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## Social and Health Determinants of Adolescent's Wellbeing in Jordan: Implications for Policy and Practice

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## ABSTRACT

**Purpose:** This study examined the extent to which health related aspect, health outcome, behaviour outcomes and social connectedness may predict adolescents' wellbeing at the schools of Jordan.

**Methods:** Using a two-stage cluster sampling technique 1166 adolescents completed the Health Behaviour of School Children survey.

**Results:** Stepwise Regression Analysis showed that the adolescents' wellbeing was predicted by academic achievements, bullying behaviour, eating habits, psycho-somatization, parent support and ease of communication with parents. These predictors explained 40% of the variance in the emotional wellbeing scores.

**Conclusion and Practice Implications:** This study provides baseline information to build the evidence base for surveillance of health behaviors among adolescents in Jordan. Students' experiences of secondary school and their relationships at school continue to predict their emotional wellbeing.

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## Introduction

The welfare of children and adolescents, is of great national and global concern, yet reports on contributors to children's and adolescents wellbeing in school are limited (Løhre, Moksnes, & Lillefjell, 2014; García-Moyaa, Brooksb, Morganc, & Morenoa, 2015). Existing evidence showed that those achieving positive wellbeing in childhood and adolescence are more likely to have positive wellbeing in their adulthood (Richards & Huppert, 2011). Therefore, increasing efforts to promote children's and adolescents' wellbeing are being conceptually framed by studies that focus on social determinants of health and wellbeing among children and adolescents at schools.

An example of this effort is the World Health Organization (WHO) survey of Health Behaviour in School-Aged Children (HBSC). The WHO collaborative cross-national study, collect data on 11, 13 and 15-year-old boys' and girls' health and wellbeing, social environments and health behaviors every four years. Evidence from HBSC previous reports reflect the world's most comprehensive image of children's and adolescents' health and wellbeing (Currie, Zanotti, Morgan, et al., 2012).

Consequently, these reports help to identify changes in the health behaviour of children and adolescents that have occurred over time.

Exploring the role of schools in promoting wellbeing is fundamental, as school life signifies adjustment and achievement, entailing the emotional as well as the cognitive aspects of life (Kumari, 2012). Previous studies have shown that positive school experiences, greater school engagement and higher levels of academic achievement are associated with higher levels of wellbeing (Gilman & Huebner, 2006; Gutman & Vorhaus, 2012). Generally, a school's climate can affect the mental health of children and adolescents through the academic and social stressors experienced (Marin & Brown, 2008a, 2008b). Prior studies demonstrated that middle school adolescents' perceptions of school climate contribute to their behavioral and emotional adjustment (Bizumic et al., 2009; Pilkauskaite-Valickiene, Zukauskiene, & Raiziene, 2011; Kumari, 2012; Shaheen, Nassar, Saleh, Arabiat 2014).

Available studies also suggested peer and teacher support as valuable factors influencing emotional wellbeing of adolescents (Kumari, 2012; Ashley, Ennis, & Owusu-Ansah, 2012). Additionally, school connectedness has also been found to positively impact the emotional wellbeing of adolescents (Bond et al., 2007; Monhan, Oesterle, & Hawkins, 2010; Stracuzzi & Mills, 2010; Ashley et al., 2012).

There is strong evidence that loneliness and victimization caused by bullying behaviors in childhood and adolescence are associated with present or later depression (Qualter, Brown, Munn, & Rotenberg, 2010) and somatic symptoms (Løhre, Lydersen, & Vatten, 2010). Children and adolescents who are bullied show poorer social and

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emotional adjustment, greater struggle in making friends, poorer relationships with peers, and greater loneliness, physical health problems, and suicide ideation (Lleras, 2008; Freeman et al., 2009; Cheng et al., 2010).

The results from these and numerous other recent studies have broadened our knowledge and increased our understanding of adolescent's health and well-being. However, international information is still lacking from nonwestern countries. Specifically, raw data and trends in the health behaviors and attitudes of adolescents from Middle Eastern countries remain unknown. This study focuses on adolescent's perception of their school as an opportunity to enhance their wellbeing. The premise for this study is to further explore the relative contributions and predictive value of health and behaviour related aspects of schools on emotional wellbeing of adolescents in Jordan.

## Methods

### Study Design and Population

A descriptive correlation design was used in this study. The study included a two-stage cluster sample selection process. In the first stage, a list of all secondary schools with grades that included adolescents aged 11–16 years was obtained in the capital governance (governmental and public) sectors. In the second stage, classrooms from each participating school were randomly selected. All classrooms in each school were eligible to take part in this study. The selected sample included 1166 adolescents. 52.7% were girls ( $n = 614$ ) and 47.3% were boys ( $n = 552$ ). The response rate was 97%. The sample represented students in the 6th through 10th grades where 12 high schools in Amman representing Jordan's private and governmental schools participated. The HSBC were filled in by the adolescents during regular school hours, in accordance with the HSBC international standardized procedure (Roberts et al., 2009).

