

Forms of Health Risk Behaviours and its Implication on the Health of Secondary School

FORMS OF HEALTH RISK BEHAVIOURS AND ITS IMPLICATION ON THE HEALTH OF SECONDARY SCHOOL STUDENTS IN ILORIN, NIGERIA.

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Abstract

This study examined forms and implication of health risk behaviours (HRB) among secondary school students in Ilorin, Nigeria. This study answered two research questions and tested three null hypotheses. A descriptive cross sectional research design using multi-stage sampling techniques to select three (3) public schools from which three hundred and sixty (360) senior secondary school students were drawn for the study. Researchers' designed questionnaire was used for data collection by the researchers and research assistance. A frequency counts and percentages was used to answer research questions while, Chi-square was employed to test null hypotheses at 0.05 alpha levels. The result showed that majority 102(85%) of students admitted that there are forms of health risk behaviours (HRB) and agreed that HRB has negative impact on the health of secondary school students. The study concluded that HRB have negative impact on the health of students and that environment and peer group are factors that influenced students' involvement on HRB. This study recommended that school environment need to be tamed to reduce all forms of HRB students have access to and involved in. The school authorities should re-enforce existing policy that reprimand students found engaging in any form of health risk behaviour.

Keywords: Behaviour, Drug and substance abuse, Health Risk Behaviours, Implication of health risk behaviours, Peer group influence, Poor hygiene status.

Introduction

The increasing industrialization and urbanization of most developing countries had been associated with various forms of health risk behaviours among populations, particularly the youths. The interaction of man and his environment have predisposes him to various forms of health problems such as substance and alcohol abuse and disease causing agents. Man's attempt to cope with the demand of daily living by his interaction and behaviours within the environment, constituted a great threat to his health and wellbeing. Health risk behavior is any activity undertaken by individuals with a

frequency or intensity that increases risk of disease or injury (Steptoe & Wardle, 2010). It has been reported that the leading causes of global deaths today are largely lifestyle related among which are drug and substance abuse, premarital sex, smoking and lack of exercise among the youths (World Health Organization, 2013). A healthy lifestyle is an important predictor of future health, productivity and life expectancy. Surujlal, Nolan and Ubane (2011) further observed that in 1990s, there was an increased adoption of western world lifestyle habits which resulted into a decrease in healthier life pattern. The adoption of western world lifestyle had increased in prevalence of non-communicable diseases in the global community. World Health Organization statistics (2013), revealed that approximately 54 percent of all deaths globally were caused by the four main non-communicable diseases, that is, cardiovascular disease, diabetes, chronic lung diseases and cancers these diseases are caused by various forms of HRB practiced among people in developing countries like Nigeria. Health risk behaviours were classification by Mayosi, Flisher, Lalloo, Sitas, Tollman and Bradshaw, (2010), such as tobacco use, alcohol and drug use, sexual behaviours, unhealthy dietary behaviours and physical inactivity respectively.

Eating behaviours and physical inactivity among students are observed to be influenced by availability of fast food and vending machines as well as peer group and the media in schools. these factors are also found to be associated with increased risk of cardiovascular disease, various cancers, obesity and other health problems (Dalton, 2013; Spanos & Hankey, 2010); (Thygerson & Thygerson, 2013). Study on sexual risk behaviour among in-School adolescents in public secondary schools in a Southwestern Nigeria by Olugbenga- Bello, Adebimpe and Abodunrin (2009), revealed that many adolescents were sexually active, and taking a lot of risky sexual behaviours that could facilitate transmission of HIV and other sexually transmitted infection. Study by Mayowa Adeyeye, Adeyemo, and Owolabi on incidence of Venereal Diseases among Secondary School Students In Ilorin South Local Government Area Of Kwara State, Nigeria, revealed that adolescents are at greater risk of sexually transmitted diseases because they frequently have unprotected intercourse and are biologically more susceptible to infections. The Nigerian national drug law enforcement agency reported that drug abuse is a major problem in schools, for example about 20 percent of the school population in Lagos State, Nigeria by the year 2010 had taken psychoactive drugs once in their lives (Alemika, 2010).

