THE EFFECT OF SOME BAD HABITS ON THE PATTERN OF GROWTH AMONG PRIMARY AND INTERMEDIATE SCHOOL STUDENTS IN BASRA CITY

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ABSTRACT

Background Bad habits have become widespread among teenagers, causing great effects on the health and development of their bodies.

The aim is to assess the effect of bad habits on the biological clock and growth of elementary and middle school students in Basra city. The current study was conducted in a group of primary and middle schools in the city of Basra.

A suitable sample of (300) male and female students, where the number of participating male and female students was (133) and female students (167) were chosen for the purpose of the study.

A closed-question questionnaire was used for the purpose of data collection. The questionnaire consists of two parts. The first relates to the social and demographic characteristics of students, including: age, gender, type of study, height, weight, and the occupational status of the parents.

The second part of the questionnaire consists of 16 questions related to bad habits, the standard two-point Likern scale including, yes and no, the questionnaire that was already conducted was distributed to (300) students where the topic was explained to them and then answered, and then the researchers measured the length and weight for each sample collected. Each model was scored according to the correct model answer.

The analysis was carried out using SPSS (Statistical Package for Social Sciences) version 26, the data were expressed (frequency and percentage).

Results: Most of the students were in the age range between 9 to 12 years. The participation of females was more than that of males. Most of the participants were from middle school, as most of the students' mothers were housewives and most of the fathers were employees. All students answered the questions in written form. Registration: All students respond to the questionnaire in a written manner. There was a significant correlation between the parents' job and bad habits, and there was a relationship between registration and the students.

KEYWORDS: effect, bad habits, growth among primary, intermediate school Students.

INTRODUCTION

The ratio of bad habits, mouth breathing and malocclusion is an important issue in view of prevention and early treatment of disorders of the craniofacial growth. While bad habits can interfere with the position of the teeth and normal pattern of skeletal growth, on the other hand obstruction of the upper airway, resulting in mouth breathing, changes the pattern of craniofacial growth causing malocclusion. [1]

Our cross-sectional study, carried out on 3017 children using the ROMA index, was developed to verify if there was a significant correlation between bad habits/mouth breathing and malocclusion.[2]

The results showed that an increase in the degree of the index increases the prevalence of bad habits and mouth breathing, meaning that these factors are associated with more severe malocclusions.

Moreover, we found a significant association of bad habits with increased overjet and open bite, while no association was found with crossbite. Additionally, we found that mouth breathing is closely related to increased overjet, reduced overjet, anterior or posterior crossbite, open bite and displacement of contact points.

Therefore, it is necessary to intervene early on these aetiological factors of malocclusion to prevent its development or worsening and, if already developed, correct it by early orthodontic treatment to promote eugnatic skeletal growth

The aim of the present study was to comparatively analyze oral health status and influential factors in children with autism living in the Western Mediterranean Region of Turkey [3] . Found that while game addiction leads to negative academic performance, moderate engagement in gaming can lead to improved performance in an academic setting. This is of great significance to adolescents, as using effective social interactions is essential for behavioral, emotional adaption and successful functioning. Children and adolescent socialization ability improve their communication skills and makes them more receptive to social influence, and grow better with good communication skills [18].

Definition

Changes in present-day society such as diets with more sugar, salt, and saturated fat, bad habits and unhealthy lifestyles contribute to the likelihood of the involvement of the micro biota in inflammatory diseases, which contribute to global epidemics of obesity, depression, and mental health concerns[4]. The micro biota is presently one of the hottest areas of scientific and medical research, and exerts a marked influence on the host during homeostasis and disease. Fermented foods and beverages are generally defined as products made by microbial organisms and enzymatic conversions of major and minor food components. Further to the commonly-recognized effects of nutrition on the digestive health (e.g., dysbiosis) and well-being, there is now strong evidence for the impact of fermented

foods and beverages (e.g., yoghurt, pickles, bread, kefir, beers, wines, mead), produced or preserved by the action of microorganisms, on general health, namely their significance on the gut micro biota balance and brain functionality [5].

