# NUTRATIONAL ASSESSMENT OF 

 ADOLESCENTS IN ERBIL CITYA STUDY IS SUBMITTED TO THE COUNCIL OF THE DEPARTMENT OF NURSING IN ERBIL MEDICAL TECHNICAL INSTITUTE IN PARTIAL FULFILLMENT OF THE REQUIRMENTS FOR THE DEGREE OF TECHNICAL DIPLOMA IN NURSING FOR THE ACADEMIC

YEAR 2023-2024

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We the members of the evaluation committee certify that after reading this study and examining the students in its contents, it is adequate for the award of the degree of Technical Diploma in Nursing for the academic year 20232024

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# Chapter one Introduction and literature Review 

### 1.1. Introduction:

Poor nutrition starts before birth, and generally continues into adolescence and adult life and can span generations. Chronically malnourished girls are more likely to remain undernourished during adolescence and adulthood, and when pregnant, are more likely to deliver low birth-weight babies. Epidemiological evidence from both developing and industrialized countries now suggests a link between foetal under-nutrition and increased risk of various adult chronic diseases (ACC/SCN, 2000). Nutrition challenges continue throughout the life cycle, particularly for girls and women (Fig. 1).


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Adolescent Nutrition: A Review of the Situation in Selected South-East Asian CountriesIt is thus imperative to prevent malnutrition at every stage of the life cycle. Investing in nutrition throughout the life cycle will have both short-
term and long-term benefits of economic and social significance, including large savings in health care costs, increased educability and intellectual capacity, and increased adult productivity (ACC/SCN, 2000). So far, most of the interventions have either focused on children aged $0-5$ years or on pregnant women, and, to some extent on lactating women. However, not much attention has been paid to adolescents by nutrition-related programmes in developing countries. WHO defines adolescence as the segment of life between the ages of 10-19 years. Adolescents are an inbetween group, with some nutrition problem commonalities with children and some with adults. In addition, there are adolescent-specific issues that call for specific strategies and interventions. If adolescents are well nourished, they can make optimal use of their skills, talents and energies today, and be healthy and responsible citizens and parents of healthy babies tomorrow. To accomplish such a task, and in order to break the intergenerational cycle of malnutrition, a special focus for overcoming adolescent malnutrition is needed. This task can be accomplished if a special focus is given to overcome malnutrition in adolescents and break the intergenerational cycle of malnutrition. As a first step, a review of the nutritional status of adolescents living in the South-East Asia Region has been prepared to: - Identify the nutrition problems and risks faced by adolescents. - Highlight the nutrition problems and risks that can be best managed during adolescence, and therefore call for targeted action.

- Identify and suggest strategic approaches to address these nutritional problems.


### 1.2. Objective:

1-To assess nutritional statuse in adolescents.

### 1.3. Nutritional Needs During Adolescence

In adolescence, a second period of rapid growth may serve as a window of opportunity for compensating for early childhood growth failure, although the potential for significant catch-up is limited. Adult size, measured by height and weight, also reflects an entire range of physiological measurements that determine work capacity, safety, ease of childbirth and decreased obstetric risk to mother and decreased incidence of low birth weight. Survival itself, for both mother and child is affected by maternal body size. Research evidence suggests that optimal nutrition during the brief period of pre-pubertal growth spurt, some 18 to 24 months immediately preceding menarche, results in catch- up growth from nutritional deficits suffered earlier in life (Spear, 2002). During adolescence, the relatively uniform growth of childhood is suddenly altered by an increase in the velocity of growth (Fig. 2). The graph shows the height attained and velocity curves of a boy and a girl. Growth is faster than at any other time in the individual's life except the first year (Brasel, 1982). Over $80 \%$ of adolescent growth (attained weight and height) is completed in early adolescence (10-15 years), with a marked deceleration in weight and height velocity in the post-pubertal phase (Srikantia, 1989). This adolescent growth spurt is also associated with cognitive, emotional and hormonal changes. An important feature is the great variability that exists in the timing and magnitude of the growth spurt both between genders and among individuals (Tanner and Davis 1985, Tanner 1987). The girl begins her adolescent growth spurt at an average of about 10 years and grows at peak velocity at about 12 years. These ages vary from country to country, being lowest in developed countries and
highest in poorest countries. The boy starts his adolescent growth spurt around 12 years of age and in a year or two overtakes the girl.