The implication of risk behaviours on health is of such magnitude that it has become one of the priority issues of national and international health organization. The use of substances such as drugs and alcohol often abused by youths is a widespread problem and can result into various systemic diseases like liver disease, damage to the nervous system and an increased risk of cancer (George, Mugai, Mugai, Mugai & Nyakwara, 2013). Excessive health risk behaviours such as smoking also influences cognitive performance, emotional stability and increases students chances of premature mortality (Hawkins & Anderson, 2011; Gasparotto, Gasparotto, Rossi, Moreira, Bontorin, & De Campos, 2013; Oktay, Celik & Akbaba. 2013). The health effects of

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smoking and alcohol abuse are almost linked to long term consumption, with their acute consequences. Besides the chronic diseases like cancer, diabetes mellitus, cardiovascular diseases or neuropsychiatric health disorders, drinking goes along with an increased risk of injury or accidents (Rehm, Gmel, Sempos & Trevisan, 2011).

In most communities in Kwara State particularly in Ilorin, many forms of health risk behaviours such as drugs and alcohol use, unhealthy sexual and unhealthy dietary behaviours were observed among the adolescents in secondary schools. These unhealthy behaviours have been found to predispose adolescent to violence and thugery behaviours, disobedience to parents, teenage pregnancy, poor health status and out of school syndrome among the adolescents (males and females) in secondary schools in Ilorin. Violence within and outside the school environment have been reported in schools on daily basis and these are linked with behaviours such as smoking and alcohol use among the male students in secondary schools, while, unhealthy sexual behaviours and lack of exercises among female students has led to the prevalence of teenage pregnancy among students in secondary schools. It is in view of this researchers examined forms of HRB and its implications on the health of secondary school students in Ilorin, Kwara State.

Research questions

1. Do secondary school students have knowledge about forms of health risk behaviours practiced in Ilorin, Kwara State?
2. Do health risk behaviours have implication on the health of secondary school students' in Ilorin Kwara State?

Hypotheses

- Ho₁:** Health risk behaviours will not significantly have any implication on the irrational behaviours among secondary school students in Ilorin, Kwara State
- Ho₂:** Health risk behaviours will not significantly have any implication on hygiene status of secondary school students in Ilorin, Kwara State
- Ho₃:** Health risk behaviours will not significantly have any implication on the behaviour pattern among secondary school students in Ilorin, Kwara State

Methodology

A descriptive cross-sectional research design was used to determine forms of health risk behaviour and its implication on the health of students in three selected secondary schools in Ilorin. The population for this study comprises of senior students classes (SSS1-SSS2 & SSS3) in the three selected schools that is, Government Secondary School, Ilorin, Queen Elizabeth Girls Secondary School, Ilorin and Oke-Ose Grammar School respectively.

The sampled population of three hundred and sixty (360) respondents was drawn from three selected secondary schools by simple random sampling method that is, one hundred and twenty (120) students each from Government Secondary School, Ilorin (Males only secondary school), South LGA, Queen Elizabeth Girls Secondary School,

Ilorin (Females only secondary school), Ilorin West LGA and Oke-Ose Grammar School, Ilorin East LGA (Males and Females secondary school) population respectively.

A multi-stage sampling technique was used to sample three hundred and sixty senior secondary school students from the three selected Secondary Schools for this study. Cluster sampling method was used to sample three schools based on gender distributions of students in the schools, the class level (senior classes) was purposively sampled based on the exposure of senior secondary students to health risk behaviours. Simple random sampling method was used to select 120 respondents from each school that is, forty students were randomly selected from each of the senior classes (SSS1, SSS2 and SSS3) in all selected secondary schools in the district.

The researchers' designed questionnaire was used as instrument for data collection; section A obtained information about forms of health risk behaviours, section B sought information on implication of health risk behaviours on the health of secondary school students. Reliability of the instrument was determined by administering the instrument on Government High School Offa, Kwara State and result obtained showed reliability coefficient of 0.82; which showed that the instrument was reliable.

Authority for the conduct of the study was obtained from the Principals of each school and the head of the selected classes for students' participation. The purpose and process of this study was explained to the students and they were assured of confidentiality of information provided. Data for this study was analyzed by descriptive statistic of frequency count and percentages while, inferential statistics of Chi square (χ^2) was used to test hypotheses set for the study at 0.05 alpha level.

