

Investigation the Effect of Health Promoting Schools Plan on Health Indexes of High School Students in Amol City: Case Study: Drug Abuse Control and prevention of AIDS

Fereshteh Fani¹, Seyed Jamaledin Tabibi², Mahmood Reza Gohari³

¹. M.Sc., Department of Health Services Management, Science and Research Branch, Islamic Azad University (IAU), Tehran, Iran.

². Professor, Department of Health Services Management, Science and Research Branch, Islamic Azad University (IAU), Tehran, Iran.

³. Tehran University of Medical Sciences, Associate Professor, Department of Biostatistics
fani.fereshteh@gmail.com

Abstract: Any action in order to ensure physical, psychological and social behaviour students of the primary tasks of the Ministry of Education, which the Ministry of Health and Medical Education seems to be included in this responsibility. The purpose of this study, the effect of health promoting schools (HPS) on health indicators Amol City high school students in the academic year 2010-2011. Data gathered by the Ministry of Health questionnaire modified from the questionnaire on risk behaviors in high school students. Data on drug use and AIDS prevention project in high schools HPS students with non-host responses project using SPSS software and Mann Whitney Kolmogorov-Smirnov test was analyzed. Average consumption of drugs in the girls' high schools project HPS (1.02 and $P < 0.05$) than the average consumption in the non-project schools HPS was lower (1.10). Measurement of other components in the high school girls and boys Project with non-project ($\alpha = 0.05$ and $P < 0.05$) showed no significant difference.

[Fereshteh Fani, Seyed Jamaledin Tabibi, Mahmood Reza Gohari. **Investigation the Effect of Health Promoting Schools Plan on Health Indexes of High School Students in Amol City: Case Study: Drug Abuse Control and prevention of AIDS.** *Rep Opin* 2016;8(2):17-23]. ISSN 1553-9873 (print); ISSN 2375-7205 (online). <http://www.sciencepub.net/report>. 3. doi:[10.7537/marsroj08021603](https://doi.org/10.7537/marsroj08021603).

Keywords: Health Promoting Schools, Health Indicators, Drug Abuse and AIDS, Amol City AIDS

1. Introduction

Undoubtedly, providing health care for students is a key strategy in macro-planning of promotion for public health. Fortunately, the Constitution of Islamic Republic of Iran stated clearly that welfare and health care as a right for all people, the public health and welfare are the main duty of government. In a recent study, researchers try to investigate the effectiveness of school programs that promote health and prevent mental health of high school students with the evaluation criteria youth health risk behaviors estimate. This research has a purpose to increase students' health through health promoting school programs that continue as a basis for decision-making and in this regard, future programs establishment would be considered.

"Nowadays, investing on the health of adolescents and young people in learning environments is one of the most important health systems' interventions, so that this important program recommended as a comprehensive "health promoting schools program" (World Health Organization) " (Amirkhni, 2008, p. 1). In this research, it's tried to find the differences between health promoting school and non-health promoting school by comparing the health behaviors. "According to the Drug Control Headquarters, 25% of

addicts, addiction were starting out since starting school" (Website of Iran's Statistics Center, 2010).

"In Iran the growth of addiction is three times of population growth. Addiction growth is about 8% annually, while the country's population, approximately 2.6% growth (Website of Iran's Statistics Center, 2010).

"Implementation of life skills programs in schools, convenient and useful educational texts included in school curricula at different educational levels, adopting the necessary measures for at-risk students and students with drug release from the bondage of addiction, parent training to enable them to carry out fundamental and applied research, the use of student organizations and cultural software in the field of fight against drugs, and to encourage students to addiction counseling centers for failure trends, including measures of education addiction prevention programs in schools must be seriously criticized "(Website of Iran's Statistics Center, 2010).

Research Objectives:

1. Determine the effect of implementation HPS project on the health of boys and girls in high school students in Amol city about AIDS prevention in the academic year 2010-2011

- Determine the effect of implementation HPS project on the health of boys and girls in high school students in Amol city about drug use in the academic year 2010-2011

Research Questions:

- What was the difference among boys and girls in high school students about AIDS prevention in HPS promoter schools and non-HPS promoters' schools?
- What was the difference among boys and girls in high school students about drug use prevention in HPS promoter schools and non-HPS promoters' schools?

Research hypotheses:

- There is relationship between prevention of AIDS in male and female high school students with HPS projects.
- There is relationship between drug abuse of male and female in high school students with HPS projects.

