
Knowledge and Practices of High School Teachers Regarding Healthy Life Style in Erbil City/Iraq

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ABSTRACT

Background and Objective: Health promotion in a school setting involves educating the students and teachers about health-related matters that reflect on health in a more holistic way. Lifestyle includes behaviors such as food habits, sleeping and resting, physical activity and exercising, weight controlling, smoking and others. The purpose of this study is to assess the knowledge and practices of teachers about healthy lifestyles in the high school in Erbil city.

Methods: A descriptive cross-sectional study was used. The data were collected from 3th December 2021 to 28th March 2022. A cluster random sampling technique was used to collect 400 teachers who attended High school in Erbil city. A valid questionnaire was used for data collection by face to face; it contained three parts of sociodemographic data, items of knowledge and practices. The validity and reliability were conducted for the tool and the value of Cronbach's Alpha was 0.826.

Results: The teachers had good knowledge and practices about promoting healthy lifestyles. There was a significant association between age, education level and experience with their knowledge and practices. There was no significant association between their knowledge and gender, marital status, or economic status, and no significant association between their practices and variables like gender, marital status and economic status.

Conclusion: The outcome of the study revealed that most of the teachers had good knowledge and practices regarding healthy lifestyles in high school in Erbil city /Iraq, so they might be as a source of healthy life styles to the public. There was significant association between knowledge, practices and their age and education level, while there was no significant association between their knowledge, practices and gender and marital status.

Keywords: Knowledge; Practices; High School; Teachers Healthy Life Style.

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INTRODUCTION

Health-related matters instructed within the school have a remarkable effect on creating the correct state of mind among schoolchildren and instructors. Health care experts and community nurses have an essential part in making mindfulness concerning health promotion in school settings [1]. Individuals' lifestyle choices, as well as their knowledge and attitudes toward adopting healthy behaviors, can be improved through health promotion education, especially when novel approaches are implemented. [2]. Health promotion advances and includes instructors with pioneers within exercises from the school sound. The health education method empowering individuals to extend progress has characterized advancement. It passes a person in the middle. Behavior towards a wide extent of social and natural interventions. [3]. The term "lifestyle" may be a moderately common hypothesis that regularly is utilized to allude to individuals' complete run reflection of social values, states of mind and exercises [4]. Diseases and infections, which are now linked to the global mortalities are due to several threatening behaviors resulting from the inappropriateness of individual and social lifestyles, the most common of which are inappropriate diet, low physical activity, smoking, and sedentary behavior. Controlling risk factors in lifestyle and healthy habits such as poor diet, lack of physical activity, smoking, alcohol intake, and drug use can nearly halve the number of people who die prematurely. [5]. The aim of the study is to identify teachers' knowledge and practices regarding healthy lifestyles. This study is important because it is necessary to identify teachers' knowledge and practices regarding healthy lifestyles so they can teach their students and other staff in school regarding healthy behaviors and

healthy lifestyles as a snowball system so that such knowledge and practices from them may be reached to other Kurdish populations.

METHODS

A descriptive cross-sectional quantitative study of 400 teachers in high schools in Erbil city was conducted from 3th December 2021 to 28th March 2022. The inclusion criteria were that the researcher selected all participants, who had the desire to participate. The exclusion criteria were teachers who refused participate in the study. The sample size was calculated using the Epi Info program (issued by CDC) issue. These criteria were used for sample size calculation: Population 5751, confidence level is 95%, the prevalence of perception and satisfaction 50%, and margin error 5%. A cluster random sampling technique was used. The researcher obtained the permission from the Ethics Committee at Hawler Medical University/College of Nursing in 7th October 2021 (number 119). In addition, the official approval was obtained from the General Directorate of Education in the center of Erbil city. The researcher constructed a questionnaire after an extensive review of relevant literature. The questionnaire included three parts. The first part contained socio-demographic information of teachers which included 7 items: age, gender, marital status, address, education level, socioeconomic status and years of experience. The second part consisted of 15 items which were related to the teachers' knowledge of promoting a healthy lifestyle. The third part was consisted of 15 items which were related to the teacher's practices in promoting healthy lifestyles. The data were analyzed descriptively using frequency and percentage.

