1%) who had a broken bone or dislocated joint as their most serious injury.

## **Bullying**

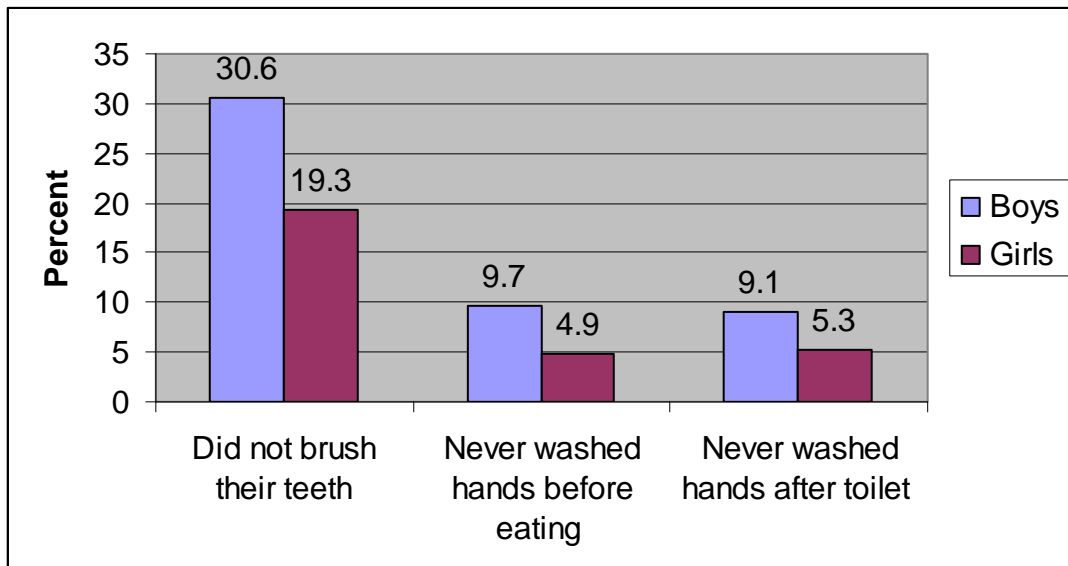
Overall, 41.6% of students were bullied on one or more days during the past 30 days. Among students who were bullied during the past 30 days, 13.3% were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors. Male students (16.9%) are significantly more likely than female students (8.5%) to be bullied most often by being hit, kicked, pushed, shoved around, or locked indoors.

## Bar graphics illustrating the main findings per health risk behaviours, protective factors and gender

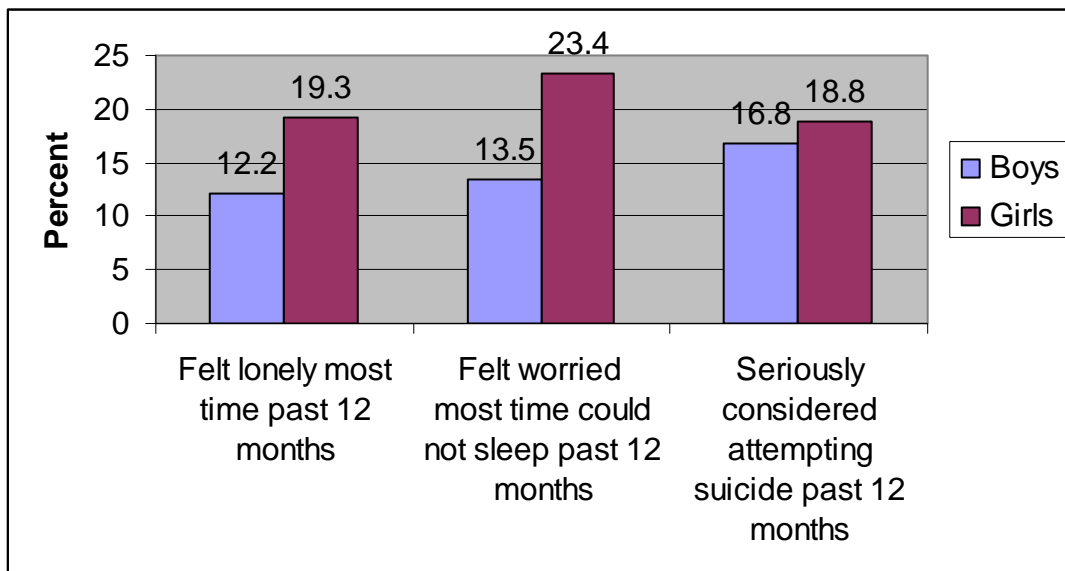
Dietary Behavior: Percentage of students (13-15 years) by sex who are at risk of becoming overweight or are overweight (JORDAN GSHS 2007)



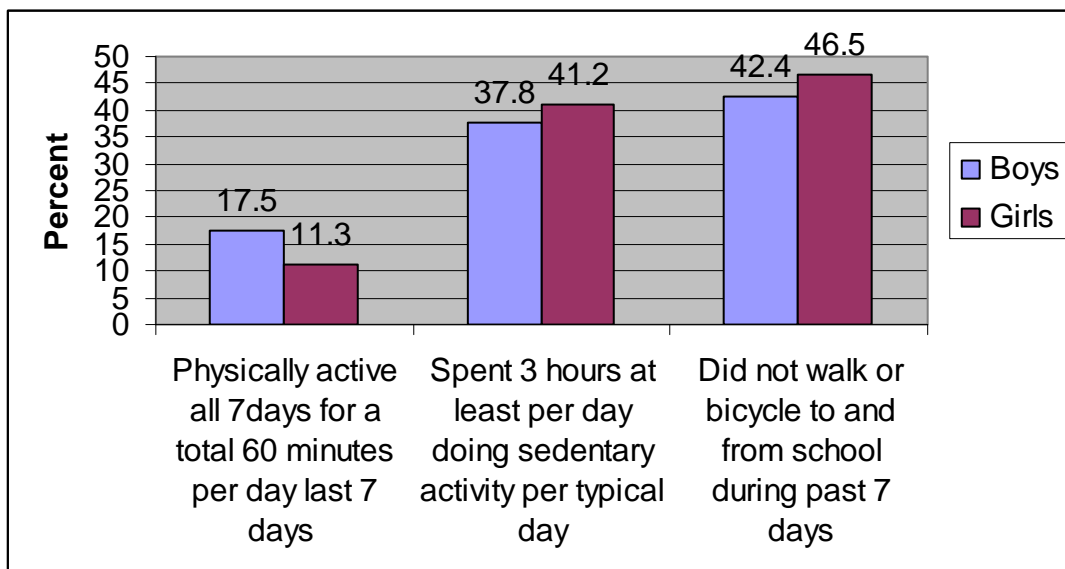
Hygiene: Percentage of students (13-15 years) who during the past 30 days did not brush their teeth, never or rarely washed their hands before eating or after using the toilet or latrine (JORDAN GSHS 2007)