Research scope:

In terms of the range of research topic about effectiveness of student health indicators was carried out for health promoting schools. Parameters examined in this study were considered the percentage of AIDS preventive behaviors and drug use.

Drugs:

Any substance or combination of several chemical substances that body doesn't needs for healthy survival of materials and their use is likely to change biological application and even biological structure (Shourmasti, Babaei, 2011, Page 119).

Importance of education in schools:

School health promoting is an investment for future generations "(Hawes, 2001, p. 12). All countries in regard to health, concerned to all the different groups in the community. Among these groups, students have the most importance. Because they are the future of society and of human resources constitute the community. The health of their fetus and concepts those are important to others. Therefore, in most developed countries and developing countries an extensive field for the immediate provision of health care to students and school health goals has been opened. One of the most important ways to promote the health of students, various educational projects based on their active participation in health activities. On the other hand, implementation school health objectives requires the involvement, participation and alignment home, school, health centers and community (Hawes, 2001, p Introduction).

Life skills and Students: "Education of life skills is a collection of psychological and social factors which

are associated with the health behavior. These skills include communication, decision making, analysis, adaptation and critical thinking skills that prepare children from childhood to adulthood to avoid from unhealthy behaviors "(Ramazankhani, 1998, p. 23).

Acquired Immunodeficiency Syndrome (AIDS)

"AIDS which was a main concern in some industrialized countries became a global issue. Dimensions the first case of AIDS was reported in the United States, many cases of this disease with the same clinical profile, immunological and epidemiological were reported in Europe "(Khalesi, Alikhani, 2003, p. 51).

This concern remains despite the difficulty of identifying many of the characteristics of the virus and ways to deal with it. The discovery and use of antiviral drugs as reduced the mortality and morbidity but health problems remained. But the high price of these drugs and the fact that most patients are not able to provide these drugs are highly effective use of it is overshadowed. On the other hand, after more than twenty years of identifying the problem and implementation of prevention programs, significant changes have already patterns of diseases in different parts of the world. These changes include a description of the role of gender in development, the role of sexuality in the development and transmission of virus is also the position of other conditions. In our country, during the late sixties and early seventies the majority of patients infected through blood transfusion and blood products were infected. But now, injecting addicted men composed more drug users among all addicts (Khalesi, Alikhani, 2003, p. 52).

Prevention of addictions (smoking and drugs)

"Drug addiction is one of the most important social economic and health problems which its consequences have a serious threat to human society in various fields which causing social stagnation. Also, destruction of the underlying falls many cultural and moral values and norms and thus make seriously endangers for public health" (Farsad, 2010, p. 11).

"Addict is someone who repeat a behaviour that can be caused by continuous use of a substance such as smoking, drug abuse or drug dependence to it is a job, so that you do not do it, cause a denial very disturbing symptoms for him "(Farsad, 2010, p. 12).

Harmful Use, Abuse:

"Drug abuse as defined by the World Health Organization until 1968 was hypotension constant or random drug use incompatible with accepted medical applications or unconnected with these things, but because of the ambiguity of the term, harmful use is taken. Harmful use defined as: drug use and

responsive mental model which could cause injury or mental body "(Khalesi, Alikhani, 2003, p. 23).

Addiction and Dependence to Drugs:

"definition of dependence: a mental and sometimes physical state resulting from uplift the living organism and a drug that is characterized by behavioral responses and other responses that always include a compulsion to take the medicine continuous or intermittent manner and to achieve effects physical, and sometimes to avoid the discomfort caused by its absence should be taken "(Khalesi, Alikhani, 2003, p. 23).

"In 1992, further clarification was provided for the definition of dependence: a set of physiologic and cognitive behavioral therapy with different intensity, in which the responsive substance finds the highest priority" (Khalesi, Alikhani, 2003, p. 24).

Research Background:

Amirkhani et al. (2008) in an applied research entitled "Assessing the health status of the students on the basis of health risk behaviors in the academic year 2006-2007" examined health indicators in students. The study population included all Iranian students in fifth grade and all middle and high school students that about 10,200 people nationwide sample size were chosen. In this study, cluster samples were selected and data collection was a questionnaire. The findings of this study indicate that 17.3% of students in one year or more four times have fights and clashes with each other, and 22 percent have been fighting in school and with friends. 87.7 percent of students never hold or carry cold weapons as knives, sticks, chains with themselves, but 11.3% of students from one day to six or more days during the months carry cold weapons. 62% of students have expressed that never bullied at school, but 37.5 percent of students were bullied once to several times a month. 69.6% of students were never attempted extortion in the school, but 30.5% of the students once or twice a month to several times a week have attempted extortion.