The responses to the teachers' knowledge items included three answers (3 = Know, 2= Natural, and 1= Do not know). The calculation of overall teachers' knowledge (15 items) was categorized into three groups Poor knowledge (0-5), Fair knowledge (6-10), and Good knowledge (11-15). The responses to the teachers' practice items included three answers (3 = Done, 2= Sometimes done, and 1= Never done). The calculation of overall teachers' practice as follows (15 items) was categorized into three groups Poor practice (0-5), Fair practice (6-10), and Good practice (11-15). A pilot study was conducted on 40 participants to determine the reliability of the questionnaire. It was carried out between 1st to 4th November 2021 for the test, and some participants were excluded from the study sample. The tool and time estimation for each participant to give full was obtained. The results were checked to determine reliability by calculating Cronbach's alpha (0.826) (SPSS, version 23).

RESULTS Table 1 shows that most of the teachers were 36-45 and 46 and above years old, as the number of teachers was within these two categories is 335 teachers, which is 83.7%, we infer from this percentage that due to lack of appointments in the past ten years, the percentage of a large age within teachers is greater than the percentage of young. It is also noted that half of them were female which were 206 participants, which is 51.5%. This indicates that most of the teachers who teach in high schools are females. The majority of them are married which are 324 teachers 81%. Most 90.7% of teachers hold a bachelor degree, with a percentage of 90.7%. This indicates that the high schools are interested in recruiting individuals with bachelor degrees.

Most of the participants live in the Urban which is about 97%. regarding the years of experience, it indicates that most of the participants have more than 10 years, which was about 89.2%, which indicates that high schools focuses on highly experienced teachers. Regarding the socio-economic status, the results indicates that most of the teachers are of the middle-class status, which is about 61.8%. Table 2 demonstrates that 36% of teachers expressed a good level of knowledge about promoting healthy lifestyles while 35.5% of them expressed a fair level, and 28.5% of them expressed a poor level. Table 3 indicates that there was a significant association between the teachers' knowledge for promoting healthy lifestyles and variables of age, education level, address and years of experience in the study sample, where the significance value was less than the alpha value 0.05. The result was accepted the alternative hypothesis, which means that the variables are not independent, and reject the null hypothesis. Additionally, there was no significant association between the knowledge and the variables of gender, marital status and socio-economic status in the study sample, where the significance value was more than the alpha value of 0.05. The result accepted the null hypothesis, which is that the variables are independent, and rejected the alternative hypothesis. (Significant: age P value=0.001, education level P value=0.002, address P value=< 0.001, years of experiences P value=< 0.001; no significant: gender P value=0.095, marital status P value=0.449, socio economic status=0.976). Table 4 demonstrates that 38% of teachers expressed a good level of practice in promoting healthy lifestyles while 33.7% of them expressed a poor level and 28.3% of them expressed a fair level.

Table 1: Socio-demographic characteristics of study sample

Items	Variables	F	(%)
Age	≤ 25	7	(1.8)
	26-35	58	(14.5)
	36-45	200	(50)
	≥ 46	135	(33.7)
	Total	400	(100)
Gender	Male	194	(48.5)
	Female	206	(51.5)
	Total	400	(100)
Marital Status	Married	324	(81)
	Single	61	(15.2)
	Divorced	6	(1.5)
	Widowed	9	(2.3)
	Total	400	(100)
Education Level	Diploma	21	(5.3)
	BSc.	363	(90.7)
	MSc.	15	(3.7)
	PhD	1	(0.3)
	Total	400	(100)
Address	Urban	388	(97)
	Suburban	5	(1.3)
	Rural	7	(1.7)
	Total	400	(100)
Years of Experiences	≤ 5	21	(5.3)
	6-10	22	(5.5)
	> 10	357	(89.2)
	Total	400	(100)
Socio Economic Status	Lower class	13	(3.3)
	Lower middle class	75	(18.7)
	Middle class	247	(61.8)
	Upper middle class	63	(15.7)
	Upper class	2	(0.5)
	Total	400	(100)

