

Accident Risk Behaviors of Tabriz Teenagers

Saeid Khanmohammadi, Rezagholi Vahidi, Vahideh Sadeghi,
Asghar Mohammad Poorasl, Rasoul Shahnazi and Hossein Jabbari

National Public Health Management Center, Tabriz University of Medical Sciences, Tabriz, I.R. Iran

Abstract: Nowadays, the determinants of disease are mostly behavioral and social. Millions of individuals loose their lives due to these factors. Accident is one of them that are more prevalent among teenagers because of their nature. Thereby, this study was conducted to identify risk behaviors in Tabriz high school teenagers. This study was conducted in Tabriz private and public high schools in 2006. Five hundred students were selected by random sampling method. To analyze the data, we used SPSS, Chi-square and Fisher's Exact and Compare mean tests. The findings of this study indicate that mean point value of risk behaviors of teenagers was 44.04 of 100. The most risky behaviors were not using safety hat in bicycle riding: (77.6), not paying attention to bicycle speed: (58) and using drugs without doctor prescription: (51.2). Identification of behaviors causes of such behaviors and comprehensive planning is necessary to prepare strategies in order to prevent and decrease the risk behaviors that impose a substantial cost to society. One of the most effective means is to promote and develop health promoting schools to improve and promote healthy behaviors in teenagers.

Key words: Accident, risk behaviors, teenagers, health promoting schools, health promotion

INTRODUCTION

Every year, millions of individuals loose their lives due to accident (Esmaeili and Vaezzade, 2005). Teenagers are more affected than adults because of their physical characteristics (Shendurnikar, 1999). Katie Malbut and Emanuel Falaschetti have divided accident in two parts: Major and minor. Major accidents include all those about which a doctor was consulted or a hospital was visited, and minor accidents include all other accidents that caused pain or discomfort for over 24 h (Katie and Emanuela, 2004).

In China, each year, 10 millions of children are affected by accidents that are major causes of death among fewer than 14 years old (PRC DIRECTORY of Provincial government, 2003).

In America, accident is on of the 5 major causes of death. Types of accident that result to death are various which includes: motor vehicle: %44/3, falling: %17/8, poisoning: %13, drawing: %3/9, firing, smoking and ... (National Vital Statistics Report, 2004). Accidents are very serious issue among teenagers and on the other hand are preventable with providing the teenagers enough suitable awareness, knowledge and safety measures (Shendurnikar, 1999).

The present statistical data in Iran indicates that this is an important issue and thereby to decrease effect of these risky behaviors we require identifying risky behaviors of teenagers in this area which is the main aim of this research conducted in Tabriz-Iran.

MATERIALS AND METHODS

Five hundred boys and girls of Tabriz public and private high school students were selected by random sampling method. In this cross-sectional study, data was collected using a two-part questionnaire; part 1 included demographic questions of teenagers. Part 2 included 12 questions about risk behaviors of teenagers. The scale used was 1-5 and the maximum point of risk behavior was 100. Any increase in points shows that behavior of teenagers is more risky. To prepare questionnaire, a specialist team designed primary questionnaire individually and then discussed in a panel about each of the questions. After revising the questionnaire and finalizing, the validity and reliability of questionnaire were tested among 42 students (15 boys and 27 girls) with mean age of 16.93 ± 0.62 . Kronbakh coefficient value for 12 questions was 70 and correlation coefficient obtain 54 that was significant ($p < 0.001$). To analyze the data, we used SPSS, Chi-square and Fisher's Exact and Compare mean tests.

RESULTS

The analysis of data indicates that mean point value of risk behaviors was 44.04 of 100. The risk behavior that results in falling was 33.6. The most risky behaviors were not using safety hat in bicycle riding: (77.6), not paying attention to bicycle speed: (58) and using drugs without doctor prescription: (51.2). The risk behavior among boys were more than girls and this different was significant at ($p<0.001$). Teenagers with family income up 9 million Rials per month, had most risk behaviors ($p<0.05$). Teenagers studying at health promoting schools had less risk behaviors than teenagers in other schools; it was significant at ($p<0.05$).

DISCUSSION

The findings of this study are similar to other studies (Soori, 2002) in not using the safety hat in riding bicycle. Giving information to teenagers at school and family about the necessity of taking safety measures and correct riding (Soori, 2002; Linn *et al.*, 1998) can be useful in decreasing these behaviors. The most effective methods to improve these behaviors are that teenagers perceive depth and intensity of risks and other undesirable impacts, through social learning. In regards to role of schools and considering the point that schools are valuable sources to transfer the desired behaviors to teenagers, developing health promoting schools network is helpful. Further steps includes developing innovative educational methods and subjects contents to present through different training strategies such as mass media, posters and ... to teenagers and their family.

CONCLUSION

According to statistics and considering that accident is one of the 5 major causes of death among children and

teenagers; administrators of health care and other related organizations such as educational setting must be sensitive and be responsible to these problems and thereby, prepare strategies and interventions in relation to build environments factors and school training materials to improve these behaviors. Thereby, we recommend conducting more researches about social, cultural and environmental determinants of these behaviors and developing comprehensive and continuous diagnosis and planning to improve and prevent the incidence of these behaviors.

REFERENCES

- Esmaili, Z. and N. Vaezzade, 2005. Study of accident patterns in children. Mazandaran University of Medical Science.
- Katie Malbut and Emanuela Falaschetti, 2004. The Health of Children and Young People official-document. co.uk.
- Linn, S., D. Smith and S. Sheps, 1998. Epidemiology of bicycle injury, head injury and helmet use among children in British Columbia: A 5 year descriptive study. Canadian Hospitals Injury, Reporting and Prevention Program (CHIRPP). Inj Prev, 4: 122-125.
- National Vital Statistics Report, 2004. Vol. 53, cited in benbest, website.
- PRC DIRECTORY of Provincial Government, 2003. cited in chinadaily.
- Shendumikar, N., 1999. Accident prevention in childhood. Bullimia, L Grotto.
- Soori, H., 2002. Epidemiology of children's cycling injuries in Ahwaz, Islamic Republic of Iran. East Meditter. Health J., 8: 308-314.