Riyahi et al. (2000) carried out a research entitled "Secondary school students' attitudes toward smoking in Ghaemshahr City". In this study, four hundred students in third year high schools were selected randomly which responded to questionnaire satisfactory. The results indicate negative attitudes 82.6 percent and a positive attitude toward smoking were 5.6% of students. Analysis indicates the fact that in general, students who were educated in the fields of science and humanities, fathers had lower education, lower belonged to social classes, parents and friends were smokers, the number of friends who smoke more than ten people, more than two years have been friends with them, and every day or at least two to

three times per week were associated with them, have a tendency to smoke more. The results showed that students' awareness of the effects of smoking on the ratio is low, which could be a factor in their attitudes towards smoking.

Zare et al. (2008) study titled "Prevalence of tobacco use and its relationship with perception of their health in middle and high school students Pakdasht and Damavand cities" did. In this descriptive-analytic study using a standard questionnaire of "health behavior in school-aged children" in middle and high school students in 2618 with a two-stage cluster sampling method were studied. Interviewees In addition to responding to smoking history and its current status, their feelings about their health so badly expressed in a higher range. Results showed that 26.1% of boys and 21.1 percent girls smoking in there (P=0.003). First Use in Boys was 12.3+2.69 years and girls 12.7+2.01 years. 13.3 percent of students in second year of guidance school and 13.7 percent of high school at the time of completing the questionnaire been smoking and daily intake of 3.4 and 2.2 percent respectively in the two periods, respectively. Students who were a smoker significantly in comparison with other health problems felt better. (P=0.0005)

The results Ranjbar et al. (2009) shown that "life skills training programs for high school students in the province," showed that students life skills training to increase social skills, citizenship, problem solving and communication skills of students is not effective, only decision-making skills training is effective in improving students' skills.

Yazdanpanah et al. (2009) have done study entitled "The impact of community-based educational programs to prevent drug abuse in reducing high-risk behaviors". In this study, using the model "approach to community health planning" rural health companion group city with participation of public representatives, researchers and health organizations, was formed. By interviewing older members of the household 10 years were questioned. The provision of the program was taught workshops and necessary follow-up was 6 months. After this period, was interviewed again. Data using SPSS software and descriptive statistics, chi-square and t-tests were analyzed. The results showed that the mean score factors and risk behaviors related to drug abuse prior to the implementation of educational programs 5.2+8.26 and after the educational program 25.2+2.3 (p=0.008). The mean score of mental health training program to 26.2+5.8 and after the training program to 26.4+5.7 increased (p<0.04). The rate of negative behaviors associated with substance abuse decreased after the implementation of educational programs and increased positive behavior.

Koochaki et al. (2010) have studied "The Impact of health promoting school program on some psychological characteristics of students in the academic year 2009-2010". In this study, 400 students in high school (in 4 groups (2 groups and two control groups) of sexes, male and female each adding 100 people), according to Morgan in the form of multi-stage stratified random sampling were selected. Data, collected through general health questionnaire, aggression, self-esteem, life satisfaction and happiness was. The results of this study indicated that the mean scores for general health, self-esteem, life satisfaction experimental group and the control group there was no statistically significant difference. But between academic performance comparison groups statistically significant difference was observed in the experimental group ($P=0.005$). The findings showed no effect of education on health-promoting school students participated in the project on mental health variables.

Ludwig and Warren (2009) investigate "social violence, protective factors associated with school and psychological consequences of urban youth" were examined. This study examines the relationship between two factors known to support recognition of a student from school to school, POS educator and psychological outcomes in a sample of urban youth faced with domestic violence. Participants from 175 high school students' ages 14 to 19 years were selected from a large urban school. The results showed that exposure to violent extroversion and introversion was associated directly with pressure. Moreover, recognition of school and teacher support was associated with increased hope and reducing psychological stress. Adolescents who had more knowledge of the school and had the support of more of the instructor showed that regardless of the level of violence was more hope.

Lowry et al (2009) in a study to "evaluate and compare the health risk behaviors among high school students Asian American and Pacific Islanders in the United States in the years 2001-2007". In this study, data were analyzed surveillance risky behaviors young people. Results showed that Asian American students significantly over the Pacific islanders' students had consumed alcohol and marijuana and significantly fewer suicide attempts were significantly more likely to carry weapons, engage in physical fights and violence, sexuality and sexual behavior less risky.