### 1.4. Nutritional Needs of Boys and Girls the Same

The nutritional needs of males and females of the same age differ little in childhood but diverge after the onset of the pubertal growth spurt. After puberty, the differences in nutrient needs persist (Table 6). The reason for the sex differences in nutrient recommendations after the age of 10 include earlier maturation of females (protein requirements of 11-14 year old girls are higher than the boys of the same age group but are much less for 15 18 year old girls as compared to their male counterparts), and variations in physiological needs for some nutrients by sex e.g., difference in the requirement of iron. Besides differences in height and weight, boys gain proportionately more muscle mass than fat as compared to girls. They experience increased linear growth to produce a heavier skeleton and develop greater red blood cell mass than girls. Girls on the other hand have more fat than muscle tissues. These differences in body composition have important implications for nutritional needs of male and female adolescents as shown in Table 6.

Table 6: Recommended dietary allowances (RDA) for selected nutrients

## during adolescenc

| Recommended Dietary Allowance of Nutrientsfor adolescents in 24 hours |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | MALE |  |  | FPMALE |  |  |
|  | 10.12 Yf | 1315 | 16.15 | 10-12 ${ }^{\text {Y }}$ | 13.15 Yf | $18 \cdot 18 \mathrm{Yf}$ |
| Energy (kical) | 2200 | 2500 | 2700 | 2000 | 2100 | 2100 |
| Protein (gits) | 54 | 70 | 78 | 57 | 65 | 63 |
| Culcium (My | 600 | 600 | 500 | 600 | 600 | 500 |
| $\operatorname{lon}(\mathrm{Mg})$ | 34 | 41 | 50 | 19 | 28 | 30 |

## Chapter two Methodology

## Patient and Methods

### 2.1. Design of the study:

A quantitative ( purposive sample consists from 180 students ) descriptive study conducted to assess nutritional statuse in adolescents who attending at school in Erbil city

### 2.2. Setting of study:

This study was conducted at Shyaw and Hawkary school in Erbil city during the period of January, February 2023.

### 2.3. Sample of the study:

A non-probability ( purposive sample) obtained through taking interview students who admitted to Shyaw and Hawkary school in Erbil city selected as study sample.

### 2.4. Method and tool of data collection

A questionnaire constructed by investigator then reporting for data collection. It was comprised of two major parts. part 1 : to socio demographic characteristics of parents and students.

Part 2: to assess nutritional statuse in adolescents who attending at school in Erbil city

### 2.5. Ethical consideration:

An official permission was be obtained from directorate of health through, Erbil Medical Technical Institute for data collection. Also oral consent was be taken from students of and Researchers will promise to keep the students' information, confidential, and use these data for this study only then explain the purpose of this study to each participant.
2.6. Statistical analysis: Data was analyzed through using SPSS version 23. Through application of frequencies and percentage

# Chapter three Results 

### 3.1 Introduction

Table 1 Descriptive Statistics for Demographic Questionnaire

|  |  |  |  |
| :--- | :--- | :---: | :---: |
| Age | Frequency | $\%$ |  |
|  | 11 years | 1 | 0.6 |
|  | 12 years | 15 | 8.3 |
|  | 13 years | $\mathbf{6 6}$ | $\mathbf{3 6 . 7}$ |
|  | 14 years | 44 | 24.4 |
|  | 15 years | 26 | 14.4 |
|  | 16 years | 17 | 9.4 |
|  | 17 years | 9 | 5.0 |
|  | 18 years | 2 | 1.1 |
| Mother level <br> education | Male | 2 | $1.1 \%$ |
|  | Female | 178 | $\mathbf{9 8 . 9 \%}$ |
|  | Illiterate | 46 | $25.6 \%$ |
|  | Elementary | 55 | $\mathbf{3 0 . 6 \%}$ |
|  | Secondary | 36 | $20.0 \%$ |
|  | High School | 20 | $11.1 \%$ |
|  | University | 23 | $12.8 \%$ |
| education level of | Illiterate | 26 | $14.4 \%$ |
|  | Elementary | 46 | $25.6 \%$ |
|  | Secondary | 53 | $\mathbf{2 9 . 4 \%}$ |
|  | High School | 27 | $15.0 \%$ |
|  | University | 28 | $15.6 \%$ |
| Residence | City | 169 | $\mathbf{9 3 . 9 \%}$ |
|  | Near city | 11 | $6.1 \%$ |
|  | Underweight | 46 | $26.0 \%$ |
|  | Normal weight | 116 | $\mathbf{6 5 . 5 \%}$ |
|  | Overweight | 14 | $7.9 \%$ |
|  | Obese | 1 | $0.6 \%$ |

Table 1shows the descriptive statistics for all demographic questions such as age, gender, Mother level of education, Father level of education, Residence, and BMI Group.