Cause

Obesity is undoubtedly one of the biggest medical problems of the 21st century. Regrettably, the problem affects more and more children and adolescents. 10% of world's school-aged children have an excess body weight and a quarter of these children are obese. In Europe every fifth school-aged child suffers from an excess body weight [6]. The prevalence of overweight and obesity among Polish adolescents is about 14%. An excess body weight can be the consequence of genetic factors, endocrine disorders or certain drugs. However, "simple obesity" is the most common, consequence of providing too much energy from food products in comparison to energy expenditure (caloric excess) [7]. Today's lifestyle promotes the development of obesity. The lack of physical activity, sedentary lifestyle and energy-rich diet are the main causes of an excess body fat accumulation. Because of improper eating behaviors children consume an excess amount of energy; and their diet is deficient in elements necessary for proper development [8].

Symptoms

The study has the purpose to evaluate the association between clinical data collected from dental screening carried out on children and their eating habits. Materials and methods: The dental screening was carried out on a sample of eight-year-old children attending the third grade of the elementary schools of Gaeta (Latina). Clinical data and periodontal status indexes were recorded.[9]

Forms and types of bad habits that affect the growth pattern

Bad habits, whether in children or adults, is a comprehensive concept in its meaning that is not specific in nature, as any behavioral pattern that the individual repeats constantly and cannot stop and get rid of it and is considered bad in terms of its form and content; It falls within the framework of the list of bad habits, and here as we try to identify some of these habits, our attempt is limited to the most common ones because it is impossible to summarize them all. We also talk about bad habits and not about deviant behavior [10].

Some of the most common bad habits are:

Trichotillomania: Whether the hair of the head, eyebrows, eyelashes, or other areas of the body in adults or children, and it is one of the bad habits that some people have described as a disease with manifold psychological, mental and hormonal causes, and this habit occurs for the first time at an early age and if the child does not immediately stop practicing it will continue with him for the rest of his life [11].

• Nail biting: This is a widespread habit, where the practitioner finds a certain pleasure in it and is unable to stop it if it develops with him and becomes an obsession with him that causes its owner

many negative effects such as pain in the fingers or embarrassment and the bad shape of the nails, in addition to that what it may cause to the child from Diseases due to the transfer of germs from the hands and nails through biting them and possibly swallowing parts of them.

• Nose scratching: This habit may result from a specific skin disease inside the nose or other causes, and it is considered one of the bad, disgusting and unpleasant habits, and if the child does not stop repeating it immediately and treat its cause, it will become a habit for the child and he cannot control or stop it [12]

• Playing with the fingers: This habit in itself is multiple in its forms and types, such as sucking the fingers of the hands or plucking the skin from them, playing with the toes or scratching the tips of the fingers, and all these things fall within the framework of bad habits that are harmful to the child, whether in terms of health or in terms of his appearance in front of others.

• Lying: In some cases, in which children lie beyond the normal limit, it turns for them in terms of its goal from a method of obtaining gains and evading punishment to a habit in which he finds pleasure and a victory in the success of his lies [13].

METHODOLOGY

The study design was a descriptive cross-sectional study about the effect of some bad habits on the pattern of growth primary and intermediate school students in Basra city schools, and the random sampling technique was used. The total sample size was 300 samples, which is a questionnaire that was collected from the students in attendance, which started from 13th January 2022 up to 20th January 2022.

3.2 Setting of projects

The present study carried out in some primary and intermediate school in Basra city.

3.3 The Sample of study

A convenient sample of (300) students, males (133) and females (167) in both primary and intermediate school, were selected for the purpose of the study.

3.4 Measures

The height and weight of the male and female students were measured to know the effect of bad habits on them.

3.5 Project instrument

The study instrument was comprised of questions taken by written, distributed to primary and intermediate school students and divided into main parts. The first parts were to identify social and demographic factors, including sex, age, type of education, height, weight and the occupational status of the parents. The second part consists of sixteen questionnaire items to assess the impact of bad

habits on students' development. A scale and tape measure were used to find out the height and weight of the students, and the students answered yes or no to 16 questions through a questionnaire distributed in the presence of them.

3.6 Statistical data analysis was made by using SPSS (Statistical package for Social Sciences) version 26, data was expressed in (frequency and percentage).