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Results

Research Question 1: *Do secondary school students have knowledge about forms of health risk behaviours practiced in Ilorin, Kwara State?*

Table 1: Forms of Health risk behaviours Practice among Secondary School Students (N=360)

Forms of Health risk behaviours among secondary school students	Yes F/%	No F/ %	Not Sure F/ %
1. Is unhealthy sexual behaviour form of HRB among secondary school students?	312(86.7%)	27(7.5%)	21(5.8%)
2. Is poor hygiene behaviour form of HRB among secondary school students?	306(85%)	30(8.3%)	24(6.7%)
3. Is unhealthy dietary behaviours form of HRB among secondary school students?	294(81.7%)	57(15.8%)	9(2.5%)
4. Is drug and alcohol abuse form of HRB among secondary school students?	318(88.3%)	24(6.7%) ¹	18(5.0%)
5. Is sniffing of glue form of HRB among secondary school students?	105(29.2%)	92(53.3%)	63(17.5%)
6. Is watching pornographic films form of HRB among secondary school students?	39(10.8%)	141(39.2%)	180(50.0%)

Table 1 revealed various forms of health risk behaviours among secondary school students. Majority 312(86%) of students opined that unhealthy sexual behavior, equal number 306(86.7%) of students observed that unhealthy dietary behavior and lack of physical exercise, drug and substance abuse 318(88.3%) as well as poor hygiene behaviours 294(85.0%) constituted common forms of health risk behaviours among students. Table also revealed that glue sniffing and watching pornographic films are new forms of HRB 105(29.2%) among secondary school students in Ilorin.

Research question 2: *Does health risk behaviours have implication on the health of secondary school students' in Ilorin Kwara State?*

Table 2: Implication of Health Risk Behaviours on Students' Health. (N=360)

Variables	Yes	No	Not Sure
Do the following HRB have health implications?	318	24	18
1. Health risk behaviours cause actual or potential harm to the body	(88.3%)	(6.7%)	(5.0%)
2. Students who indulge in health risk behaviours most times constitute danger to self and society	324 (90%)	3 (0.8%)	33 (9.2%)
3. Health risk behaviours are common in both girls and boys	315 (87.5%)	24 (6.7%)	21 (5.8%)
4. Health risk behaviours are more common in boys than girls	267 (74.2%)	39 (10.8%)	54 (15.0%)
5. Health Risk behaviours cause violence among students in schools	282 (78.3%)	51 (14.2%)	27 (7.5%)
6. Students who indulge in health risk behaviours are likely to have poor hygiene and health status	276 (76.6%)	51 (14.2%)	33 (9.2%)
7. Students who use drugs and alcohol miss classes	309 (85.8%)	33 (9.2%)	18 (5.0%)
8. Students who use drugs and alcohol behave irrationally	294 (81.7%)	30 (8.3%)	36 (10.0%)

The table 2 above shows the implication of health risk behaviours on students' health. Majority of students opined that HRB have deleterious effect on the health of students who indulges in it. For example 88.3% students agreed that health risk behaviour causes actual or potential harm to the body, 90% believed that students who indulge in health risk behaviours most times constitute danger to self and society. Little above average 276(76.6%) of students agreed that students who indulge in health risk behaviours manifested poor health and hygiene status. However, 85.8% of the students opined that use of drugs and alcohol led to students irrational behaviours and act of violent (78.3%), (81.7%) in schools and society.

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Table 3: Chi square (χ^2) test Results on the Implications of Health Risk Behaviours on Health of secondary school students in Kwara State

Variables and Health Risk Behaviours	χ^2	Df	p-value
H₀₁: Health risk behaviours and irrational behaviours among students in Kwara State	48.11	2	0.00
H₀₂: Health risk behaviours and personal hygiene status among secondary school students in Kwara State	100.67	4	0.00
H₀₃: Health risk behaviours and behaviour pattern among students in Kwara State	112.20	4	0.00

Table 3 shows the calculated Chi-square (χ^2) value of 48.11 and table value of p-value = 0.000, less than the significant value of 0.05, the hypothesis (1) which stated that Health risk behaviours will not significantly have any implication on irrational behavioural among secondary school students in Ilorin Kwara State is rejected. This implied that there is a significant impact of HRB on the behavioural pattern of senior secondary school students in Kwara State.