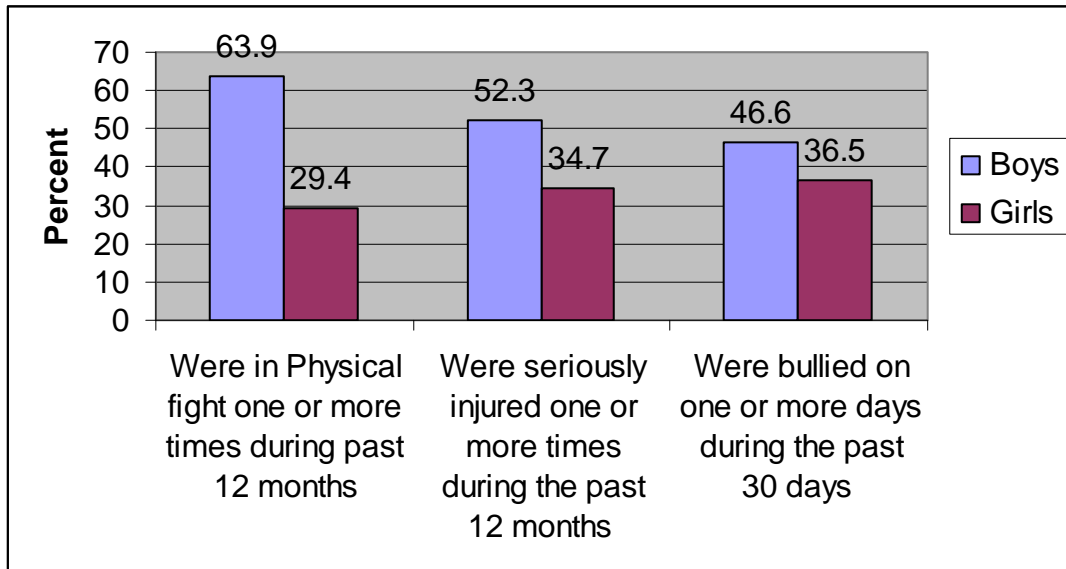
Mental health issues among students (13-15 years) by sex (Jordan GSHS 2007)



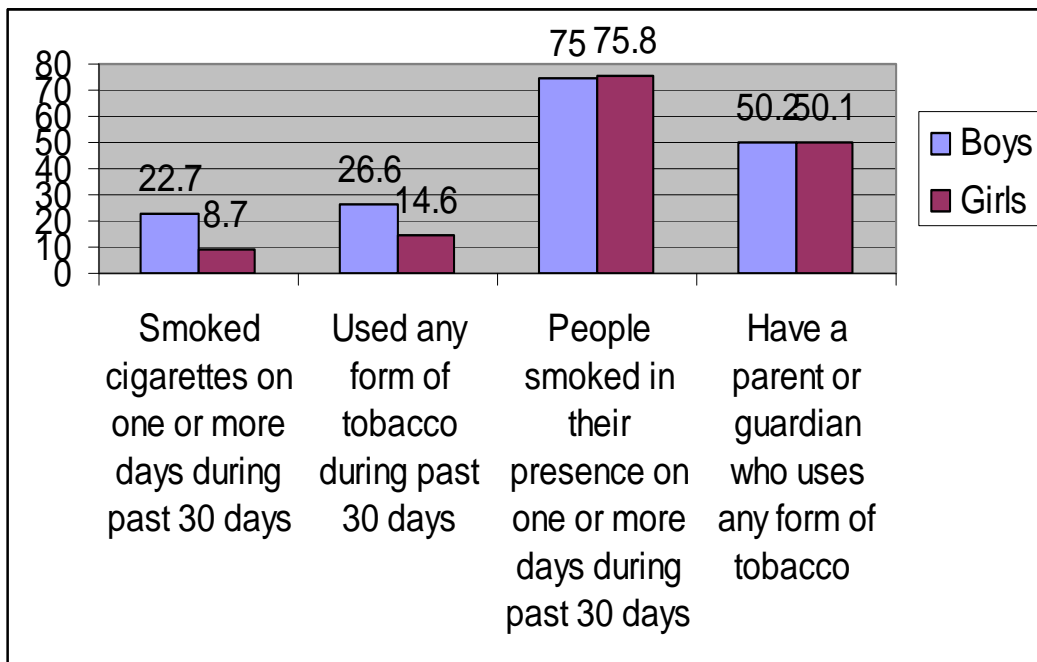
Physical activity among students (13-15 years) by sex (Jordan GSHS 2007)



Violence and unintentional injury issues among students (13-15 years by sex)  
Jordan GSHS 2007



Tobacco use issues among students (13-15 years) by sex JORDAN GSHS 2007



### **Part 3: Conclusions and Recommendations**

## Conclusions

**Dietary behaviour:** boys were not aware about the problem of overweight or the risk of becoming over weight and they didn't try to lose weight as females did. The prevalence of hunger among students reflects the low socio economic status of their families. 70% - 78% of students ate fruits and vegetables which is a protective factor. There is tendency to eat at a fast restaurant three or more days a week, and drink carbonated soft drinks which inhibit calcium absorption and at the same time the percent of students who take milk or milk products is low.

**Hygiene:** Results also indicate that female students were taking care about themselves better than males and despite there are good healthy practices regarding personal hygiene such as brushing or cleaning teeth, washing hands before eating and after using the toilet or latrines, and using soap when washing their hands, still there is need to focus on personal hygiene due to its important role in controlling health related problems such as parasitic and faeco-oral infections. Also results showed that there is school environmental problem regarding availability and drinking water quality, plumbing, and sanitation.

**Mental health:** students feel lonely, depressed and have suicidal thoughts which are more among females and there is need to stress on and activate the role of psychosocial counsellor in schools and importance of gender indiscrimination at home, school and every where.

**Physical activity:** most of students of both sexes were physically inactive and dealing sedentary life and practicing sitting activities such as computer games since computers are available now at home and at school. There is need to activate and increase physical activity sessions in schools and not to be prevailed on by other sessions

**Protective factors:** Although students knew that attending classes is mandatory by law unless there is reasonable cause, the students missed the classes without permission or showing respect to the education legislations; and although school is considered a setting for building good social relations between students themselves and between students and their teachers, still less than 50% of students thought that most of students were kind and helpful. Results indicated that the learning environment and social environment at school were not healthy, and there is lack of communication and interaction between councils of students' parents and schools on one side, and students and their parents on the other side.

**Sexual behaviours that contribute to HIV/ AIDS and other STIs:** Most of students of both sexes ever heard about HIV or AIDS but never the less they need to know more about its causative organism, incubation period, its transmission, consequences, how to avoid it and protect themselves by not having sexual intercourse outside the bond of marriage and the importance to comply to chastity and religious roles.

**Tobacco use:** smoking cigarettes and tobacco use is prevalent among students and it is more prevalent among males than females. There is great need to control and fight this phenomenon at the level of students, teachers, families and communities for the negative consequences of its use on health and its burden on economy.

**Violence and unintentional injury:** violence, unintentional injuries, and bullying are prevalent among students and are more prevalent among males than females. There is great need to control and fight this phenomenon at the level of students, teachers, families and communities for the negative consequences on health and its burden as disabling risk factor.

## Recommendations

**Dietary behaviour:** There is need to expand school nutrition program in basic schools beyond the targeted grades up to 10<sup>th</sup> grade gradually. Design educational program to raise the knowledge of students about food, nutrition and food safety, balanced diet, importance of eating available food at home, and taking milk and milk products. There is need to overview school canteens situation and develop school canteen policy, setting strategy, criteria and standards, safety measures, what food to be sold ....etc.

**Hygiene:** Review the present health education programs for updating purposes, and develop guidelines about personal hygiene to raise level of knowledge of students, teachers, and custodians, improve their healthy practices, and protect themselves and the others from relevant health problems such as parasitic and faeco-oral infection. Expanding available oral and dental hygiene programs for students to improve their practices and skills and collaborate with NGOs. Designing and Conduct skill based training workshops for students, custodians and teachers on keeping clean facilities and maintenance of simple works at school for building their capabilities. Importance of participating students in cleaning campaigns at school to gain the needed skills and practices. Implement periodical school environment supervisory, monitory, and follow up visits for schools. Conduct survey about quality of water supply, plumping, sewage disposal and sanitation at schools.

**Mental health:** Designing programs for students to participate in productive activities on school vacations. Invest students' hobbies in recreational programs, voluntary work, or vocational training establishment, and encourage students participating in social development programs to cover public works (voluntary or paid up jobs). Activate the role of the social counsellors at schools regarding helping solve psychosocial problems of students.

**Physical activity:** reviewing the present programs of physical activities for students in collaboration with Ministry of Youth on national days, races, marathons...etc. Initiating some sort of incentives to encourage students to take part in physical activity classes at school such as some additional points or marks to their average score at school to facilitate entrance to higher education.