3.7 Equipment of the research
A scale and tape measure were used to find out the height and weight of the students.

3.8. Rating and scoring of the study of questionnaire:
We use three (3) points Likert Scale which ranged from up to (1), as shown in the next.

Table 3.1: three (3) points Likert Scale			
Evaluation			
Likert Scale	**Interval**	**Difference**	**Evaluation**
1	1 – 1.33	0.33	High
2	1.34 – 1.67	0.33	Medium
3	1.68 – 2	0.33	Low

3.9 Questionnaire score
Study questionnaire includes two parts they are demographic information and bad habits about biological clock and growth.

Table 3.2: Questionnaire 'score			
Questionnaire	**Number of questions**	**Max. Score per question**	**Min. Score per question**
	16	2	1

3.10 Descriptive and inferential Data Analysis
1- Percentage (%)
2- Arithmetic mean
3- Standard deviation (Sd)

RESULTS
4-1 Distribution of the Variables Related Demographic Characteristics N=300 students.

Table 4.1.1: descriptive statistics of Demographic Variables			
Demographic Variables	**Variables Classes**	**F**	**Percent**
Sex	Male	133	44 %
	Female	167	56 %

	Total	300	100 %
Age	9 - 12	138	46 %
	12 - 15	132	44 %
	16 - 19	30	10 %
	Total	300	100 %
Education level	Primary	147	49 %
	Secondary	153	51 %
	Total	300	100 %
Mother job	Employee	82	27 %
	House wife	218	73 %
	Total	300	100 %
Father job	Employee	229	76 %
	Unemployed	71	24 %
	Total	300	100 %

The results showed Table (1), where the sex ratio appeared in each of the primary and intermediate schools. Females occupied the highest percentage, where they got 56% and males got 44%, while the percentage of age from (9-12) got a good estimate and the percentage was 46% and (12-15). He got a percentage of 44%, and the age from (16-19) got a small percentage, as it was 10%, and the secondary education level got a larger percentage, as it was 51% and the primary one was at 49%, while the mother's job got the housewife the highest rank of the employee, where 73% and female employees made up 27%, while the father's job had the highest percentage of the unemployed at 76% and the unemployed at 24%.

4-2 Results the Evaluation of Questionnaire 'questions for bad student habits, N= 300

Table 4.2.1 Mean score and Assessment for bad student habits						
Questions	**N**	**Min**	**Max**	**Mean score**	**Sd.**	**Assessment**
Q1	300	1	2	1.90	0.296	Low
Q2	300	1	2	1.81	0.393	Low
Q3	300	1	2	1.70	0.458	Low
Q4	300	1	2	1.85	0.358	Low
Q5	300	1	2	1.72	0.450	Low
Q6	300	1	2	1.63	0.483	Low
Q7	300	1	2	1.73	0.446	Low
Q8	300	1	2	1.55	0.498	Medium
Q9	300	1	2	1.45	0.499	Medium

Q10	**300**	**1**	**2**	**1.63**	**0.483**	**Medium**
Q11	**300**	**1**	**2**	**1.68**	**0.466**	**Low**
Q12	**300**	**1**	**2**	**1.63**	**0.483**	**Low**
Q13	**300**	**1**	**2**	**1.83**	**0.376**	**Low**
Q14	**300**	**1**	**2**	**1.55**	**0.498**	**Medium**
Q15	**300**	**1**	**2**	**1.76**	**0.426**	**Low**
Q16	**300**	**1**	**2**	**1.73**	**0.445**	**Low**

High = (1 – 1.33), medium = (1.34 – 1.67), low = (1.68 – 2) mean score

Table (2) shows the evaluation of each question at the level of bad habits. For example, in the first question their bad habits were low, and also in question (2,3,4,5,6,7) the level of bad habits was low, but in question (8,9,10) The level of bad habits was medium and in question (11,12,13) the level of bad habits was also low, it was medium in question 14 and low in both questions 15 and 16.

4-3 the Overall assessment results for bad student habits, N= 300

Table 4.3.1 the Overall assessment for bad student habits						
Statistics	**N**	**Min**	**Max**	**Mean score**	**Sd.**	**Ass.**
bad student habits	**300**	**1.00**	**3.06**	**1.73**	**0.253**	**Low**

The results of Table (3) showed that the overall assessment of bad habits is low for all group.