Hatzis Christos et al. (2010) during the research proved assessment of behavioral and health indices in the school three provinces plot. The aim of this study is to estimate the long-term effects on school health education programs during the intervening 10 years since the program was started. More than 1,000 first

grade students of each school were randomly selected for initial evaluation and periodic. They behavioral and biochemical parameters were measured, re-evaluation of this program in the third, sixth and tenth dimensions starting the program.

Results in ten years after the start of the program showed that the incidence of smoking in the experimental group compared to the control group was significantly lower. (In about 7%, 13% in the control group with $P < 0.005$). Shutter running test efficiency significantly in the experimental group compared to the control group. Reduce cholesterol levels and BMI significantly better in the study group and the control group ($P < 0.001$).

The study showed that improving health indicators and reducing risky behaviors among health education programs in schools is a result of management.

Methods:

Research sample: The population of first and second grade secondary school students in 75 classes were 2182 students in 10 high schools of the health promoting schools plan is implemented, according to the classification of images sampling was 250 sample of research the number of 112 female and 138 were male. In schools saw the proposal will not run in the same number were selected.

Validity and Reliability: In order to measure health care in students, Questionnaire evaluated this index based on health risk behaviors in the Ministry of Health, Treatment and Medical Education were used. On the basis of this questionnaire-based survey of health risk behaviors in youth schools are part of the survey questions about tobacco use and awareness of gender issues was prepared, after several fits and refills the same age groups and authentication form, in the city of IslamShahr in Tehran tested a group of 20 students and after modification of the forms, in the same group in a cluster, consisting of 120 students tested the research team was finally approved. In a recent study changes in the questionnaire according to the research objectives pamphlets on the basis of health promoting schools, a test reliability of the students were in a group of 30 people and with Cronbach's alpha coefficient and acceptable has been approved by internal consistency 0.8.

Analysis: This research is a case-control analytic environment in health-promoting schools and high schools Non-Executive Producer of the project with guidance from teachers and advisors and the distribution and questionnaires completed by high school students took first and second base. Hypotheses using appropriate statistical tests were analyzed.

Table 1. Distribution and percentage of subjects based on gender

Gender	Frequency		Percent
	Health promoting schools	Health non-promoting schools	
Male	138	138	55.2
Female	112	112	44.8
Total	500		100

As it's obvious in above Table, 55.2% are male and 44.8% are female.

Table 2. Descriptive statistics of health behaviors in Highschool Girl

Dimensions	Average		M.D	S.D.		p-value
	Health promoting schools	Health non-promoting schools		Health promoting schools	Health non-promoting schools	
drug abuse	1.02	1.09	0.07	0.10	0.37	0.004
AIDS prevention	2.17	2.02	0.15	0.542	0.77	0.362
Violent behavior	1.49	1.54	0.05	0.30	0.40	0.545
Smoking	1.14	1.25	0.11	0.58	0.68	0.021

As it's obvious in table 2, among 3 dimensions in girl's schools (violent behavior, smoking and taking drugs) that contain the same direction, ie, a lower score indicating desirability index and vice versa; after drug use from the perspective of health-promoting school girls Amol city has the lowest (best dimension) and later violent behavior highest (worst dimension). On the other hand, according to the average of these three dimensions of health-promoting schools and low and much lower than the average. AIDS prevention index with a higher score indicating desirability to the index and vice versa; an average of 17.2 times, which according to the average index in girls' schools, health promoters AIDS is moderate to low. In non-promoting

health schools (Table 2), among 3 dimensions violent behavior, smoking and taking drugs that have a lower score reflects the utility of the index and vice versa; after drug use from the perspective of female students in health-promoting schools Amol has the lowest (best later) and later violent behavior has the highest (worst later). On the other hand, according to the average of the three other girls in school health promoters and low and much lower than the average. AIDS prevention index with a higher score indicating desirability to the index and vice versa; due to the 2.04 times the mean average of the index of health-promoting schools, non-AIDS is moderate to low.