**Protective factors:** Improving the learning and social environment through improving and building communication skills between students, teachers, and parents. Stressing the school legislations regarding school attendance for students, enquiry about causes of missing the classes through calling the father/ mother or guardian to come to school,...etc. Stress on the role of the social counsellors in building better social relations between students, teachers and parents. Activation of councils of students' parents and improve communication skills and interaction between school staff and councils of students' parents.

**Sexual behaviours that contribute to HIV/ AIDS and other STIs:** Designing educational programs about HIV or AIDS, Peer to Peer education programs, reviewing and updating available data about HIV or AIDS in school curriculum in order to present it in simple, clear, easily understood way and addressed to the different ages and educational levels in order to build the needed skills and healthy practices. Developing educational guidelines about HIV or AIDS for teachers. Training of teachers and students about HIV or AIDS, about its causative organism, occupational period, mode of transmission, consequences, how to avoid it and protect themselves by not having sexual intercourse outside the bond of marriage and the importance to compile to chastity and religious roles.

**Tobacco use:** Updating and activating legislations and roles that prevent smoking of teaching staff at school and those prevent smoking in prohibited areas, and prevent marketing advertisements and forbidding selling all kinds of tobacco for persons less than 18 years old and youths. There is need to design educational and training programs to provide students with knowledge and skills about tobacco constituents, poisonous effects, and health adverse effects of tobacco use and how to say no for smoking. There is need to stress the importance of counselling and guidance of students, to build self esteem of students, and to counteract the effect of peers through peer to peer programs.

Reviewing and integrating school curriculum and extra curriculum about adverse effects of tobacco use on health.

**Violence and unintentional injury:** Establishing injuries surveillance system at school.

Improve reporting system and enquiry about violence and unintentional injuries. Emphasize the role of social counsellor in coordination and cooperation with teaching staff, students, and families to control and minimize bullying and violent acts. Updating and activating legislations and roles that prevent violence and bullying at school. There is need to raise public awareness of community via mass media on how students behave in public places to avoid all kinds of abuse at any age. Education and training of health care providers on how to detect signs of violence and reporting. Training programs for teachers on recording injuries in surveillance records: time, place, how it happened and by what, severity, if given first aid, reporting and referring to health facility.

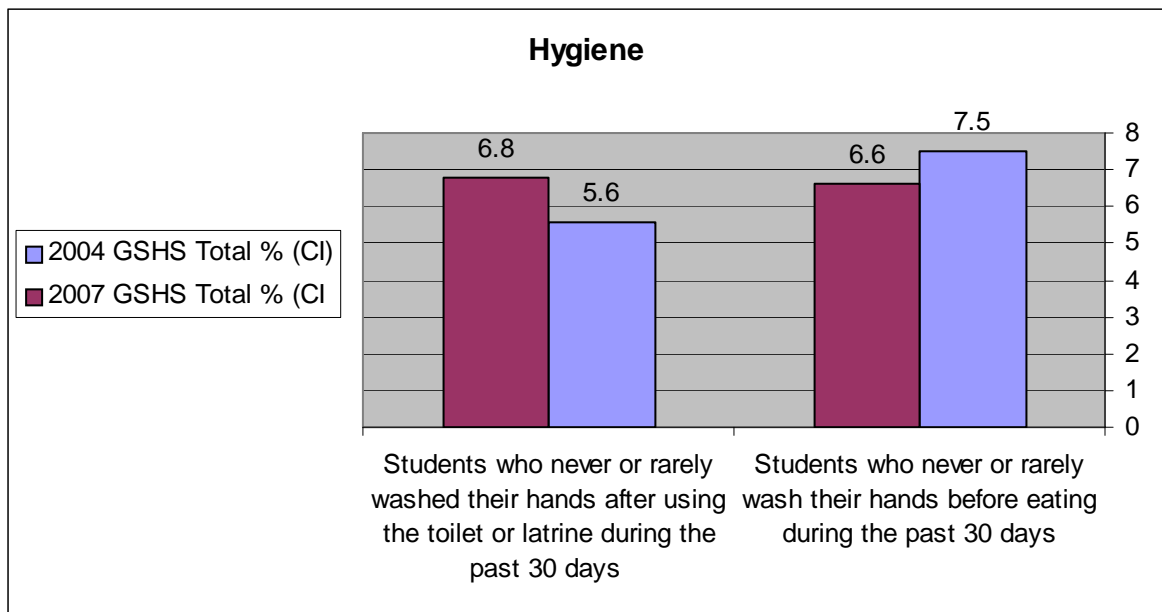
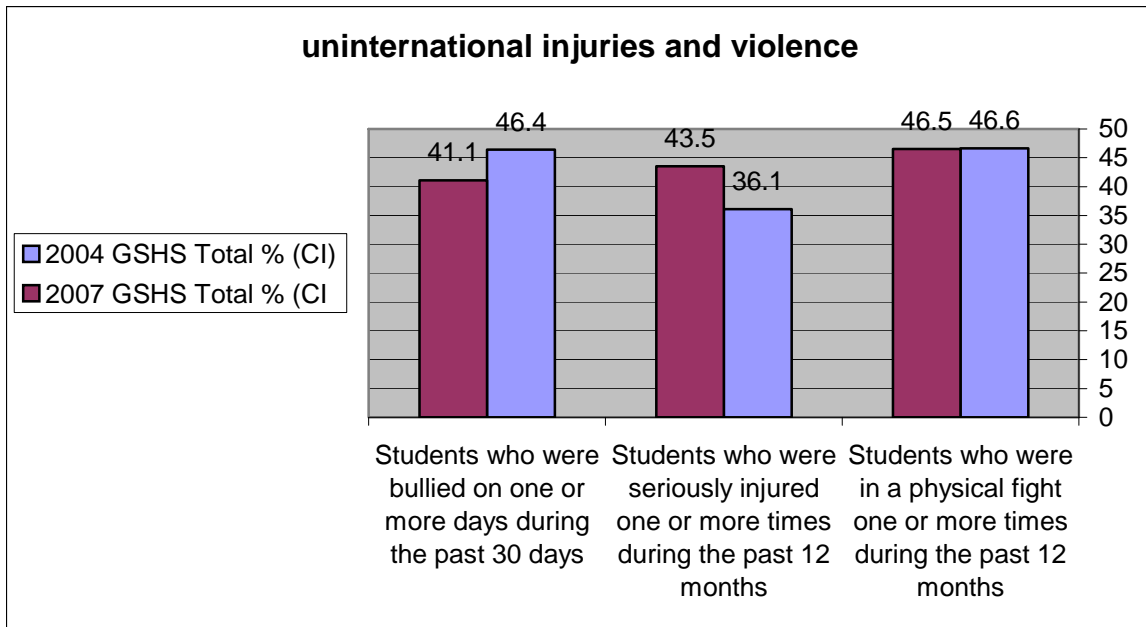
- conduct a separate survey for each component of GSHS components, so as to get a clear and complete data related to each one and then to prepare a plan of action and to adopt health initiatives according to the size of the problem.
- Develop guidelines and teaching materials directed towards students, school staff & parents, to increase health awareness among all society.
- Enhance cooperation with M.O.E. to include all our health messages through school curriculum.
- Enhance the role of social workers at schools, through updating their job description, & legislations and by conducting workshops to build up their capacity, in cooperation with M.O.E.
- Increase number of physical activity periods at schools, & develop physical activities which increase students participation, & help them to get rid of sedentary life behaviors.
- Conduct health campaigns and workshops to teach students how to say "No" to unhealthy behaviors like smoking, and concentrate on peer-peer education method.
- Repeat GSHS every 2-3 years, as an effective surveillance system, directed towards students at 13-15 years of age, which we can rely on to adopt protective programmes