Table 2: Overall teachers' knowledge of promoting healthy lifestyles

	Overall Knowledge	F	(%)
Good		144	(36)
Fair		142	(35.5)
Poor		114	(28.5)
	Total	400	(100)

Table 3: Relationship between socio-demographic characteristics of the study sample with their level of knowledge

	Variables	Overall knowledge				P- Value
		Do not know	Neutral	Know	Total	
Age	Under 25	1	2	4	7	< 0.001
	26-35	8	22	28	58	
	36-45	18	67	115	200	
	46 and above	17	46	72	135	
	Total	44	137	219	400	
Gender	Male	22	69	104	195	0.095
	Female	23	68	115	206	NS
	Total	45	137	218	400	
Marital Status	Married	35	111	178	324	0.449
	Single	7	22	32	61	
	Divorced	1	2	3	6	
	Widowed	1	3	5	9	
	Total	44	138	218	400	
Education Level	Diploma	4	6	11	21	0.002
	BSc.	38	125	200	363	HS
	MSc.	2	6	7	15	
	PhD	0	0	1	1	
	Total	44	137	219	400	
Address	Urban	43	133	212	388	< 0.001
	Suburban	0	2	3	5	VHS
	Rural	1	2	4	7	
	Total	44	137	219	400	
Years of Experiences	Less than 5 years	4	6	11	21	< 0.001
	6-10	5	8	9	22	VHS
	More than 10 years	36	123	198	357	
	Total	45	137	218	400	
Socio Economic Status	lower class	2	4	7	13	0.976
	Total	45	137	218	400	
	lower middle class	10	26	39	75	
	Middle class	28	86	133	247	
	Upper middle class	5	20	39	64	
	Upper class	0	0	1	1	
	Total	45	136	219	400	

Table 4: Overall teacher's practices in promoting healthy lifestyles

Overall Practices	F	%
Good	152	38
Fair	113	28.3
Poor	135	33.7
Total	400	100

Table 5 shows that there was a significant association between the teachers' practices about promoting healthy lifestyles and variables of age and years of experience in the study sample, where the significance value is less than the alpha value of 0.05.

The result accepted the alternative hypothesis, which means that the variables are not independent, and reject the null hypothesis. Additionally, there was no significant association between the teachers' practices and the variables of gender, marital status, education level, address and socio-economic status in the study sample, where the significance value was more than the alpha value of 0.05. The result accepted the hypothesis, which is that the variables are independent, and rejected the alternative hypothesis. (Significant: age P value=0.001, years of experiences P value=< 0.001; no significant: gender P value=0.887, marital status P value=0.423, education level P value=0.055, address P value=0.356 socio economic status P value=0.952).

Table 5: Relationship between socio-demographic characteristics of the study sample with their level of practices

Variables	Overall Practices			Total	P- Value
	Never done	Sometime done	Done		
Age	Under 25	1	3	3	<0.001
	26-35	11	20	27	
	36-45	25	62	113	
	46 and above	21	43	72	
	Total	58	128	214	
Gender	Male	27	64	103	0.887
	Female	30	64	113	NS
	Total	57	128	215	400
Marital Status	Married	44	106	174	0.423
	Single	12	18	31	
	Divorced	1	1	4	
	Widowed	1	3	6	
	Total	58	128	214	
Education Level	Diploma	3	8	10	0.055
	BSc.	51	113	199	
	MSc.	2	7	6	
	PhD	0	1	0	
	Total	56	129	215	
Address	Urban	55	124	210	0.356
	Suburban	1	1	3	
	Rural	1	3	3	
	Total	57	128	215	
Years of Experiences	Less than 5 years	3	8	10	< 0.001
	6-10	6	8	8	
	More than 10 years	47	113	197	
	Total	56	129	215	
Socio Economic Status	Lower class	2	4	7	0.952
	Lower middle class	12	25	38	
	Middle class	37	78	132	
	Upper middle class	6	21	36	
	Total	57	129	214	

