

Attitudes of physical and sports education students towards healthy behavior A field study of the middle schools of M'sila city

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ملخص الدراسة:

هدفت هذه الدراسة إلى استكشاف الاتجاه نحو السلوك الصحي لدى عينة من التلاميذ الممارسين للتربية البدنية و الرياضية بمتوسطات مدينة المسيلة، و كذا التعرف على الفروقات في الاتجاهات التلاميذ الممارسين للتربية البدنية و الرياضية نحو السلوك الصحي حسب متغيرات الجنس و المستوى التعليمي و طبيعة الممارسة. و قد اشتملت عينة الدراسة على 179 تلميذ، اختيروا بطريقة عشوائية طبقية تناسبية من مجموع 1786 من المجتمع الدراسة أي بنسبة 10%.

انتهج الباحث المنهج الوصفي التحليلي، و استعان بأداة المقياس الخاص باتجاهات التلاميذ الممارسين للتربية البدنية و الرياضية نحو السلوك الصحي المعدل من طرف الباحث، حيث شمل على 03 محاور و 40 عبارة. تم تطبيق الأساليب الإحصائية حسب طبيعة الدراسة باستخدام برنامج spss.18. استنتج الباحث أن للتلاميذ الممارسين للتربية البدنية و الرياضية اتجاهات إيجابية نحو السلوك الصحي، و أنه توجد فروقات ذات دلالة إحصائية حسب متغير المستوى التعليمي، و لا توجد فروقات ذات دلالة إحصائية حسب متغيري الجنس و طبيعة الممارسة. و عليه يوصي الباحث بضرورة الاهتمام بالصحة الشخصية حيث أنها تقى الفرد من الأمراض و الحرص على الاستحمام بعد الممارسة التطبيقية للحصص الرياضية و أخذ قسط كافي من النوم و الراحة و الاهتمام بنظافة الجسم بصفه عامة.

Summary of the study:

This study aimed at exploring the trend toward healthy behavior among a sample of pupils practitioners of physical education and sports in middle schools of M'sila City, and as well as to identify the differences in attitudes of pupils practitioners of physical education and sports towards healthy behavior according to variables of sex, educational level and the nature of the practice. In effect, the study took samples including 179 school children, who were chosen at random stratified proportional of the total in 1786 from the community study, or 10%.

When conducting the work, the researcher followed descriptive and analytical approach, and made use of the special tool scale directions by pupils, practitioners of physical education and sports around the rate of healthy behavior modified by researcher, which included 03 axes and 40 statements, and the application of statistical methods depending on the nature of the study using spss.18 program. At the end, researcher concluded that pupils practitioners of physical education and sports trend toward positive health behavior, and that there are statistically significant differences by level of education variable, and there are no statistically significant differences

according to the variables of sex and the nature of the practice. On that basis, the researcher recommends the need for paying more attention to personal health as it prevents diseases and he recommends to shower after practice and to take enough sleep, rest, along with paying attention to hygiene.

Introduction:

All praise to Allah that made our burden to take care of our children, as Allah said: { O you who have believed, protect yourselves and your families from a Fire } (sura AL-Tahrim, 6) and as his prophet PBUH asserted saying: {Take from your health to your illness and from your life to your death } .(Al-bukhari,1992,219) .And also, he said:{ Ask Allah for forgiveness and wellness}.(Tirmidhi, 1994,327). And peace be upon all his comrades and followers and who follow them to the doom day. Human recognized earlier the importance of having healthy behaviors to get a suitable and healthy life. These behaviors could be summed up in consuming healthy food, getting early sleep, practicing sport and physical activities. The studies almost assert the truthfulness of the theory that links the healthy behaviors and the incurable diseases as doctors confirmed. (Muftah Mohamed Abdel Aziz,2010,60). Our religion within the same stream supported that and considered it as a bless as Allah said: { And if you should count the favors of Allah, you could not enumerate them } (Sura An-Nahl,18) it is one of the greatest blessings to be healthy in body and mind.