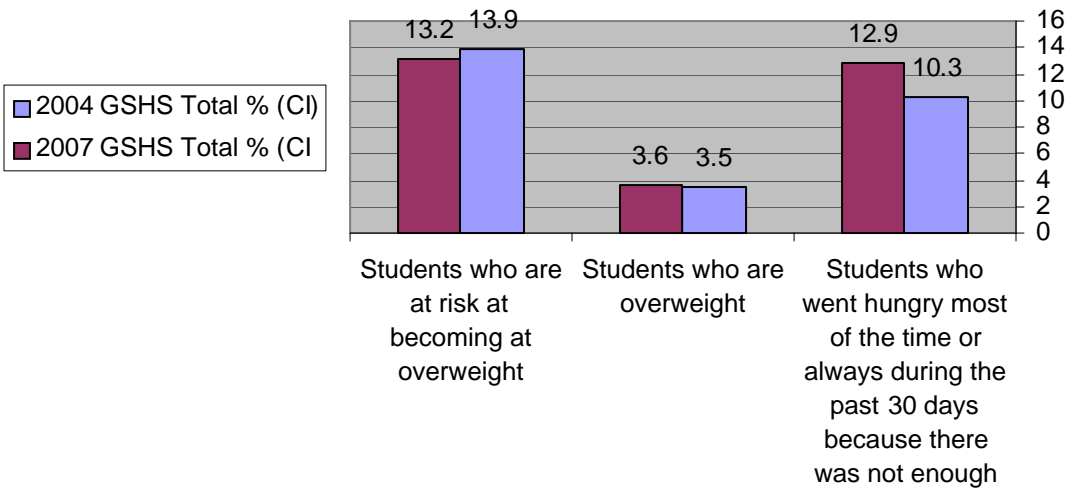
**Table (10) Comparison between students response of each item across the two Jordan GSHS 2004 and 2007**

Results for students aged 13-15 years	2004 GSHS Total % (CI)	2007 GSHS Total % (CI)
<b>Unintentional Injuries and Violence</b>		
Students who were in a physical fight one or more times during the past 12 months	46.6 ± 5.0	46.5 ± 9.7
Students who were seriously injured one or more times during the past 12 months	36.1 ± 3.1	43.5 ± 7.0
Students who were bullied on one or more days during the past 30 days	46.4 ± 2.9	41.1 ± 5.8
<b>Hygiene</b>		
Students who never or rarely wash their hands before eating during the past 30 days	7.5 ± 1.3	6.6 ± 1.3
Students who never or rarely washed their hands after using the toilet or latrine during the past 30 days	5.6 ± 1.4	6.8 ± 2.2
<b>Dietary behaviours and Overweight</b>		
Students who went hungry most of the time or always during the past 30 days because there was not enough food in their home	10.3 ± 1.9	12.9 ± 2.1
Students who are overweight	3.5 ± 1.2	3.6 ± 2.0
Students who are at risk at becoming at overweight	13.9 ± 1.6	13.2 ± 2.3
<b>Physical Activity</b>		
Students who were physically active for a total of at least 60 minutes per day on all 7 days during the past 7 days	16.0 ± 2.7	14.4 ± 2.6
Students who sent three or more hours per day during a typical or usually day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities	41.3 ± 3.3	38.1 ± 4.2
<b>Tobacco Use</b>		
Students who smoked cigarettes on one ore more days during the past 30 days	12.6 ± 2.5	12.3 ± 3.8
Students who used any other form of tobacco on one or more days during the past 30 days	15.0 ± 2.2	17.7 ± 4.2
Students who reported people smoking in their presence on one or more days during the past 7 days.	76.0 ± 1.3	73.3 ± 3.7
<b>Mental Health</b>		
Students who fell lonely most of the time or always during the past 12 months	15.8 ± 1.9	14.7 ± 3.1
Students who seriously considered attempting suicide during the past 12 months	15.1 ± 2.2	16.6 ± 2.1
Students who have no close friends	4.9 ± 0.9	8.0 ± 1.7
<b>Protective factors</b>		
Students who missed classes or school without permission on one or more days during the past 30 days	36.3 ± 2.8	36.9 ± 4.5
Students who reported that most of the students in their school were never or rarely kind and helpful during the past 30 days	36.7 ± 3.3	36.1 ± 5.0
Students whose parents or guardians never or rarely really what they were doing with their free time during the past 30 days.	38.5 ± 2.7	34.9 ± 3.2

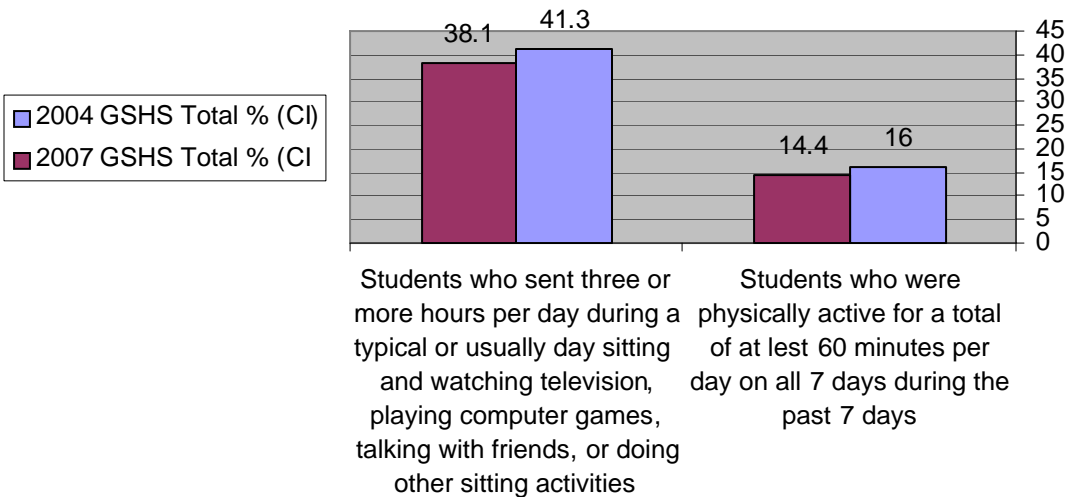
## Comparison between 2004 GSHS and 2007 GSHS