Most of the participants are aged 13 years (36.7\%) followed by 14 years (24.4\%), 15 years ( $14.4 \%$ ), 16 years $(9.4 \%), 12$ years ( $8.3 \%$ ), 17 years ( $5 \%$ ), 18 years ( $1.1 \%$ ), and 11 years ( $0.6 \%$ ) respectively. The percentage of male ( $98.9 \%$ ) is higher than the percentage of female's participants ( $1.1 \%$ ). Most of the mothers have elementary certificate ( $30.6 \%$ ) since most of the fathers have graduated from elementary school (29.4\%) as shown on figure 1.

Most of the patients are normal of BMI (65.5\%) followed by underweight ( $26 \%$ ), over weight $(7.9 \%)$, and obese $(0.6 \%)$ respectively since none of the patients are underweight $(0 \%)$ as shown on figure4 as well as their average of BMI are 30.62. Furthermore, the percentage of people who are living in city ( $93.9 \%$ ) rather than ( $6.1 \%$ ).


Figure1 Percentage between education of father and mother

Table 2 Descriptive Statistics for each of the different activities

|  | Never |  | Rarely |  | Sometimes |  | Most of the time |  | Always |  | Mean | SD |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | F | \% | F | \% | F | \% | F | \% | F | \% |  |  |
| 1. I plan my meals so that they are healthy | 29 | 16.1\% | 26 | 14.4\% | 70 | 38.9\% | 27 | 15.0\% | 28 | 15.6\% | 2.99 | 1.253 |
| 2. I read about nutrition in books. | 61 | 33.9\% | 41 | 22.8\% | 54 | 30.0\% | 15 | 8.3\% | 9 | 5.0\% | 2.28 | 1.163 |
| 3. I choose to drink soda instead of water. | 73 | 40.6\% | 37 | 20.6\% | 34 | 18.9\% | 29 | 16.1\% | 7 | 3.9\% | 2.22 | 1.244 |
| 4. I study food labels to learn about nutrients in food. | 29 | 16.1\% | 43 | 23.9\% | 48 | 26.7\% | 31 | 17.2\% | 29 | 16.1\% | 2.93 | 1.306 |
| 5. I learn about healthy food from watching TV. | 30 | 16.7\% | 28 | 15.6\% | 52 | 28.9\% | 51 | 28.3\% | 19 | 10.6\% | 3.01 | 1.239 |
| 6. I suggest healthy foods for my family to buy. | 17 | 9.4\% | 14 | 7.8\% | 41 | 22.8\% | 59 | 32.8\% | 49 | 27.2\% | 3.61 | 1.230 |
| 7. I eat foods that I know are good for me even if I don't like them. | 28 | 15.6\% | 37 | 20.6\% | 30 | 16.7\% | 34 | 18.9\% | 51 | 28.3\% | 3.24 | 1.451 |
| 8. I try new foods. | 10 | 5.6\% | 22 | 12.2\% | 39 | 21.7\% | 51 | 28.3\% | 58 | 32.2\% | 3.69 | 1.201 |
| 9. I ask my teacher about healthy food to eat. | 44 | 24.4\% | 38 | 21.1\% | 44 | 24.4\% | 27 | 15.0\% | 27 | 15.0\% | 2.75 | 1.374 |


| 10. I eat foods containing <br> iron. | 10 | $5.6 \%$ | 18 | $10.0 \%$ | 50 | $27.8 \%$ | 48 | $26.7 \%$ | 54 | $30.0 \%$ | 3.66 | 1.169 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 11. I choose to eat foods <br> that contain vitamins. | 8 | $4.4 \%$ | 10 | $5.6 \%$ | 42 | $23.3 \%$ | 49 | $27.2 \%$ | 71 | $39.4 \%$ | 3.92 | 1.118 |
| 12. If Ithink I'm gaining <br> too much weight I eat <br> fewer sweets. | 36 | $20.0 \%$ | 34 | $18.9 \%$ | 34 | $18.9 \%$ | 29 | $16.1 \%$ | 47 | $26.1 \%$ | 3.09 | 1.482 |
| 13. I ask my grandparents <br> questions about healthy | 71 | $39.4 \%$ | 24 | $13.3 \%$ | 34 | $18.9 \%$ | 28 | $15.6 \%$ | 23 | $12.8 \%$ | 2.49 | 1.459 |
| eating. |  |  |  |  |  |  |  |  |  |  |  |  |