### Measures

#### The Health Behaviour in School Aged Children (HBSC) Questionnaire

The HBSC questionnaire is a school-based survey where data are collected through self-completed questionnaires administered in the classroom. The HBSC study conceptualizes adolescent health in a multidimensional manner. It creates measures that cover a range of health indicators, health-related behaviors, emotional health and wellbeing of children and adolescents (Saab & Klinger, 2010).

The HSBC questionnaire consists of two sections- core and special foci (Currie, Gabhainn, Godeau, 2009). The core questions provide information on demographic factors (e.g., age and state of maturation), social background (e.g., family structure and socio-economic status), social context (e.g., family, peer culture, school environment), health outcomes (e.g., self-rated health, injuries, overweight and obesity), health behaviors (e.g., eating and dieting, physical activity and weight reduction behaviour), and risk behaviors (e.g., smoking, alcohol use, cannabis use, sexual behaviour, bullying). The special focus questions address the health-related aspects of school (e.g., school climate, school pressure, peer connectedness, teacher connectedness, emotional wellbeing, psychosomatic, bullying). Items of Subscales used in this study are presented in Appendix A.

The validity and reliability studies of the original versions of the HSBC showed that most items of the HBSC survey questionnaire had an acceptable reliability for the sedentary behaviour (Lubans et al., 2011) physical activity (Booth, Okely, Chey, & Bauman, 2001; Rangu, Holmen, Kurtze, Cuyper, & Midthjell, 2008), diet (Vereecken & Maes, 2003), overweight and obesity (Elgar, Roberts, Tudor-Smith, & Moore, 2005), school environment (Torsheim, Wold, & Samdal, 2000), and the family affluence (Boyce, Torsheim, Currie, & Zambon, 2006).

Likewise, validity and reliability scores of selective HBSC items have been assessed by a number of languages in recent years. Test-retest

reliability of 23 selected items in the HBSC questionnaire (physical activity, sedentary behaviour, sleep and substance use) suggest that most selected items have satisfactory test-retest reliability for the Chinese population (Liu et al., 2010). Similar findings were reported also for selected physical activity and sedentary behaviour HBSC items in the Czech Republic, Slovakia and Poland (Bobakova et al., 2015), and for 31 selected items in Norway (Torsheim, Wold, Samdal, & Haugland, 1997). For this study, the HBSC questionnaire had been translated, back translated and validated by a committee of experts in community health nursing in Jordan. Reliability scores for the Arabic HBSC questionnaire was reported in a previous study (Shaheen et al., 2014). Most subscales reported Cronbach's alpha  $\geq 0.70$ , yet, more test-retest studies should be conducted on the survey indicators for the Arabic HBSC to ensure all psychometric properties of all core questions.

### Statistical Analysis

Statistical analyses were performed using SPSS 19. Different items were clustered and calculated together to formulate total scores of the HBSC core variables: school climate, school pressure, peer connectedness, teacher connectedness, emotional wellbeing, psychosomatic symptoms, parent connectedness, bullying behaviour, and additional continuous variables. Emotional wellbeing was the principal dependent variable among different analytic procedures performed. Data were analyzed using Pearson Correlation and Stepwise regression.

### Ethics

The HBSC study received ethics approval via the University of Jordan Ethics Committee for Nursing School (The University of Jordan IRB number 2408-413) and the Research Ethical committee of Jordan Ministry of Education (IRB-13M/3209, date of approval June, 2014).

### Results

A total of 1166 adolescents from 12 schools completed the survey. The mean, standard deviation, and gender differences related with emotional wellbeing scores are presented in Table 1. All data represented the screened data with outliers removed.

#### Correlation between Variables and Reported Emotional Wellbeing

This section presents the relationships between adolescents' emotional wellbeing and study variables (see Table 2). Data were analyzed using Pearson correlation coefficient. Dummy variables were created for all categorical variables before performing the correlation analysis. Data revealed significant correlations between the students' emotional wellbeing and study variables at different levels ( $p \leq 0.01$  and  $p \leq 0.05$ ).

#### Predictors of Students' Emotional Wellbeing

Stepwise regression was used to identify predictors of emotional wellbeing among adolescents in Jordan's high schools. All factors found to have a significant relationship with adolescents' emotional wellbeing were entered in a stepwise regression analysis. The data were screened for multicollinearity; however, no extreme multicollinearities were found. Dummy variables were created for all categorical variables before performing the regression analysis. Analysis consisted of a16 iterations

**Table 1**  
Gender differences of emotional wellbeing at the HBSC Survey ( $N = 1166$ ).

Variables	Girls				Boys				P value
	Mean	SD	N	%	Mean	SD	N	%	
11–13 years	45.2	10.3	267	43.5%	44.1	9.7	306	55.4%	0.12
14–16 years	44.2	11.1	347	56.5%	41.5	12.4	246	44.6%	0.03*

\*  $P \leq 0.05$ .

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