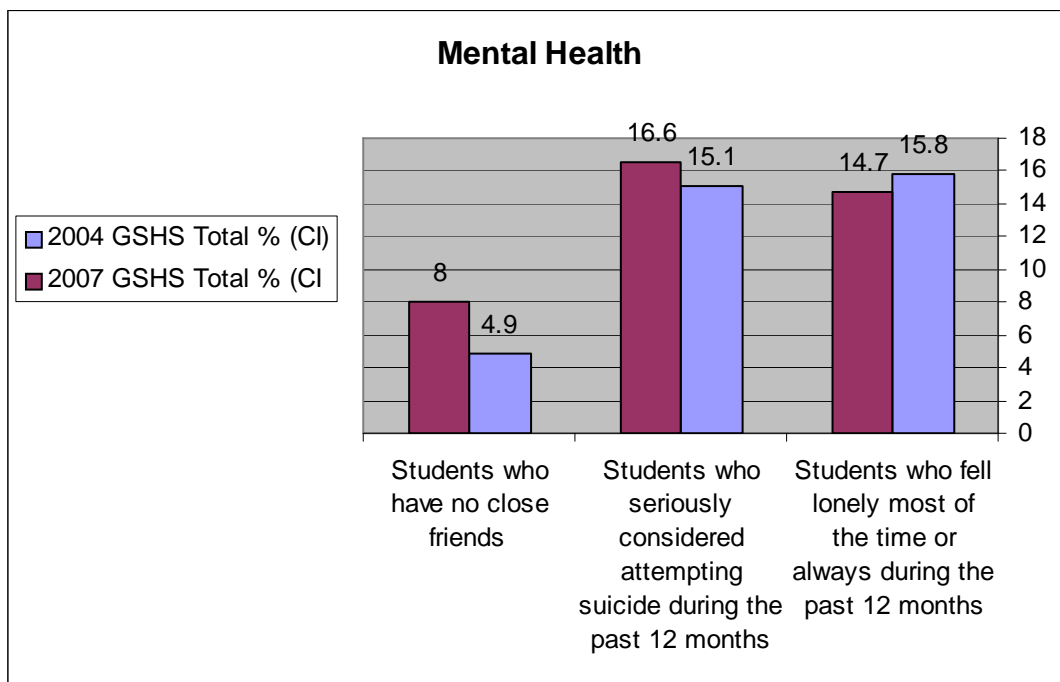
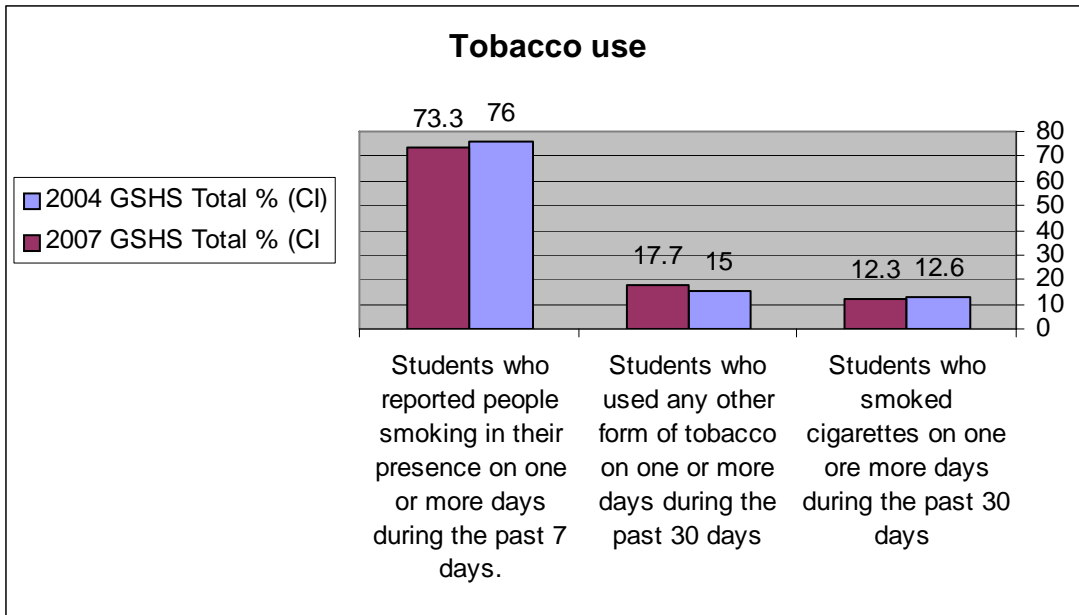


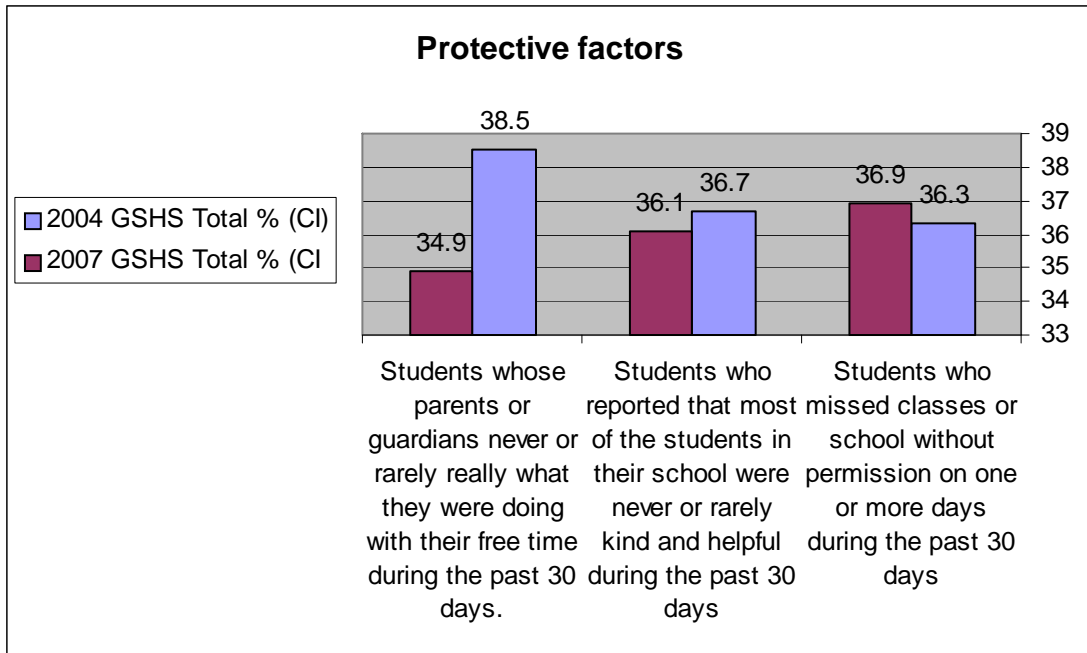
### Dietary behaviours and overweight



### Physical activity







## **Part 4: Appendices**

## Annex 1

### GSHS Selected Schools Form

School ID	School Name	Enrollment	School selection Weight	Within School Interval
1577	Marka Prep B/S 2 - al zarqa	572	20.6382112270993	6.40465316208025
1550	ANC Prep G/S 1 - janoub Amman UNRWA	372	31.7340237147871	4.16526394456968
1511	Zarka Prep B/S 2 - al zarqa	243	48.5804807485629	2.72085789927535
1432	al sarh - amman	259	72.1917884374332	1.83564367732558
1321	al mnjh al elmye - amman	82	132.5184	0.999999999999999
1260	al qurtuby pri 1 - al zarqa 1st	842	15.2219118282854	8.6648328752509
1242	el yarmouk prim 1 - amman 1	645	19.8710848983199	6.63755012415301
1221	al hussen sec. - amman 1	581	22.0599823742106	5.97894049943085
1198	Bab El wad sec. - amman 4	529	24.2284494506925	5.44382017934409
1172	ebn hazam pri - lewa' al ramtha	462	27.7420990463557	4.75433822846309
1143	talaha bin abed allah prim - amman 4	422	30.3716818943515	4.34270721301174
1111	El-emam Malek Sec. - amman 4	381	33.640025615266	3.9207854221741
1076	bayader wadi el seer prim. - amman 2	350	36.6195707411896	3.60177138519931
1037	erhaba sec sha - Irbid 2 and 3	311	41.2117355608243	3.20043114513424
993	al manarh sec sha - bani kenanh	281	45.6115649801293	2.89170788354573
945	Abd El-lateif Aiabeden pr. - amman 4	253	50.6594852150844	2.60356617272978
892	al hashmeh sec sham jadedh - al zarqa 2	221	57.9947952914767	2.27426136036871
832	al twal jnoubi sec - al balqa der alla	200	64.0842487970817	2.05815507725675
764	swelleh sec. shamelh - amman 2	180	71.2047208856464	1.85233956953107
688	al twal jnoubi pri - al balqa der alla	157	81.6359857287665	1.61565173564655
600	al djaneh sec - al mafraq	133	96.367291424183	1.36867312637574
492	al ameer hashem sec. - amman 2	110	116.516815994694	1.13198529249121
365	el muhalab ben sufra prim - amman 2	88	131.895322033899	0.999999999999993
232	blass sec sha - ajloun	67	131.895322033899	0.999999999999996
112	al rajef sec coed - ma'an al petra	51	131.895322033899	0.999999999999998

## Annex 2

### GSHS Questionnaire

## 2007 JORDAN GLOBAL SCHOOL-BASED STUDENT HEALTH SURVEY

This survey is about your health and the things you do that may affect your health. Students like you all over your country are doing this survey. Students in many other countries around the world also are doing this survey. The information you give will be used to develop better health programs for young people like yourself.