The Prophet (PBUH) said {Two graces are deceived by many people, health and emptiness}. (Sahih Bukhari,6412). So health as our religion says is a crown on the heads of the healthy ones that is seen only by patients. That is why we should protect and keep it as our Prophet said {Allah has the right to every Muslim to wash in every seven days}. (Al-bukhari, 898).

The pupils' psychological orientations are among the basics of adopting healthy behavior. It is necessary to take in consideration the pupils desired orientations, since they have a huge impact on their study and sport. The orientation enhances desired pedagogical purposes and encourages pupils for more practice and involvement in societal life that prefer group work and cooperating. (Lamia Hassan Mohammed Ahmed Diwan, www.iraqacad.org).

Keywords: direction, Adolescence, Physical education and sports, Healthy behavior.

Problematic:

The healthy habits case is becoming more important due to the physical and psychological side. This led to major shifts in the last three decades in the 21st century. The understanding of the relationship between habit and health and their impact on the individual is enhancing toward making a study and grasping the unhealthy practices. Moreover, the orientations toward healthy habits have to be the first step in finding solution to get health progressed. The study aims to indicate the reasons and the negative orientations to treat and modified it. As a result, healthy growth and protecting plans would be achieved as World Health Organization (WHO) claims. **(Samer Jamil Radwan, Conrad Rischke, 1, 2001).**

Healthy habit is aiming at establishing a healthy protective policy to end some diseases that result from drinking or smoking, and the misuse of healthy habits could accelerate the injury with such diseases. **(Bahlol Sarah Ashwaq,2008,8).** Accordingly, measuring the healthy habit orientation helps to expect the individual’s healthy behavior approximately due the precision of the adopted method.

School is the cornerstone of building societies. It focuses on modeling young teenagers on acquiring the correct learning. It also cares about the pupils’ daily physical activity. The latter requires a healthy body to avoid any complex that may hurts the pupil’s character; consequently, ceasing his ability to develop himself in the different fields of life.

During his cooperating and supervising to practitioners, the researcher observed through asking several relevant questions that some of his pupils are following healthy attitude. The practitioner’s oral behavior and his performance in the physical activity were the main parameters that the researcher depended on. Yet, the individuals ‘behaviors were not static and differing from one to another, consequently, the researcher imposes the general problematic question:

What are the practitioners’ healthy attitudes orientations, and are there any statistic differences caused by demographic variables?

Sub-questions:

- 1-Is there a statistic difference in physical practitioner health habit orientation caused by sex of the pupil?
- 2-Is there a statistic difference in physical practitioner health habit orientation caused by the educational of the pupil?

3-Is there a statistic difference in physical practitioner health habit orientation caused by the nature of the practiced sport?

Research Hypotheses:

General hypothesis:

School sport practitioners healthy habits orientations are positive and there are statistic differences based on demographic variables.

Sub-hypotheses:

1-There is a statistic difference in physical practitioner health habit orientation caused by sex of the pupil.

2-There is a statistic difference in physical practitioner health habit orientation caused by the educational level of the pupils.

3-There is a statistic difference in physical practitioner health habit orientation caused by nature of the practiced sport.

Aims of Study:

The study aims at: firstly exploring the orientation toward healthy habit of a sample of middle

school teenagers in M'sila, secondly recognizing the differences according to the variables of sex, educational level and the nature of the activity, and moreover, it endeavors at making a questionnaire that fit our societal constraints.

Importance of study:

This study came as a reaction to lack of similar studies within the same scope that are done in Algeria or the Arabic world. To begin with, it tries to highlight the necessity to such topic and its role in enhancing our pupils physical and psychological health, and also, reducing the social and economic burdens. Furthermore it endeavors at placing the attention of the specialists and the teachers of this subject to the importance of such topic in ameliorating the performance of the pupils and practitioners of the physical activity.