Table 3: Descriptive statistics of health behaviors in Boy's Highschools

Dimensions	Average		M.D	S.D.		p-value
	Health promoting schools	Health non-promoting schools		Health promoting schools	Health non-promoting schools	
drug abuse	1.17	1.18	0.07	0.61	0.74	0.004
AIDS prevention	2.39	2.34	0.15	0.54	0.63	0.362
Violent behavior	1.61	1.68	0.05	0.47	0.48	0.545
Smoking	1.58	1.84	0.11	0.98	1.29	0.021

As shown in Table 3, in Health promoting schools, between 3 dimensions violent behavior, smoking and consumption of drugs have a lower score reflects the utility of the index and vice versa; Dimension drug abuse promotes health perspective School Boys Amol lowest (best dimension) and very low level of violence

and the highest (worst dimension). On the other hand, according to the average of the three boys in schools that promote health and low and much lower than the average. AIDS prevention index with a higher score indicating desirability to the index and vice versa has averaged 2.39 with regard to the average index in

boys' schools health promoters AIDS is moderate to low.

In Health non-promoting schools (Table 3), between 3 dimensions violent behavior, smoking and consumption of drug with a lower score indicating desirability to the index and vice versa; dimension drug abuse from the perspective of male students in health-promoting schools Amol city has the lowest (best dimension) and then smoking the highest average (worst dimension). On the other hand, according to the average of the three other boys in schools that promotes health and is less than the average and low. Index AIDS prevention, with one direction, ie a higher score indicating desirability index and vice versa, has averaged 2.34 with regard to the average in schoolboys non promotes health indicator AIDS prevention in middle range is low.

First hypothesis:

AIDS prevention among health promoter and non-health promoter schools in male students were significantly different. To test this hypothesis Mann-Whitney test (mean difference between the two groups rank test) is to assume that the results of the above table.

As it's obvious in table 3, due to the significant level of $P=0.05$, the disease dimensions AIDS prevention among promoters and non-promoters male students showed no significant difference. As a result, the research hypothesis was rejected. Although the promoters of male students have higher average rating in the prevention of HIV disease than male students were non-promoters, but the difference was not statistically significant.

Second hypothesis:

AIDS prevention among health promoter and non-health promoter schools in female students were significantly different. As seen in the table 2, according to the $p<0.05$ The significance level in terms of disease prevention promoters and non-promoters AIDS among school students there was no significant difference in outcome research hypothesis was rejected. However, promoters have average school students better at preventing HIV disease compared to non-promoters were school students, but the difference was not statistically significant.

Third hypothesis:

Substance abuse between health promoter and non-health promoter schools in male students were significantly different. As seen in table 3, according to the $p<0.05$. The significance level of drug abuse among students in dimensions-school boys' promoters and non-promoters showed no significant difference. As a result, the research hypothesis was rejected. Although male students promotes a drug on average

less than male students were non-promoters, but the difference was not statistically significant.

Fourth hypothesis:

Substance abuse between health promoter and non-health promoter schools in female students were significantly different. As seen in the table 2, according to the $P<0.05$, in terms of drug use among school students promoters and non-promoters were significant differences in outcome research hypothesis was confirmed. In other words promoting girls' schools mean less drug abuse than female students were promoting schools; the difference was statistically significant. The health promoter schools have more successful in controlling drug use.

Discussion:

To determine the effect of HPS on AIDS prevention projects in high school students, boys and girls were analyzed separately. According to $p=0.35$ in male high school and the $p=0.362$, in girls' high level of health promoting schools in high school no significant meaning were observed, so plan on AIDS prevention was not effective.

The aim of research was to determine the effectiveness of the implementation of the third and fourth HPS on drug use in high school students that are separate male and female students was investigated. In boys' schools, given that the average drug (1.17) at the host school and HPS (1.18) non-enforcement in schools HPS and $p=0.532$ the drug dimensions male students and other health promoting schools no significant level health promoters. The average drug Girls High School (1.02) project in schools HPS and (1.10) in the non-project schools HPS and $p=0.004$ no significant difference was observed. School students in drug enforcement HPS has average less than HPS school students were non-enforcement. The results of recent research results and Taremian in 2008 as the effectiveness of life skills training programs in preventing substance use among school students, boys in high school, but in high school for girls in line is inconsistent. Yazdanpanah et al. in a study in 2009 as a result of community-based educational programs to prevent drug abuse were reported to reduce high-risk behaviors, prevalence of many negative behaviors associated with substance abuse reduction education and positive behavior increased after the program. It is observed that aligned with our results in the girls' high school. So by observing the findings of the study concluded that the implementation of health promoting schools about drug abuse has been effective in high school for girls. But in control of HIV and AIDS preventive behaviors in high school for girls and boys and in the context of drug abuse in the boys' high school different from

high school that are health promoting schools plan had not run.