| 37. I eat a variety of <br> foods. | 23 | $12.8 \%$ | 23 | $12.8 \%$ | 45 | $25.0 \%$ | 41 | $22.8 \%$ | 48 | $26.7 \%$ | 3.38 | 1.342 |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 38. I drink eight glasses of <br> liquid every day. | 23 | $12.8 \%$ | 23 | $12.8 \%$ | 48 | $26.7 \%$ | 42 | $23.3 \%$ | 44 | $24.4 \%$ | 3.34 | 1.321 |
| 39. I choose to eat chips <br> and other snacks instead <br> of fruits. | 38 | $21.1 \%$ | 39 | $21.7 \%$ | 50 | $27.8 \%$ | 28 | $15.6 \%$ | 25 | $13.9 \%$ | 2.79 | 1.319 |
| 40. I read about nutritious <br> food to eat in magazines <br> or newspapers. | 55 | $30.6 \%$ | 32 | $17.8 \%$ | 43 | $23.9 \%$ | 34 | $18.9 \%$ | 16 | $8.9 \%$ | 2.58 | 1.333 |
| 41. I help my family select <br> food to buy. | 21 | $11.7 \%$ | 17 | $9.4 \%$ | 50 | $27.8 \%$ | 44 | $24.4 \%$ | 48 | $26.7 \%$ | 3.45 | 1.296 |
| 42. I ask other adults <br> questions about healthy <br> eating. | 29 | $16.1 \%$ | 26 | $14.4 \%$ | 33 | $18.3 \%$ | 57 | $31.7 \%$ | 35 | $19.4 \%$ | 3.24 | 1.355 |

Table 2 shows the Descriptive Statistics for each of the 42 different activities. The mean of question $(22,23,18,11,21,20,8,10,6,29$, and 27 ) are $(4.51,4.23,4.09,3.92,3.89,3.79$, $3.69,3.66,3.61,3.58$, and 3.51 ), this implies the responders most of the times do these activates because their average are close to 4 .

Then, the mean of question including $(41,19,37,38,26,7,42,12,25,5,1,28,34,35,4,39$, $36,9,14,24,17,30,31$, and 40 ) are $(3.45,3.41,3.38,3.34,3.31,3.24,3.24,3.09,3.08,3.01$, $2.99,2.99,2.96,2.94,2.93,2.79,2.78,2.75,2.74,2.71,2.67,2.63,2.59$, and 2.58 ) which means the responders sometimes do these activates because their average are close to 3 .

Finally, the mean of question including $(13,2,3,15$, and 33$)$ are $(2.49,2.28,2.22,2.22,2.10$, and 1.93 ); this means, the responders rarely do these activates because their average are close to 2 .

Table 3 Descriptive Statistics for each of the different activities

|  | Never |  | One time in a weak |  | One time in a day |  | Two times in a day |  | More than two times in a day |  | Mean | SD |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | F | \% | F | \% | F | \% | F | \% | F | \% |  |  |
| 43. I eat fruits. | 18 | 10.0\% | 56 | 31.1\% | 39 | 21.7\% | 38 | 21.1\% | 29 | 16.1\% | 3.02 | 1.255 |
| 44. I eat green vegetables. | 44 | 24.4\% | 57 | 31.7\% | 49 | 27.2\% | 18 | 10.0\% | 12 | 6.7\% | 2.43 | 1.158 |
| 45. I eat other vegetables. | 36 | 20.0\% | 57 | 31.7\% | 61 | 33.9\% | 17 | 9.4\% | 9 | 5.0\% | 2.48 | 1.070 |
| 46. I eat meat. | 18 | 10.0\% | 39 | 21.7\% | 46 | 25.6\% | 43 | 23.9\% | 34 | 18.9\% | 3.20 | 1.257 |
| 47. I drink milk. | 40 | 22.2\% | 34 | 18.9\% | 45 | 25.0\% | 33 | 18.3\% | 28 | 15.6\% | 2.86 | 1.369 |
| 48. I eat sweets. | 21 | 11.7\% | 40 | 22.2\% | 44 | 24.4\% | 26 | 14.4\% | 49 | 27.2\% | 3.23 | 1.370 |
| 49. I eat cereal, bread, or tortillas. | 26 | 14.4\% | 37 | 20.6\% | 50 | 27.8\% | 27 | 15.0\% | 40 | 22.2\% | 3.10 | 1.350 |
| 50. I eat highcalorie snack foods. | 31 | 17.2\% | 53 | 29.4\% | 47 | 26.1\% | 25 | 13.9\% | 24 | 13.3\% | 2.77 | 1.269 |