Terms:

Psychological orientations: a state of mind readiness which results a dynamic influence that help the individual to make decisions whether by adopting or refusing in problems and attitudes. (Ahmed Hussein Al-Laqani,07,1998).

Adolescence: The phase of the physical, psychological sexual shift toward growth. (Abdul Rahman Al Esawi,1987,124)

Physical and sport activity: A set of experts that enable the individual to understand new experts. (Ali al-Bashir al-Fandi and all,1983,14).

Healthy behavior: A behavior that individuals do to protect and develop their health. (Taylor.2003)

Review of Literature:

Arabic and Local Studies:

The health behavior is an important topic for the Arabian school. As follow, I would represent the Algerian, Arabian and foreign studies:

The study of Ahmed Mohamed Abdel Salam, (1995) “ the healthy behavior and its relationship with the primary school teenagers’ orientation toward sportive activity, unpublished Magister dissertation, sport college, Assiot University, Egypt.

The study aimed at recognizing the healthy behavior and its relationship with the primary school teenagers’ orientation toward sportive activity. The sample has been selected among the primary school teenagers from all the educational sections in Assiot (8 sections). The sample’s number was 889 pupils. The researcher adopted the descriptive approach (exchangeable relations) since it fit. The findings proved that there are relationships between the healthy behavior and the orientation toward the sport for the primary teenagers. It also, asserts that there are psychological differences between the urban and the rural pupils.

The Study of Samer Jamil Radwan, Conrad Rishka,(2001) “ the healthy behavior and the orientations toward heath”, a comparative study between Syrian and German students.

the study aimed at analyzing the healthy behavior and the healthy orientations of students via an intercultural scope so as to find intercultural differences between the two samples. The researcher used the questionnaire of the healthy behavior (Stephoe, 1991) which measures specific aspects of the healthy behavior and the orientations toward it. The sample included 300 examined, 201 females (67%) and 99 male (33%). He used the statistical analysis to the findings that examines the differences between the averages of males and females. Using statistic “t”, calculating the link, differences, behavior and orientation was done by “K” square test CHI2. The study shows some positive characteristics for the Syrian sample like eating fruits, sleeping enough cleaning teeth and other unhealthy ones like lack of periodical visits to the doctor and chest examination.

The study of Ramadan Zaout, (2005) “ the relationship of the orientation toward the healthy behavior with some psychological and social variables

among the incurable patients “ a magister dissertation, Ourgla University, Algeria.

The study aimed at exploring the orientation toward the healthy behavior for some incurable patients in Ourgla city and its relationship with some psychological and social variables such: social support, self-qualification and religion. The researcher hypothesized that a part of the sample’s healthy behavior might be negative and might differ according to demographic, social reasons as well as age, social and economic class in addition to the nature of disease and its period. The sample included 267 incurable patients. 148 of them suffered diabetes and 128 suffered blood pressure. The research has been applied by individual interview and the finding were analyzed by SPSS.12.0. Four parameters were adopted; one of them was a questionnaire of healthy behavior (Steptoe) as a credibility examiner to assure the psychometric characteristics. Zimet’s conscious social support parameter has been also applied as well as the self-qualification parameter of Schwarzer, in addition to Mohamed Mahdi’s religious parameter. It had been assured that all procedures were correctly implemented on the fifty patients. The findings showed that 54% of patients had a negative healthy behavior orientation as well as for the blood pressure patients comparing to the diabetes patient especially the aged illiterate females.

The study of Mazen Abdel Hadi Ahmed and all,(2008) “ the healthy behavior and its orientations among athletes, sport sciences magazine, number 7, Iraq.