Table above also showed the implication of health risk behaviours on personal hygiene status of students, with calculated p-value 0.000 less than the significant value of 0.05, this reject the null hypothesis (2) which stated that health risk behaviours will not significantly have any implication on hygiene status of secondary school students in Ilorin Kwara State. This implied that HRB have significant implication on the hygiene status of students in secondary schools in Kwara State.

Table 3 further revealed that health risk behaviours and violent behaviours, with p-value 0.000 less than significant value of 0.05, the null hypothesis (3) which stated that health risk behaviours will not significantly have any implication on the violent behaviour among secondary school students in Ilorin, Kwara State is hereby rejected. The result implied that health risk behaviours have significant impact on violent behaviours among senior secondary school students in Ilorin.

Discussion

This study identified various forms of Health Risk Behaviours (HRB) practices among secondary school students. Prominent among forms of HRB practiced were drug and substance abuse, unhealthy sexual behaviour, poor personal hygiene, unhealthy dietary behaviours and lack of physical exercise as well as violent and irrational behaviours among secondary school students in Ilorin. This finding is in conformity with Mayosi, Flisher, Lalloo, Sitas, Tollman and Bradshaw, (2010) study that identified various forms of HRB and classified HRB as unintentional and intentional injuries inflicting behaviours. These forms of HRB revealed by this study was also in agreement with Mayosi, et al (2010), study which categorise tobacco use, alcohol and other drug

use, sexual behaviours, unhealthy dietary behaviours; and physical inactivity as forms of HRB among adolescent respectively.

This study further revealed new forms of HRB, as sniffing of glue and watching pornographic movies that secondary school students were found practicing (table1). These new forms of HRB predispose students to irrational and violent behaviours as well engage on illicit sexual behaviour in schools and communities in Ilorin, Kwara State. This findings established the fact that most of these HRB practiced by students are learnt through peer-group influence, mass medial adverts influence and some of these behaviours were adopted lifestyle of developed countries as a result of industrialization and urbanization in the developing Countries especially Nigeria. This finding agreed with Dalton, (2013), Spanos and Hankey, (2010) and Thygerson and Thygerson, (2013) studies which showed that students are influence by their peers and the media, as well as poor dietary habit due to availability of fast food and vending machines in schools.

On the implication of health risk behaviours among secondary school students in Ilorin, Kwara State, this study identified various HRB that have negative implications on students' health. It was evidence from the finding of this study that majority of students were aware that health risk behaviour causes actual or potential harm to health, for example, students observed that those who indulge in HRB manifested poor personal hygiene status, exhibited irrational and violent behaviours due to drug and alcohol use within the schools and its environs. This finding is in agreement with WHO (2013), report and study by Surujlal, Nolan and Ubane (2011), which pointed out that there was an increased western world lifestyle habits among adolescents that led to decrease in healthy living and increased in related non communicable diseases in the global community.

It is also obvious in this study that secondary school students indulge in an unhealthy sexual behaviour probably due to influence of media adverts, peer group influence and pornographic films they watch. These HRB may have been responsible for prevalence of sexually transmitted infection and early pregnancy among secondary school students which negatively affect students' health and most times constituted danger to their reproductive life. This study supported Mayowa Adeyeye, Adeyemo, and Owolabi findings on incidence of Venereal Diseases among Secondary School Students in Ilorin South Local Government Area of Kwara State, Nigeria, which revealed that adolescents are at greater risk of sexually transmitted diseases because they frequently have unprotected intercourse and are biologically more susceptible to infections. Study by Olugbenga, Bello, Adebimpe and Abodunrin (2009), on sexual risk behaviour among in-School adolescents in public secondary schools in a Southwestern Nigeria, they reported that many adolescents were sexually active, and taking a lot of risky sexual behaviours that could facilitate transmission of HIV and other sexually transmitted infection.

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Conclusion

Based on the findings of this study, it was concluded that health risk behaviours significantly have negative implication on the behavioural patterns and poor hygiene practices among senior secondary school students in Ilorin, Kwara State. It is however, necessary for schools, Government, Parents and society to collectively make concerted efforts to curb this trend to prevent health risk behaviours that constitutes potentials or actual harm to students and thread to peaceful co-existence in the schools and society.