DO NOT write your name on this survey or the answer sheet. The answers you give will be kept private. No one will know how you answer. Answer the questions based on what you really know or do. There are no right or wrong answers.

Completing the survey is voluntary. Your grade or mark in this class will not be affected whether or not you answer the questions. If you do not want to answer a question, just leave it blank.

Make sure to read every question. Fill in the circles on your answer sheet that match your answer. Use only the pencil you are given. When you are done, do what the person who is giving you the survey says to do.

Here is an example of how to fill in the circles:

Fill in the circles like this



Not like this



or



Survey

1. Do fish live in water?
  - A. Yes
  - B. No

Answer sheet

1. ☒ (B) (C) (D) (E) (F) (G) (H)

Thank you very much for your help.






1. How old are you?
  - A. 11 years old or younger
  - B. 12 years old
  - C. 13 years old
  - D. 14 years old
  - E. 15 years old
  - F. 16 years old or older
2. What is your sex?
  - A. Male
  - B. Female
3. In what class are you?
  - A. 7th
  - B. 8th
  - C. 9th
  - D. 10th
  - E. 11th

**The next 7 questions ask about your height and weight.**

4. How tall are you without your shoes on? ON THE ANSWER SHEET, WRITE YOUR HEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Height (cm)		
1	5	3
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input checked="" type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input checked="" type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> 9	I do not know	

5. How much do you weigh without your shoes on? ON THE ANSWER SHEET, WRITE YOUR WEIGHT IN THE SHADED BOXES AT THE TOP OF THE GRID. THEN FILL IN THE OVAL BELOW EACH NUMBER.

Weight (kg)		
0	5	2
	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="2"/>	<input type="text" value="2"/>	
	<input type="text" value="3"/>	<input type="text" value="3"/>
	<input type="text" value="4"/>	<input type="text" value="4"/>
		<input type="text" value="5"/>
	<input type="text" value="6"/>	<input type="text" value="6"/>
	<input type="text" value="7"/>	<input type="text" value="7"/>
	<input type="text" value="8"/>	<input type="text" value="8"/>
	<input type="text" value="9"/>	<input type="text" value="9"/>
<input type="text" value="9"/>	I do not know	

6. How do you describe your weight?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

7. Which of the following are you trying to do about your weight?

- A. I am **not trying to do anything** about my weight
- B. **Lose** weight
- C. **Gain** weight
- D. **Stay** the same weight

8. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?

- A. Yes
- B. No

9. During this school year, were you taught in any of your classes healthy ways to **gain** weight?

- A. Yes
- B. No
- C. I do not know

10. During this school year, were you taught in any of your classes healthy ways to **lose** weight?

- A. Yes
- B. No
- C. I do not know

**The next 3 questions ask about meals you might have eaten.**

11. During the past 30 days, how often did you go hungry because there was not enough food in your home?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

12. During the past 30 days, how often did you eat breakfast?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

13. What is the **main** reason you do not eat breakfast?

- A. I always eat breakfast
- B. I do not have time for breakfast
- C. I cannot eat early in the morning
- D. There is not always food in my home
- E. Some other reason

**The next 5 questions ask about foods you might eat.**

14. During the past 30 days, how many times per day did you **usually** eat fruit, such as apples, bananas, or citrus fruits?

- A. I did not eat fruit during the past 30 days
- B. Less than one time per day
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 times per day
- G. 5 or more times per day

15. During the past 30 days, how many times per day did you **usually** eat vegetables, such as tomato, cucumber, spinach, or eggplant?

- A. I did not eat vegetables during the past 30 days
- B. Less than one time per day
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 times per day
- G. 5 or more times per day

16. During the past 30 days, how many times per day did you **usually** drink milk or eat milk products, such as yogurt, cheddar cheese, or cream cheese?

- A. I did not drink milk or eat milk products during the past 30 days
- B. Less than one time per day
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 times per day
- G. 5 or more times per day

17. During the past 30 days, how many times per day did you **usually** drink carbonated soft drinks, such as Coke, Pepsi, Coca Cola, 7- Up, or Fanta?

- A. I did not drink carbonated soft drinks during the past 30 days
- B. Less than 1 time per day
- C. 1 time per day
- D. 2 times per day
- E. 3 times per day
- F. 4 times per day
- G. 5 or more times per day

18. During the past 7 days, on how many days did you eat at a fast food restaurant, such as McDonalds, Boston Fried Chicken, or Burger King?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

**The next 2 questions ask about what you have learned.**

19. During this school year, were you taught in any of your classes the benefits of eating more fruits and vegetables?

- A. Yes
- B. No
- C. I do not know

20. During this school year, were you taught in any of your classes the benefits of drinking more milk?
- A. Yes
  - B. No
  - C. I do not know

**The next 9 questions ask about cleaning your teeth and washing your hands.**

21. During the past 30 days, how many times per day did you **usually** clean or brush your teeth?
- A. I did not clean or brush my teeth during the past 30 days
  - B. Less than 1 time per day
  - C. 1 time per day
  - D. 2 times per day
  - E. 3 times per day
  - F. 4 or more times per day
22. During the past 30 days, how often did you wash your hands before eating?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
23. During the past 30 days, how did you **usually** wash your hands before eating?
- A. I did not wash my hands before eating during the past 30 days
  - B. In a dish of water used by others
  - C. In a dish of water used only by me
  - D. Under running water
  - E. Some other way
24. Is there a place for you to wash your hands before eating at school?
- A. Yes
  - B. No
25. During the past 30 days, how often did you wash your hands before eating at school?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
6. During the past 30 days, how often did you wash your hands after using the toilet or latrine?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

27. Are the toilets or latrines clean at school?

- A. Yes
- B. No

28. During the past 30 days, how often did you use soap when washing your hands?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

29. During this school year, were you taught in any of your classes the importance of hand washing?

- A. Yes
- B. No
- C. I do not know

**The next 3 questions ask about clean drinking water.**

30. Is there a source of clean water for drinking at school?

- A. Yes
- B. No

31. How often do you drink water from the water source at school?

- A. There is not a water source at school
- B. Never
- C. Rarely
- D. Sometimes
- E. Most of the time
- F. Always

32. Do you bring water from home to drink while you are at school?

- A. Yes
- B. No

**The next question asks about worm infections.**

33. During this school year, were you taught how to avoid worm infections?

- A. Yes
- B. No
- C. I do not know

**The next 5 questions ask about physical attacks. A physical attack occurs when one or more people hit or strike someone, or when one or more people hurt another person with a weapon (such as a stick, knife, or gun). It is not a physical attack when two students of about the same strength or power choose to fight each other.**

34. During the past 12 months, how many times were you physically attacked?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

35. During the past 12 months, how many times were you physically attacked by a teacher?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

36. During the past 12 months, how many times were you verbally abused by a teacher?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

37. During the past 12 months, how many times were you physically attacked by an adult family member?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

38. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?