It aimed at recognizing the healthy behavior and its orientations among the athletes so as the trainers would diagnose the healthy situation of the athlete before starting the drillings. The arbitrarily chosen sample was 140 player (47,6%) of the research community. Ten players were chosen from each team to make a sort of balance. The researchers used a lot of questionnaires to get the following findings: a high percentage of smokers, a decreasing percentage of drug or alcohol consumers, a high percentage of athletes who consume energized drugs, decreasing percentage of those keep themselves disciplined and committed the positive and right eating, and a majority of the sample’s players were neglecting the right eating habits.

Foreign Studies:

The study of (Rodolfo, 1984):

It aimed at predicting the protective healthy behavior depending the the healthy center with or without some social and psychological variables. The sample included 71 psychology college students and the values were measured

by Wallston’s questionnaire which includes 9 values from the Rokeach list. The healthy center system has been measured by a questionnaire of 11 statement that can differentiate between those who consider themselves responsible for their healthy situation and those who claim that external elements are the cause. The action behavior was used as an external credibility parameter. The family friends healthy behavior were measured too and the findings asserted the relationship of the inner system center of healthy behavior and relation between the environment (family- friends) and the healthy behavior (Rodolfo, 1984).

The study of (Wardle, et al, 1997):

It examined the behavior of the healthy diet of the European students using health- behavior survey on a sample of more than 16000 female and male students from 21 European countries. Their ages are (19-29) with an average of (21, 3) years old. The study showed a decrease in practicing healthy habits. The single links for the healthy diets showed the relationship between the healthy behavior and gender, weight, social status, diet principles, nutrition knowledge and locus of control. In the Multi-variables analysis, gender, healthy status, nutrition principles linked to the practicing of nutritious healthy habits.

Research Methodology and in- Field Procedures

Survey:

The survey sample was chosen from Mai Ziadah middle school in Msila. I made an in-field visit to the school to make primary investigation to know the number of the sample and how much is it suitable to the study. Questionnaires were handed to the 8 pupils of the sample with 2 for each class to see if there would hardship in understanding the questions.

Approach: descriptive analytical approach was adopted.

Community and sample of the study:

The study community consists of sport practitioner pupils that are 1786 chosen from 3 middle schools with the same characteristics and geographical areas among Msila ‘s total middle schools 24.

Table (1): represents the community of study according the gender and educational level variables.

Level	Gender		Total and percentage	
	Males	females		
Year four	262	248	510	28,55%
Year three	206	190	396	22,17%
Year two	210	215	425	23,79%
Year one	248	207	455	25,47%
Total	926	860	1786	100%

Sample of the study and way of selecting it: The sample was chosen by Random stratified proportional way and it consists of 179 pupils i e 10 %.

Characteristics of the sample

Table (2): represents the informants of the study according to the gender and educational level variables.

Level	Gender		Total and percentage	
	Males	females		
Year four	26	25	51	28,5%
Year three	20	20	40	22,3%
Year two	21	22	43	23,5%
Year one	23	22	46	25,7%
Total	90	89	179	100%

Analyzing table (2): According the results of table two, it is found that the highest percentage is 28,05% among the total of the sample’s informants of fourth year and it is close with the other years.

Table (3): represents the sample’s informants according to the practiced sport variable:

The practiced sport nature	Total and percentage	
In class activity	103	57,5 %
In class/ out class activity	26	14,5%
External In class/ out class activity	12	6,7%
In class activity and external activity	38	21,2%
Total	179	100%

Analyzing table (3): according to the result, the major number of the practiced sport was in behalf of in class activity category with 103pupils (57,5%) , followed by in class and external activities category with 38 pupil (21,2%) then, in class and out class activity with 26 pupil(14,5 %). Finally, comes the category of the three activities practiced with 12 pupil i e 6,7 %.

Study tool:

Describing (health behavior parameter):

Health behavior parameter of (Steptoe) was applied as a credibility test for assuring the psychometric characteristics of orientation.