Recommendations

Parents and Teachers should:

- a). ensure proper monitoring of their children/students most especially the kind of friends they keep and the types of movies they watch.
- b). parents should serve as role models to their children/students by engaging in behaviours that promote health and wellbeing.
- c). parents should always visit their children/wards in schools especially those in boarding schools for early detection of unhealthy behaviours.

Government and school authorities should;

- a). build capacity for periodic health inspection and counseling services at the school level to help identify early, health risk behaviours among students.
- d). Security checks should be on vanguard of the school to apprehend and punish students who indulge in health risk behaviours.
- e). Students affected should be identified and give proper treatment and rehabilitation to be re-integrated to school and the society.

References

- Alemika, E.E.O., (2010). Narcotics drugs control policy in Nigeria: Development policy center, Report Number: 11. Retrieved from www.google.ng.org on 25th October, 2015.
- Dalton, K.A., (2013). Students' consumption of healthy food items using a social marketing intervention, Master's thesis, Department of Counselling and Student Development, Eastern Illinois University.
- Gasparotto, G.S., Gasparotto, L.P., Rossi, L.M., Moreira, N.B., Bontorin, M.D.S. & De Campos, W. (2013). Association between moment of undergraduate course and cardiovascular risk factors in University students, *Revista Latino-Americana de Enfermage*, 21(3), 687-694.
- George, G.E., Mugai, W.J, Mugai, N.W., Mugai, W.F. & Nyakwara, S. (2013). Socio-economic factors on alcohol abuse among the youth in Kikuyu district, Kenya, *Research on Humanities and Social Sciences*. 3(7), 96-109.
- Hawkins N. & Anderson, R. (2011). The effect of exercise on cognitive functioning among the elderly. *TCA Journal*, 24 (2), 18-26.

- Mayosi, B.M. Flisher, A.J., Lalloo, U.G., Sitas, F., Tollman, S.M. & Bradshaw, D. (2010). The burden of non-communicable diseases in South Africa, *Lancet* 378(9693), 934-947.
- Mayowa. A., Adeyemo, K., & Owolabi, H. (2013). Incidence of Venereal Diseases among Secondary School Students in Ilorin South Local Government Area Of Kwara State, Nigeria. *Journal of Nursing and Health Science (IOSR-JNHS)* e-ISSN: 2320-1959.p- ISSN: 2320-1940 Volume 2, Issue 3. PP 41-44
- Oktay, E., Celik, A.K., & Akbaba, A.I. (2013). Examining demographic factors related to cigarette smoking among college students. *International Journal of Higher Education*. 2(2), 175-183.
- Olugbenga- Bello, A.I., Adebimpe, W.O., Abodunrin, O.L. (2009). Sexual Risk Behaviour Among In-School Adolescents in Public Secondary Schools in a Southwestern City in Nigeria. *International Journal of Health Research*, 2, (3). Retrieved from <http://www.ajol.info/index.php/ijhr/article/view/47908> on 13th November, 2015.
- Rehm, J., Gmel, C.T., Sempos, C.A & Trevisan, M. (2011). Alcohol-related morbidity and mortality, *Alcohol Research and Health*, 27 (1) 39-51.
- Spriggs, A.L, & Halpern, C.T. (2008). Timing of sexual debut and initiation of post secondary education by early adulthood. *Perspectives on Sexual and Reproductive Health*, 40(3):152-161.
- Stephoe, A. & Wardle, J. (2010). Health related behaviour: prevalence and links with disease. *Health psychology*. BPS: Blackwell. Kaptein & J. Weinmen, (Eds.),
- Spanos, C. & Hankey, C.R. (2010). The habitual meal and snacking pattern of students and their of vending machine, *Journal of human nutrition and dietetic*. 23(1), 102-107
- Surujlal, J., Nolan, V.T. & Ubane, T. (2011) Drinking patterns and related consequences among university student-athletes, *African Journal for Physical, Health Education, Recreation and Dance* 18(2), 281-292.
- Thygerson, A.L. & Thygerson, S.M. (2013). *Fit to be Well*, (11th edn), Burlington Jones & Bartlett Publishers.
- World Health Organization (WHO), (2013). *Global Health Observatory: Non communicable disease mortality and morbidity*. Retrieved from www.google.org on 1st June 2015.
- World Health Organization (WHO), (2010). The challenge of Obesity, smoking, and drinking on medical problems and costs. *Health Affairs*, 21(2) 245-253.