Table 4.3.2: Mean score, frequency and percent for bad student habits			
Overall assessment			
Interval	**Frequency**	**Percent**	**Evaluation**
1 – 1.33	**6**	**2 %**	**High**
1.34 – 1.67	**101**	**34 %**	**Medium**
1.68 – 2	**193**	**64 %**	**Low**
Total	**300**	**100 %**	

The results in Table (2-3) showed both the percentage and frequency of students' bad habits, where the percentage of the high level of bad habits was 2%, the percentage of the level of medium bad habits was 34%, and the percentage of the low level of bad habits was 64%.

Figure 4.3.2 Overall assessment

Table 4.3.3 mean and standard deviation for weight, height and MBI					
Variables	**N**	**Min**	**Max**	**Mean**	**Sd.**
Weight	300	25	75	45.9	12.70
Height	300	1.05	2.50	1.49	0.161
BMI	300	5.28	37.19	20.48	4.56

This table shows weight and height taken from students, as well as BMI.

DISCUSSION

Habits play an important role in our health," Understanding the biology of how we develop routines that may be harmful to us, and how to break those routines and embrace new ones, could help us change our lifestyles and adopt healthier behaviors.

The results of the present study showed where the participants are from the primary and intermediate schools and secondary school (56% and males got 44%,). There ages range from 9 to19 years (Table 1), to evaluated the level of bad habits. Such habits cause considerable damage to human existence – loss of potential and motivation, premature aging of the human body and the acquisition of diseases of various kinds. Such habits include the consumption of the following killing substances: tobacco, alcohol, drugs, toxic and psychotropic substances.

Table (2) shows the evaluation of each question at the level of bad habits. For example, in the first question their bad habits were low, and also in question (2,3,4,5,6,7) the level of bad habits was low, but in question (8,9,10) The level of bad habits was medium and in question (11,12,13) the level of bad habits was also low, it was medium in question 14 and low in both questions 15 and 16.

Grygoriyet al.,(2020)established that the environment of students is unfavorable for the activation of the healthy lifestyle components; it contributes to the spread of bad habits, the consequences of which students do not realize fully. Many students do not have a need to take care of their own health.

Regarding unhealthy habits

Mirtaet al.,(2018) concluded that The consumption of vegetables and belonging to an undergraduate program in health sciences at a university contributed to protection against for obesity. On the other hand, male sex and consumption of sugary drinks were found to be risk factors for obesity.

Table 2-3 showed both the percentage and frequency of students' bad habits, where the percentage of the high level of bad habits was 2%, the percentage of the level of medium bad habits was 34%, and the percentage of the low level of bad habits was 64%.

Silviaet al.,(2018) revealed a significant positive correlations were found between food energy, sweets, snacks, soft drinks and body mass index (BMI) in both sexes and between the consumption of sausages-fatty meats and the systolic blood pressure (SBP) and body adiposity index (BAI) variables. Muslim students were less likely to consume alcohol (odds ratio [OR] = 7.88, 95% confidence interval [CI] = 4.27, 14.54).

In addition, they stated that Christian and Muslim students presented improvable lifestyles and intake patterns. The high intake of saturated fatty acids, total cholesterol, sodium and alcohol in Christian students could lead to the early development of cardiovascular disease.

Giacomoet al., (2014) the results showed higher odds of life dissatisfaction and poor self-reported health status in medium-income families, while low-income families had higher odds only with regard to life dissatisfaction. A consistent pattern of gender differences was found in terms of both unhealthy behaviours and health outcomes.

CONCLUSIONS
1-Most of the students were at age (9-10).
2- The females are more than males in participating in our study.
3- Most of our participant were from the secondary school students.
4-In most of the samples, the mother of students were housewives.
5-In most of the Samples, the father of students was employee.
6-scoring: most of students answered the questionnaire in wright way.
7-the overall assessment of bad habits were low for all group.

RECOMMENDATIONS
1- Trying to sleep early and avoid staying up for long hours
2- Reducing the use of tablets
3- Not using the phone for long hours before bed
4- Eating healthy and balanced meals
5- Trying to regulate the hours of sleep
6- Reducing or turning off the light when going to bed

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