Table 2 shows the Descriptive Statistics for each of the 42 different activities. The mean of question ( $48,46,49,43,47$, and 50 ) are ( $3.23,3.20,3.10,3.02,2.86$, and 2.77 ), this implies the responders sometimes do these activates because their average are close to 3 .

In addition, the mean of question including (45 and 46) are (2.48 and 2.43); this means, the responders rarely do these activates because their average are close to 2 .

## One Sample T-Test

It compares the mean of one sample that have been taken from the population randomly with the specific value (hypothesized value).

Now we will test to see is there any difference between the average for each of the items in all 50 questions about activates separately with the hypothesized value $=3$

Table 4 One Sample T-Test for each of the different activities with hypothesized value (3)

|  | N | Mean | Std. <br> Deviation | Mean Difference | T | pvalue |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1. I plan my meals so that they are healthy | 180 | 2.994 | 1.253 | -0.006 | -0.059 | 0.953 |
| 2. I read about nutrition in books. | 180 | 2.278 | 1.163 | -0.722 | -8.332 | 0.000 |
| 3. I choose to drink soda instead of water. | 180 | 2.222 | 1.244 | -0.778 | -8.387 | 0.000 |
| 4. I study food labels to learn about nutrients in food. | 180 | 2.933 | 1.306 | -0.067 | -0.685 | 0.494 |
| 5. I learn about healthy food from watching TV. | 180 | 3.006 | 1.239 | 0.006 | 0.060 | 0.952 |
| 6. I suggest healthy foods for my family to buy. | 180 | 3.606 | 1.230 | 0.606 | 6.603 | 0.000 |
| 7. I eat foods that I know are good for me even if I don't like them. | 180 | 3.239 | 1.451 | 0.239 | 2.209 | 0.028 |
| 8. I try new foods. | 180 | 3.694 | 1.201 | 0.694 | 7.758 | 0.000 |
| 9. I ask my teacher about healthy food to eat. | 180 | 2.750 | 1.374 | -0.250 | -2.442 | 0.016 |
| 10. I eat foods containing iron. | 180 | 3.656 | 1.169 | 0.656 | 7.523 | 0.000 |
| 11. I choose to eat foods that contain vitamins. | 180 | 3.917 | 1.118 | 0.917 | 11.000 | 0.000 |
| 12. If I think I'm gaining too much weight I eat fewer sweets. | 180 | 3.094 | 1.482 | 0.094 | 0.855 | 0.394 |
| 13. I ask my grandparents questions about healthy eating. | 180 | 2.489 | 1.459 | -0.511 | -4.700 | 0.000 |
| 14. When I buy a snack I choose a soda rather than fruit. | 180 | 2.739 | 1.424 | -0.261 | -2.461 | 0.015 |
| 15. I put a lot of salt on the food that I eat. | 180 | 2.217 | 1.202 | -0.783 | -8.745 | 0.000 |
| 16. I eat the same foods every day. | 180 | 1.933 | 1.127 | -1.067 | $12.702$ | 0.000 |
| 17. I find out about healthy eating from nurses. | 175 | 2.674 | 1.403 | -0.326 | -3.071 | 0.002 |
| 18. I make sure the water I drink is clean. | 180 | 4.094 | 1.352 | 1.094 | 10.857 | 0.000 |
| 19. I study nutrition in school. | 180 | 3.406 | 1.437 | 0.406 | 3.788 | 0.000 |
| 20. I ask my mother which foods are healthy. | 180 | 3.789 | 1.273 | 0.789 | 8.316 | 0.000 |
| 21. I eat foods that are good sources of Vitamin C. | 180 | 3.894 | 1.101 | 0.894 | 10.899 | 0.000 |
| 22. I wash fruit before eating it. | 180 | 4.506 | 1.044 | 1.506 | 19.353 | 0.000 |
| 23. I make sure that meat I eat is cooked enough. | 180 | 4.233 | 1.282 | 1.233 | 12.907 | 0.000 |
| 24. I talk to my friends about which healthy foods to eat. | 180 | 2.706 | 1.369 | -0.294 | -2.886 | 0.004 |
| 25. I eat protein at every meal. | 180 | 3.078 | 1.111 | 0.078 | 0.939 | 0.349 |
| 26. I try to eat food and drink beverages with calcium. | 180 | 3.311 | 1.220 | 0.311 | 3.420 | 0.001 |
| 27. I eat foods that are good sources of vitamin A. | 180 | 3.506 | 1.198 | 0.506 | 5.661 | 0.000 |
| 28. I consider whether my meals have enough protein. | 180 | 2.994 | 1.235 | -0.006 | -0.060 | 0.952 |
| 29. I eat breakfast every day. | 180 | 3.583 | 1.426 | 0.583 | 5.490 | 0.000 |
| 30. I drink soda instead of fruit juices | 180 | 2.628 | 1.446 | -0.372 | -3.455 | 0.001 |