- A. I have not had a boyfriend or girlfriend during the past 12 months
- B. Yes
- C. No

**The next 3 questions ask about physical fights. A physical fight occurs when two or more students of about the same strength or power choose to fight each other.**

39. During the past 12 months, how many times were you in a physical fight?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

40. During the past 12 months, how many times were you in a physical fight **on school property**?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

41. During this school year, were you taught in any of your classes how to avoid physical fights and violence?

- A. Yes
- B. No
- C. I do not know

**The next 5 questions ask about the most serious injury that happened to you during the past 12 months. An injury is serious when it makes you miss at least one full day of usual activities (such as school, sports, or a job) or requires treatment by a doctor or nurse.**

42. During the past 12 months, how many times were you seriously injured?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times



43. During the past 12 months, **what were you doing** when the most serious injury happened to you?

- A. I was not seriously injured during the past 12 months
- B. Playing or training for a sport
- C. Walking or running, but not as part of playing or training for a sport
- D. Riding a bicycle, scooter, skate, or animals
- E. Riding or driving in a car or other motor vehicle
- F. Doing any paid or unpaid work, including housework, yard work, or cooking
- G. Nothing
- H. Something else

44. During the past 12 months, **what was the major cause** of the most serious injury that happened to you?

- A. I was not seriously injured during the past 12 months
- B. I was in a motor vehicle accident or hit by a motor vehicle
- C. I fell
- D. Something fell on me or hit me
- E. I was fighting with someone
- F. I was attacked, assaulted, or abused by someone
- G. I was in a fire or too near a flame or something hot
- H. Something else caused my injury

45. During the past 12 months, **how** did the most serious injury happen to you?

- A. I was not seriously injured during the past 12 months
- B. I hurt myself by accident
- C. Someone else hurt me by accident
- D. I hurt myself on purpose
- E. Someone else hurt me on purpose

46. During the past 12 months, **what was** the most serious injury that happened to you?

- A. I was not seriously injured during the past 12 months
- B. I had a broken bone or a dislocated joint
- C. I had a cut, puncture, or stab wound
- D. I had a concussion or other head or neck injury, was knocked out, or could not breathe
- E. I had a gunshot wound
- F. I had a bad burn
- G. I lost all or part of a foot, leg, hand, or arm
- H. Something else happened to me

**The next question asks about what you have learned.**

47. During this school year, were you taught in any of your classes first aid skills in case of an injury to yourself or someone else?

- A. Yes
- B. No
- C. I do not know

The next 2 questions ask about bullying. Bullying occurs when a student or group of students say or do bad and unpleasant things to another student. It is also bullying when a student is teased a lot in an unpleasant way or when a student is left out of things on purpose. It is not bullying when two students of about the same strength or power argue or fight or when teasing is done in a friendly and fun way.

48. During the past 30 days, on how many days were you bullied?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

49. During the past 30 days, how were you bullied **most often**?

- A. I was not bullied during the past 30 days
- B. I was hit, kicked, pushed, shoved around, or locked indoors
- C. I was made fun of because of my race or color
- D. I was made fun of because of my religion
- E. I was made fun of with sexual jokes, comments, or gestures
- F. I was left out of activities on purpose or completely ignored
- G. I was made fun of because of how my body or face looks
- H. I was bullied in some other way

The next 5 questions ask about personal safety.

50. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe on your way to or from school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 day
- E. 6 or more days

51. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

52. During the past 30 days, how many times has someone stolen or deliberately damaged your property, such as your car, clothing, or books **on school property**?
- A. 0 times
  - B. 1 time
  - C. 2 or 3 times
  - D. 4 or 5 times
  - E. 6 or 7 times
  - F. 8 or 9 times
  - G. 10 or 11 times
  - H. 12 or more times
53. During the past 30 days, how often did you use a seat belt when **riding** in a car or other motor vehicle driven by someone else?
- A. I did not ride in a motor vehicle driven by someone else
  - B. Never
  - C. Rarely
  - D. Sometimes
  - E. Most of the time
  - F. Always
54. During this school year, were you taught in any of your classes how to avoid or prevent motor vehicle accidents?
- A. Yes
  - B. No
  - C. I do not know

**The next 9 questions ask about your feelings and friendships and what you have learned in school.**

55. During the past 12 months, how often have you felt lonely?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
56. During the past 12 months, how often have you been so worried about something that you could not sleep at night?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
57. During the past 12 months, how often have you been so worried about something that you could not eat or did not have an appetite?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

58. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing your usual activities?

- A. Yes
- B. No

59. During the past 12 months, did you ever **seriously** consider attempting suicide?

- A. Yes
- B. No

60. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

61. How many close friends do you have?

- A. 0
- B. 1
- C. 2
- D. 3 or more

62. During this school year, were you taught in any of your classes how to manage anger?

- A. Yes
- B. No
- C. I do not know

63. During this school year, were you taught in any of your classes how to handle stress in healthy ways?

- A. Yes
- B. No
- C. I do not know

**The next 6 questions ask about cigarette and other tobacco use.**

64. How old were you when you first tried a cigarette?

- A. I have never smoked cigarettes
- B. 7 years old or younger
- C. 8 or 9 years old
- D. 10 or 11 years old
- E. 12 or 13 years old
- F. 14 or 15 years old
- G. 16 years old or older

65. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
66. During the past 30 days, on how many days did you use any other form of tobacco, such as Argela or pipe?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 to 5 days
  - D. 6 to 9 days
  - E. 10 to 19 days
  - F. 20 to 29 days
  - G. All 30 days
67. During the past 12 months, have you ever tried to stop smoking cigarettes?
- A. I have never smoked cigarettes
  - B. I did not smoke cigarettes during the past 12 months
  - C. Yes
  - D. No
68. During the past 7 days, on how many days have people smoked in your presence?
- A. 0 days
  - B. 1 or 2 days
  - C. 3 or 4 days
  - D. 5 or 6 days
  - E. All 7 days
69. Which of your parents or guardians use any form of tobacco?
- A. Neither
  - B. My father or male guardian
  - C. My mother or female guardian
  - D. Both
  - E. I do not know

**The next 4 questions ask about HIV infection or the disease called AIDS.**

70. Have you ever heard of HIV infection or the disease called AIDS?
- A. Yes
  - B. No
71. During this school year, were you taught in any of your classes about HIV infection or AIDS?
- A. Yes
  - B. No
  - C. I do not know

72. During this school year, were you taught in any of your classes how to avoid HIV infection or AIDS?

- A. Yes
- B. No
- C. I do not know

73. Can people protect themselves from HIV infection by not having sexual intercourse?

- A. Yes
- B. No
- C. I do not know

**The next 6 questions ask about physical activity. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, playing with friends, or walking to school. Some examples of physical activity are running, fast walking, biking, dancing, football, swimming, jumping rope, aerobics, and carateh.**

ADD UP ALL THE TIME YOU SPEND IN PHYSICAL ACTIVITY EACH DAY. DO **NOT** INCLUDE YOUR PHYSICAL EDUCATION OR GYM CLASS.

74. During the past **7 days**, on how many days were you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

75. During a **typical or usual** week, on how many days are you physically active for a total of at least 60 minutes per day?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

76. During the past 7 days, on how many days did you do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 days
  - G. 6 days
  - H. 7 days
77. During this school year, on how many days did you go to physical education class each week?
- A. 0 days
  - B. 1 day
  - C. 2 days
  - D. 3 days
  - E. 4 days
  - F. 5 or more days
78. During this school year, were you taught in any of your classes the benefits of physical activity?
- A. Yes
  - B. No
  - C. I do not know
79. During this school year, were taught in any of your classes about opportunities for physical activity in your community?
- A. Yes
  - B. No
  - C. I do not know

**The next question asks about the time you spend mostly sitting when you are not in school or doing homework.**

80. How much time do you spend during a **typical or usual** day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities, such as Atari, Play Station, playing cards, playing chess, or reading stories?