Conclusion:

Any action in order to ensure physical, psychological and social conditions in students are the main tasks of the Ministry of Education, which must be implemented by Ministry of Health, Treatment and Medical Education and other relevant bodies that will lead to realization. Iran's drug addiction growth is three times rather than population growth. Addiction growth is about 8% annually, while the country's population grows 2.6% approximately. Investing in the health of adolescents and young people in learning atmosphere as one of the most important interventions has been health systems and so this important program recommended into a comprehensive "health promoting schools" (World Health Organization).

References:

1. Amirkhani, M. A., Ziaaldin, H., Dashti, M., et al. (2008). Health promoting schools in the Islamic Republic of Iran, printing, Tehran: Ministry of Health Publication.
2. Amirkhani, M. A., Motlagh, M.A., Sedaghat, M., Namazi, R. et al. (2007). Health status and health risk behaviors of students based on academic year 86-85. Ministry of Health and Medical Education, department of health, youth and schools, Isfahan University of Medical Sciences, pp 87-107.
3. Tavakolizadeh, J., Ghahramani, M. et al. (2002). "The mental health status of youth smokers and non-smokers Gonabad" Journal of Knowledge Horizon, 9 (1), pp 1-9.
4. Hajian Motlagh, N., Farshi, S., Abdollahi, A. et al. (2003). Knowledge and attitudes of high school students in the city Savojbolagh AIDS. Iran University of Medical Sciences, 11 (41), pp393-401.
5. Riahi, M.A., Alivardinia, A., and Soleimani, M. (2008). Secondary school students Ghaemshahr attitude toward smoking. Iranian Journal of Epidemiology, 5 (3), PP 44-54.
6. Ranjbar, Kh., Ebrahimi, B., and Hasanzadeh, H. (2009). The effect of life skills training programs in first year high school students in the province. Journal of Kurdistan University of Medical Sciences, 5 (2), 55-59.
7. Zare, M., Ramazankhani, A. et al. (2008). Prevalence of tobacco use and its relationship with perception of their health in middle and high school students Pakdasht and Damavand cities. Medical Science Journal of Islamic Azad University, 19 (2), 111-114.
8. World Health Organization (1377). Health promoting schools (New horizons in health schools), Translator: Ramazankhani, publications, health departments Babol University of Medical Sciences & Health Services.
9. Taremian, F. and Mehryar, A. (2008). Effectiveness of Life Skills Training Program for prevention of drug use in middle school students. House of Zanjan University of Medical Sciences, 16 (65), 77-87.
10. Alikhani, S. and Khalesi, A. (2003). Health promoting schools, especially high school students, the Department of Education Office of Research and Development, Printing, Sari Amir Kabir Publications.
11. Farsad, H; Shokrollahi, M. et al.. (2010). Prevention of addictions (drugs and smoking). Tehran: Ministry of Health and Medical Education.
12. Koocahki, Gh., et al., (2010). Examine the effects of health promoting schools on some psychological characteristics of students, Knowledge & Health, 5 (4), 14-19.
13. Hawz, H., child to child Institute in cooperation with UNICEF (2001). Health promotion in schools, Translators: Saeidinejad, M. and Kavehzadeh, F. et al., first edition, Tehran: the Ministry of Health.
14. Yazdanpanah, B., Safari, M. et al. (2010). Effect of community-based training program for prevention of drug abuse in reducing high-risk behaviors. University of Medical Sciences and Health Services Yazd, 18 (3), 191-198.
15. Hatzis,Christos; Papandreu , Christopher ; Kafatos,Anthony (2010). School Health Education Programs in Crete: Evaluation of Behavioural and Health Indices a Decade dimensions Initiation. Preventive Medicine 51, October4, 2010, from www. ScienceDirect. Com.
16. karcher,Michael.(2004)The Effects of Developmental Mentoring and High School Mentor's Attendance on their Younger Mentee's Self-esteem,Social Skills , and Connectedness.PSYohology in the Scools, 42, 65-77.
17. Ludwig, kristy, warren, Jared.(2009)Community Violence, School-Related Protective Factors, and Psychosocial Outcomes in Urban Youth. Prespectives inPsychiatricCare, 2009, 46, 1061-1073.
18. Lowry, R; Eaton, Dk; Brener, ND; Kann, L. (2009). Prevalenceof Health-Risk Behaviors Among Asian American and Pacific Islander High School Students in the US, 2001-2007. Public Health Rep, 126(1), 39-49.

3/29/2016