| 31. I would choose to eat sweets instead of a piece of <br> fruit. | 180 | 2.589 | 1.405 | -0.411 | -3.924 | 0.000 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 32. I think about whether what I eat is healthy. | 180 | 3.456 | 1.396 | 0.456 | 4.379 | 0.000 |
| 33. I drink coffee with meals. | 180 | 2.100 | 1.342 | -0.900 | -9.000 | 0.000 |
| 34. I choose to eat foods that are low in fats. | 180 | 2.961 | 1.292 | -0.039 | -0.404 | 0.687 |
| 35. I obtain information about nutrition from the internet. | 180 | 2.939 | 1.334 | -0.061 | -0.615 | 0.539 |
| 36. I read public announcements about nutritious foods. | 180 | 2.778 | 1.331 | -0.222 | -2.240 | 0.026 |
| 37. I eat a variety of foods. | 180 | 3.378 | 1.342 | 0.378 | 3.777 | 0.000 |
| 38. I drink eight glasses of liquid every day. | 180 | 3.339 | 1.321 | 0.339 | 3.442 | 0.001 |
| 39. I choose to eat chips and other snacks instead of <br> fruits. | 180 | 2.794 | 1.319 | -0.206 | -2.091 | 0.038 |
| 40. I read about nutritious food to eat in magazines or <br> newspapers. | 180 | 2.578 | 1.333 | -0.422 | -4.251 | 0.000 |
| 41. I help my family select food to buy. | 180 | 3.450 | 1.296 | 0.450 | 4.659 | 0.000 |
| 42. I ask other adults questions about healthy eating. | 180 | 3.239 | 1.355 | 0.239 | 2.365 | 0.019 |
| 43. I eat fruits. | 180 | 3.022 | 1.255 | 0.022 | 0.238 | 0.812 |
| 44. I eat green vegetables. | 180 | 2.428 | 1.158 | -0.572 | -6.629 | 0.000 |
| 45. I eat other vegetables. | 180 | 2.478 | 1.070 | -0.522 | -6.548 | 0.000 |
| 46. I eat meat. | 180 | 3.200 | 1.257 | 0.200 | 2.135 | 0.034 |
| 47. I drink milk. | 180 | 2.861 | 1.369 | -0.139 | -1.361 | 0.175 |
| 48. I eat sweets. | 180 | 3.233 | 1.370 | 0.233 | 2.284 | 0.024 |
| 49. I eat cereal, bread, or tortillas. | 180 | 3.100 | 1.350 | 0.100 | 0.994 | 0.322 |
| 50. I eat high-calorie snack foods. | 180 | 2.767 | 1.269 | -0.233 | -2.467 | 0.015 |

Table 4 shows there is a statistically significant difference between the mean of each of the activities like $(1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24$, $25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49$, and 50) with hypothesized value (3) because their p -values are less than the significant level of alpha $=0.05$.
Also, there is no statistically significant difference between the mean of each of the activities like $(1,4,5,12,25,27,34,35,43,47$, and 49 ) with hypothesized value (3) because their p values are higher than the significant level of alpha $=0.05$.