This parameter consists of two parts. The first one is devoted to measure the healthy behavior and the second to the orientations to it. It has been used for the first time by a financial fond from the European Group Committee. The parameter has specific aspects of health behavior and the orientations toward it. It has been established to get exact data from college and sport student. In 1997, the first Arabian copy was made based on the German one. Some clauses that don’t fit the Arabian cultural heritage were eliminated such as: attending night clubs, friendship with the other sex, having sex, sleeping in multi- sexual

rooms, masturbating ... etc. The parameter in his Arabian version contains the following sections:

Part One: healthy behavior parameter and its clauses:

Smoking and alcohol consuming

Positive healthy habits: body statue, period of sleeping, protecting from the sun rays and cleaning teeth.

Eating food habits: eating meat, fruits, salt, fibrous food, avoiding cholesterol and fatty food, numbers of sub meals consumed and disciplined breakfast.

Driving behavior: using seat belt, respecting the allowed speed, driving under alcohol affection.

Following healthy and protective procedures: regular visit to doctors and dentists, regular blood

pressure measuring, and other tests.

Part Two: orientation toward healthy behavior parameter and indicators: numerous models that explain the relationship between orientations and healthy behavior had been developed. The parameter composed from simple statements that fit many healthy orientations and clarify its importance. The way the first part clauses were built depended on multi-option questions using the (Thurston) and some with (Likert) while others (true/false). (**Samer Jamil Radwan, Conrad Ryschke, 2001, 42, 73**). The second part clauses used the (Likert) way, in which the question is followed by answers that indicate degrees of importance (from 1 to 10) where 1 is the top. The researcher used a parameter to continue the research procedures such as:

Modifying the orientation toward the healthy behavior to fit our environment suggesting— under the tutor supervision- omitting some clauses like (sleeping with the other sex, driving behavior, having sex... etc.) because of our social constraints that forbid such topics. The modifications had been approved by the jury of experts.

The study variables were chosen on the light of the previous studies in addition to the concentration of the majority of the explaining models (**Maisonneuve, 2000**).

Assertion and Credibility of the tool:

Assertion: the researcher depended in extracting the Coefficient of assertion by testing and retesting. After applying the parameter, we calculated Pearson coefficient for the total parameter (0,87) and that was an enough proof that the orientation toward the healthy behavior has a high Coefficient assertion. Appendix (5) , alpha = 0,81.

Credibility:

Judges Credibility:

The primary picture of the parameter was showed to a board of judges who are specialist teachers. They were requested to judge the parameter in the following sides: the statement belonging to the clause, appropriate clauses to the parameter, mentioning any necessary modification.

Self- credibility (Self-honesty coefficient = Square root of the stability coefficient)

so self- credibility = 0,93

Procedures of In-field practice:

Being done with the theoretical part which assisted to have a general overview about the study topic, the following procedures were done:

Preparing a questionnaire. Selecting a sample and applying the tool on checking its (tool) assertion and credibility. In the next phase the questionnaire was published and handed to the original sample to be answered, gathered and analyzed by SPSS. 18.

Settings of the study:

Time: from December to March 2014.

Place: three middle schools in M’sila.

Statistics:

The data were collected, coded, and sent to the computer to be calculated by SPSS.18 with (t. test) to study the differences, averages, criterion deviation, percentages , models and one way ANOVA.

Representing and analyzing the general Hypothesis: practitioners healthy behavior orientations are positive.

Table (4): clarifies Arithmetic mean, standard deviation, Loom and Mediator in pupils’ orientations toward healthy behavior.

Clauses	Orientation toward healthy food	Orientation toward medic instructions	Orientation toward general healthy behavior	Total parameter
Arithmetic mean	45,31	42,22	61,28	149,01
standard deviation	7,16	6,87	6,57	15,9
Mode	47	41	62	154
Mediator	46	43	62	151

According to the table it is observed that the calculating average of the Orientation toward healthy food clause is 45,31 which is more than the

hypothetical one which is 32,5. Also, it is observed that calculating average of Orientation toward medic instructions clause is 42,22 which is more than hypothetical one 30. While, Orientation toward general healthy behavior clause is 61,28 and is more than the estimated average 37, 5. In the same, the average of Total parameter 149,01 is more than the estimated which is 100 concluding that pupils' orientations were so positive.