DISCUSSION

Regarding the practices of teachers, most of them had good practices about healthy lifestyles to promote health and disease prevention this was a good indicator for teachers to educate their students and population to prevent the disease this finding was agreed with the study done by [6]. Regarding the teachers' knowledge for promoting healthy lifestyles, the degree of acceptance was good, the results support that the teachers have good knowledge to promote healthy lifestyles in high schools in Erbil city. The outcome of the study indicated that teachers had good knowledge and practices about their healthy lifestyle in school this outcome was contraindicated or not accepted with a study done by [7] who revealed that the knowledge and practice of school teachers regarding healthy lifestyles was poor. The outcome of the study was focused on a healthy diet among teachers and staff it was not agreed with the study done by [7] who revealed that the teachers in this study had poor knowledge about healthy lifestyles and good diet education for students and staff in the school, therefore, it is necessary to increase their knowledge and practices [8]. In some items of our work, the author focused on enhancing healthy lifestyles by assessing their knowledge and practices so these findings are accepted by the study done by [9] who reported that it is necessary to include a teacher in school, or university to train about healthy lifestyle and health promotion. According to the outcome of the study, there were some items of a healthy lifestyle that teachers did not respond properly or there were some poor responses, therefore, it is necessary to train teachers in secondary school regarding health promotion, disease prevention, and healthy life styles, these findings similar with the study conducted by [10] who mentioned aspects of health promotion to

be sources of such information for their students and staff in school [10]. The outcome of the study revealed that there was significant association between age, years of experiences and their knowledge and practices while no association between gender, economic and their knowledge and practices. This is because such variables affect teachers to increase their knowledge and practices to promote health and healthy lifestyles this study similar to the study conducted by [11] regarding their knowledge and practices according to their variables. After all, if teachers have knowledge and practices about health promotion and a healthy lifestyle it is the effect on students and other staff in school depends on a snowball process for distribution of the healthy knowledge to the public [11]. The findings indicated that teachers have adequate practices to promote healthy lifestyles this finding is similar to a study done by [12] who revealed that teachers have good practices for healthy lifestyles. The findings of the study indicated that the knowledge and practices of teachers were good for promoting lifestyles and healthy behavior, this finding is dissimilar by the study done by [13] who mentioned that the knowledge and practices of teachers were low for promoting health and lifestyles. The study revealed that teachers had good knowledge and practices aspects of healthy eating and educating students so these findings were accepted by a study done by [14] who said that it is necessary to train more teachers on healthy foods as a healthy lifestyle to avoid themselves and students from diseases and at the same time educating students and staff for that. The outcome of our study revealed that there was a normal distribution of knowledge, practices, and healthy lifestyles so the majority of teachers have good responses about knowledge,

practices, and lifestyles about promotion the health and life style this finding was similar with study done by [14] who indicated that teachers had good responding about healthy life styles and knowledge and practices toward promotion health [15].

Conclusion

The teachers had good knowledge and practices about promoting healthy lifestyles in high schools. There was a significant association between age, education level, and experience and their knowledge and practices. There was no significant association between their knowledge and gender, marital status, or economic status, and no significant association between their practices and variables like (gender, marital status, and economic status).

RECOMMENDATION

Based on the outcomes of the study, the following recommendations will be recommended to the policymakers in the Ministry of Education and Ministry of Health to encourage teachers to participate in different activities about promoting a healthy lifestyle, health promotion and disease prevention, including school curriculum with such health programs so by this way the teachers will be a good source of knowledge and practices for students and staff and for the public.

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CONFLICTS OF INTEREST

The author reports no conflict of interests.

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