## Chapter four

## Conclusions and

## recommendations

This chapter presents conclusions and recommendations which are derived out from the study.

## 1. Conclusions

## Based on the results, it can be concluded that:

[ Most of the participants are aged 13 years ( $36.7 \%$ )
] The percentage of female ( $98.9 \%$ ) is higher than the percentage of male participants (1.1\%).
— Most of the mothers have elementary certificate ( $30.6 \%$ ) since most of the fathers have graduated from secondary school ( $29.4 \%$ ) as shown on figure 1.

I The mean of question ( $22,23,18,11,21,20,8,10,6,29$, and 27) are (4.51, $4.23,4.09,3.92,3.89,3.79,3.69,3.66,3.61,3.58$, and 3.51 ), this implies the responders most of the times do these activates because their average are close to 4 .
— which means the responders sometimes do these activates because their average are close to 3 .

## Recommendation

- Educational materials need to be age-specific, developed and piloted for particular ages of students
- Programmes may need to explain for the students the importance of diet the effect of deficiency of humun being


## References

(1) ACC/SCN. Fourth Report on the world nutrition situation - Nutrition throughout the life cycle, Geneva: ACC/SCN in collaboration with IFPRI, 2000. (http:// www.unsystem.org/scn/ Publications/ 4RWNS/4rwns.pdf, accessed 26 May 2005).
(2) Ahmed F. Anaemia in Bangladesh: a review of prevalence and aetiology. Public Health Nutr. 2000 Dec; 3(4): 385- 93.
(3) Ahmed F, Khan MR, Islam M, Kabir I, Fuchs GJ. Anaemia and iron deficiency among adolescent schoolgirls in peri- urban Bangladesh. Eur J Clin Nutr. 2000 Sep; 54(9): 678-83.
(4) Ahmed F, Khan MR, Karim R, Taj S, Hyderi T, Faruque MO, Margetts BM, Jackson AA. Serum retinol and biochemical measures of iron status in adolescent schoolgirls in urban Bangladesh. Eur J Clin Nutr. 1996 Jun; 50(6): 346-51.
(5) Ahmed F, Hasan N, Kabir Y. Vitamin A deficiency among adolescent female garment factory workers in Bangladesh. Eur J Clin Nutr. 1997 Oct; 51(10):698-702.
(6) Ahmed F, Zareen M, Khan MR, Banu CP, Haq MN, Jackson AA. Dietary pattern, nutrient intake and growth of adolescent school girls in urban Bangladesh. Public Health Nutr. 1998 Jun; 1(2):83-92.
(7) Ahmed F, Khan MR, Jackson AA. Concomitant supplemental vitamin A enhances the response to weekly supplemental iron and folic acid in anemic teenagers in urban Bangladesh. Am J Clin Nutr. 2001 Jul; 74(1):108-15.
(8) Akhtar HH, Karim F, Choudhry MEEK, Rehman MH. A study to identify the risk factors affecting nutrition status of adolescent girls in Bangladesh. Dhaka: Bangladesh Institute of Research for Promotion of Essential \& Reproductive Health and Technologies, 1998.
(9) Angeles-Agdeppa I, Schultink W, Sastroamidjojo S, Gross R, Karyadi
D. Weekly micronutrient supplementation to build iron stores in female Indonesian adolescents. Am J Clin Nutr. 1997 Jul; 66(1):177-83. (10) Aung PP. Adolescent nutrition situation in Myanmar. Paper presented at WHO- SEARO Regional Meeting for improvement of nutritional status of adolescents, Chandigarh, India, 17-19 Sept 2002.
(11) Baranowaki T. Families and health actions. In: Gochman DS, ed.

Handbook of health behaviour research I: personal and social determinants.
New York: Plenum Press, 1997. p.179-206.
(12) Behrman JR. The Economic rationale for investing in nutrition in developing countries. Washington: USAID, Office of Nutrition, 1992 (http:// econpapers.repec.org/article/eeewdevel v_3A21_3Ay_3A1993_3Ai_3A11_3Ap_3A1749-1771.htm, accessed 25 May 2005).

## Appendices

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ئامادة كردني لةلايـن قوتابي

بـسارِّهرشتـى
م هناء عثمان سعدي