Representing and analyzing the first Hypothesis: There is a statistic difference in physical practitioner health habit orientation caused by sex of the pupil.

Table (5) represents the results of comparison of the pupils' orientation according to the sex (gender) variable.

clauses	Arithmetic mean		standard deviation		Value of calculated T	Value T of the table	degree of liberty	Significance
	Male	Female	male	Female				
Orientation toward healthy food	46,52	44,08	6,89	7,26	2,30	1,64	177	Significant
Orientation toward medic instructions	41,87	42,58	7,65	6	-0,69			None
Orientation toward general healthy behavior	60,90	61,67	6,60	6,54	-0,78			None
Total parameter	149,4	148,5	16	15,8	0,38			None

It is observed through table 5 that calculated T 0,38 is less than the T of the table which is 1, 64 so there are no statistic differences in pupils orientations according to the sex variable. It is also observed some differences between males and females in orientation toward healthy food because the calculated T 2,30 is more than the t of the table. meanwhile, there are no differences in the rest orientations because of the T values.

Representing and analyzing the second Hypothesis: There is a statistic difference in physical practitioner health habit orientation caused by educational level of the pupil.

Table (6) represents the results of comparison (ANOVA) of the pupils' orientations according to their level of education.

clauses	Nature of comparison	Freedom degree	Value of calculated F	Value F of the table	moral	significance
Orientation toward healthy food	Inter-groups	3	5,66	2,66	0,001	Significant
	In groups	175				
	Total	178				
Orientation toward medic instructions	Inter- g	3	1,66		0,17	None
	In groups	175				
	Total	178				
Orientation toward general healthy behavior	Inter-	3	0,78		0,5	None
	In groups	175				
	Total	178				
Total parameter	Inter- g	3	2,67	0,049	Significant	
	In groups	175				
	Total	178				

It is observed through the table that the calculated F (5,66) in the orientation toward healthy food clause is more than the F of the table 2,66 resulting that there are differences based on that variable. In the clause of medic instructions the calculated F 1,66 is more than F of the table which means that there no differences caused by the variable. In the clause of General healthy behavior the F values show that there are no differences based on the variable of educational level. Concerning the orientation toward healthy food behavior the calculated F 2,67 is more than the F of the table concluding that there are differences caused by our variable.

Representing and analyzing the third Hypothesis: There is a statistic difference in physical practitioner health habit orientation caused by nature of the practiced sport of the pupil. Table (7) represents the comparison results (ANOVA) for pupils' orientation toward healthy behavior caused by the nature of the practiced sport.

Clauses	Nature of comparison	Freedom degree	Value of calculated F	Value F of the table	moral	significance
Orientation toward	Inter-groups	3	4,81		0,003	Significant
	In groups	175				

healthy food	Total	178		2,66		
Orientation toward medication instructions	Inter-groups	3	1,23		0,3	None
	In groups	175				
	Total	178				
Orientation toward general healthy behavior	Inter-groups	3	0,19		0,89	None
	In groups	175				
	Total	178				
Total parameter	Inter- g	3	2,43		0,066	Significant
	In groups	175				
	Total	178				

It is observed through the table that the calculated F (4,81) in the orientation toward healthy food clause is more than the F of the table 2,66 resulting that there are differences based on the practiced sport nature. In the clause of medication instructions the calculated F 1,66 is less than F of the table 2,66 which means that there no differences caused by the variable. In the clause of General healthy behavior the F values show that there are no differences based on the variable of educational level.

Assessing the Results in the Light of Hypotheses:

General Hypothesis:

Practitioners orientations toward healthy behavior are positive.