- A. Less than 1 hour per day
- B. 1 to 2 hours per day
- C. 3 to 4 hours per day
- D. 5 to 6 hours per day
- E. 7 to 8 hours per day
- F. More than 8 hours per day

**The next 2 questions ask about going to and coming home from school.**

81. During the past 7 days, on how many days did you walk or ride a bicycle to and from school?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days
- G. 6 days
- H. 7 days

82. During the past 7 days, how long did it **usually** take for you to get to and from school each day? **ADD UP THE TIME YOU SPEND GOING TO AND COMING HOME FROM SCHOOL.**

- A. Less than 10 minutes per day
- B. 10 to 19 minutes per day
- C. 20 to 29 minutes per day
- D. 30 to 39 minutes per day
- E. 40 to 49 minutes per day
- F. 50 to 59 minutes per day
- G. 60 or more minutes per day

**The next 5 questions ask about your experiences at school and at home.**

83. During the past 30 days, on how many days did you miss classes or school without permission?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 or more days



84. During the past 30 days, how often were most of the students in your school kind and helpful?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
85. During the past 30 days, how often did your parents or guardians check to see if your homework was done?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
86. During the past 30 days, how often did your parents or guardians understand your problems and worries?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always
87. During the past 30 days, how often did your parents or guardians **really** know what you were doing with your free time?
- A. Never
  - B. Rarely
  - C. Sometimes
  - D. Most of the time
  - E. Always

## References

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| <sup>i</sup> Taras, H. Nutrition and student performance at school. <i>Journal of School Health</i> 75 (6): 199-213, 2006.  |
| <sup>ii</sup> CDC. Nutrition for Everyone: Fruits and Vegetables. Atlanta, Georgia: CDC, 2006. Available on-line at <a href="http://www.cdc.gov/nccdphp/dnpa/nutrition/nutrition_for_everyone/fruits_vegetables/index.htm">http://www.cdc.gov/nccdphp/dnpa/nutrition/nutrition_for_everyone/fruits_vegetables/index.htm</a>                           |
| <sup>iii</sup> Petersen EP, Bourgeois D, Ogawa H, Estupinan-Day S, Ndiaye C. The global burden of oral diseases and risks to oral health. <i>Bulletin of the World Health Organization</i> 83: 661-669, 2005.   |
| <sup>iv</sup> Kwan SYL, Petersen PE, Pine CM, Borutta A. Health-promoting schools: an opportunity for oral health promotion. <i>Bulletin of the World Health Organization</i> 83: 677-685, 2005.  |
| <sup>v</sup> Jones S, Burt BA, Petersen PE, Lennon MA. The effective use of fluorides in public health. <i>Bulletin of the World Health Organization</i> 83: 670-676, 2005.   |
| <sup>vi</sup> WHO. Water, Sanitation, and Hygiene Links to Health. Fast Facts. Geneva, Switzerland: WHO, 2004. Available on-line at: <a href="http://www.who.int/water_sanitation_health/factsfigures2005.pdf">http://www.who.int/water_sanitation_health/factsfigures2005.pdf</a>  |
| <sup>vii</sup> Luong TV. De-worming school children and hygiene intervention. <i>International Journal of Environmental Health Research</i> 13: S153-S159, 2003.  |
| <sup>viii</sup> WHO. Child Mental Health Atlas. Geneva, Switzerland: WHO, 2005. Available on-line at: <a href="http://www.who.int/mental_health/resources/Child_ado_atlas.pdf">http://www.who.int/mental_health/resources/Child_ado_atlas.pdf</a>   |
| <sup>ix</sup> Kessler RC, Berglund PMBA, Demler O, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Study Replication. <i>Arch Gen Psychiatry</i> 62(6):593-602, 2005.   |
| <sup>x</sup> WHO. Mental Health Fact Sheet. Geneva, Switzerland: WHO, 2001. Available on-line at: <a href="http://www.who.int/child-adolescent-health/New_Publications/ADH/mental_health_factsheet.pdf">http://www.who.int/child-adolescent-health/New_Publications/ADH/mental_health_factsheet.pdf</a>   |
| <sup>xi</sup> WHO. <i>The World Health Report 2001 – Mental Health: New Understanding, New Hope</i> . Geneva, Switzerland: WHO, 2001.   |
| <sup>xii</sup> WHO. <i>Diet, Physical Activity and Health: Report by the Secretariat</i> . Fifty-fifth World Health Assembly, Provisional agenda item 13.11, 2002.  |
| <sup>xiii</sup> Pinhas-Hamiel O, Zeitler P. The Global Spread of Type 2 Diabetes Mellitus in Children and Adolescents. <i>The Journal of Pediatrics</i> 146 (5): 693-700, 2005.   |
| <sup>xiv</sup> Warburton DER, Nicol CW, Bredin SSD. Health benefits of physical activity: the evidence. <i>Canadian Medical Association Journal</i> 174 (6): 801-809, 2006.   |
| <sup>xv</sup> WHO. Information Sheet on Physical Activity. Geneva, Switzerland, 2003. Available on-line at: <a href="http://www.who.int/dietphysicalactivity/media/en/gsf_pa.pdf">http://www.who.int/dietphysicalactivity/media/en/gsf_pa.pdf</a>   |
| <sup>xvi</sup> WHO. Protective Factors Affecting Adolescent Reproductive Health in Developing Countries. Geneva, Switzerland, 2004. Available on-line at: <a href="http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159227_3.pdf">http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159227_3.pdf</a> |
| <sup>xvii</sup> WHO. Broadening the horizon: Balancing protection and risk for adolescents. Geneva, Switzerland, 2002. Available on-line at: <a href="http://www.who.int/child-adolescent-health/New_Publications/ADH/WHO_FCH_CAH_01_20.pdf">http://www.who.int/child-adolescent-health/New_Publications/ADH/WHO_FCH_CAH_01_20.pdf</a>                |
| <sup>xviii</sup> WHO Regional Office for Europe. Young people's health in context Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. Copenhagen, Denmark, 2004. Available on-line at: <a href="http://www.hbsc.org/publications/reports.html">http://www.hbsc.org/publications/reports.html</a>   |

<sup>xix</sup> Barber BK. <i>Regulation, connection, and psychological autonomy: Evidence from the Cross-National Adolescen Project (C-NAP)</i> . Paper presented at the WHO-sponsored meeting Regulation as a Concept and Construct for Adolescent Health and Development. WHO Headquarters, Geneva, Switzerland, April 16-18, 2002.
<sup>xx</sup> UNAIDS & WHO. 2005 AIDS Epidemic Update. Geneva, Switzerland, 2005. Available on-line at: <a href="http://www.who.int/hiv/epi-update2005_en.pdf">http://www.who.int/hiv/epi-update2005_en.pdf</a>
<sup>xxi</sup> UNAIDS. <i>Report on the Global HIV/AIDS Epidemic</i> . Geneva, Switzerland, 2004. Available on-line at: <a href="http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm">http://www.unaids.org/bangkok2004/GAR2004_html/GAR2004_00_en.htm</a>
<sup>xxii</sup> WHO. Sexually transmitted and other reproductive tract infections. Geneva, Switzerland, 2005. Available on-line at: <a href="http://www.who.int/reproductive-health/publications/rtis_gep/index.htm">http://www.who.int/reproductive-health/publications/rtis_gep/index.htm</a>
<sup>xxiii</sup> WHO. Sexually Transmitted Infections Among Adolescents: The Need for Adequate Health Services. Geneva, Switzerland, 2004. Available on-line at: <a href="http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_156288_9.pdf">http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_156288_9.pdf</a>
<sup>xxiv</sup> WHO. World No Tobacco Day, 2006 Brochure: Tobacco: deadly in any form or disguise. Geneva, Switzerland, 2006. Available on-line at: <a href="http://www.who.int/tobacco/communications/events/wntd/2006/Report_v8_4May06.pdf">http://www.who.int/tobacco/communications/events/wntd/2006/Report_v8_4May06.pdf</a>
<sup>xxv</sup> WHO. The Tobacco Atlas. Geneva, Switzerland, 2002. Available on-line at: <a href="http://www.who.int/tobacco/resources/publications/tobacco_atlas/en/index.html">http://www.who.int/tobacco/resources/publications/tobacco_atlas/en/index.html</a>
<sup>xxvi</sup> WHO and UNICEF. Child and adolescent injury prevention: a global call to action. Geneva: WHO, 2005.
<sup>xxvii</sup> WHO. Global Estimates of Health Consequences due to Violence against Children. 2005. Background paper to the UN Secretary-General's Study on Violence against Children. (unpublished)
<sup>xxviii</sup> WHO. World Report on Violence and Health. 2002. chapter on youth violence.
<sup>xxix</sup> Anti-Bullying Centre. School Bullying: Key Facts. Trinity College, Dublin: Anti-Bullying Centre, 2002. Availabe on-line at <a href="http://www.abc.tcd.ie/school.htm">www.abc.tcd.ie/school.htm</a> .