The study explores via table 4 that pupils orientations were too positive. This was assured by the Theory of Cognitive Social in the side of the conceptions and variables where in the clause of (predicting the result) the individual is trying an act behaviorally to increase the positive result or to reduce the negative one.

First Hypothesis:

There is a significant statistic difference based on the variable of sex. This study via table 5 results shows that orientation toward healthy food contains some significant statistic differences among males and females, while there are none in the other chapter agreeing the results of **(Ghalmi Adela,2011)** study.

The study of **(Radwan and Rishka)** which concerned two samples of German and Syrian students and their orientations via intercultural angle showed that are differences in the behalf of females concerning them more oriented toward the behavior than males with less healthy problems comparing to the German females where it was the reverse for males.

Within the same conclusions in the study of **(Courtenay and Waldron and Goldberg)** and **(Boshra Ismail Ahmed Arnaout,2005)** where the same results were found, yet , not the same come with my study perhaps due to the social context of behavior and the environmental heritage beside the religious and traditional backgrounds.

The absence of differences between males and females is due to their approximate percentages, social and economic classes. Thus, the first Hypothesis didn't achieved leaving the place to the Zero hypothesis.

Second Hypothesis: there is a significant statistic difference in the pupils orientations toward healthy behavior based on the educational level variable. Through tables 6 results, there are differences in the clause of healthy food and none in the clauses of medic instructions and general healthy behavior.

This went in the same stream with the studies of **Lantz 2001, Lynch 's, MacLeod's** and **Wisconsin's** that concern the health relationship with the individual income, educational level and family statue.

The study of **(Nalwa and Anand, 2003)** explored the differences among students so it asserted that the second hypothesis is right.

Third Hypothesis:

There is a significant statistic difference among students due to the nature of the practiced sport. Results of table (7) clarified that the clause of healthy food witnessed the difference while it was negative in the rest clauses. Some studies showed the opposite like **(Taggart and Connor, 1995)** which explores the relationship between practicing sport habits and Rickets. There was a positive relation between age and level of knowledge. To discover the relation between healthy behavior and age, **Keller and Partners 1985**, studied the healthy behavior yet the results were controversial and non-significant and the researchers justified that the topic is multi- dimensioned.

The study of **(Zine El Abidine Ahmed Mohamed)** and **(Khaled Youssef Yacoub,2007)** concluded that there was a lack of using protecting tools during training and absence of medic sessions and tests, in addition to limits in the consumed food in term of quality and quantity. Getting engaged in games before total cure and disrespecting early sleep were also main causes.

It could be said that there were no previous studies that dealt with the variable of the practiced sport nature. Consequently, the hypothesis didn't achieved yet the zero one did.

General Results:

This study came to examine the pupils' orientation toward healthy behavior. For that a questionnaire has been prepared and a sample has been scientifically chosen. The results were discussed and compared to previous ones. The researcher aimed to clarify the purpose of the study and fulfill the wanted results. Methodological steps were followed like presenting the collected data and discussing it within the scope of the variable respecting the theoretical heritage. According to the found results, it becomes clear that: Making a survey for the given topic that fits the social, religious and traditional background of the environment is a good step in encouraging scientific research.

There is no statistic difference in physical practitioner health habit orientation caused by sex of the pupil. There a statistic difference in physical practitioner health habit orientation caused by the educational level of the pupil. There is no statistic difference in physical practitioner health habit orientation caused by nature of the practiced sport.

Conclusion:

In short, he research can contribute a new vision to the field of sport by getting a good knowledge of the needs of the pupils and their orientations toward healthy behavior. The study can be included in the syllabus to be taught and discussed so that our pupils would be able to enhance their cultural knowledge about the topic they positively choose their orientations. Though the controversial results of this study with other studies, it must be assured that the study may contain some lapses that could affect final results. The topic still debatable and serious, methodological studies are for sure needed.

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