
**JIMMA UNIVERSITY**

**SPORT ACADEMY**

**DEPARTMENT OF SPORT SCIENCE**

# THE HEALTH AND FITNESS AWARENESS OF STUDENTS IN SELECTED SECONDARY SCHOOLS IN JIMMA TOWN

**BY:**

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**A THESIS SUBMITTED TO THE DEPARTMENT OF SPORT SCIENCE, SPORT ACADEMY, SCHOOL OF GRADUATE STUDIES, JIMMA UNIVERSITY, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN TEACHING PHYSICAL EDUCATION**

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**JIMMA, ETHIOPIA**

**JIMMA UNIVERSITY**
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# APPROVAL SHEET

## JIMMA UNIVERSITY

## JIMMA UNIVERSITY SPORT ACADEMY

## DEPARTMENT OF SPORT SCIENCE

The research thesis proposal entitled **'THE HEALTH AND FITNESS AWARENESS OF STUDENTS IN SELECTED SECONDARY SCHOOLS IN JIMMA TOWN''** ‖ will have been approved by the department of sport science for partial fulfillment of the Degree of Education in teaching physical education.

**Submitted by**

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# ABSTRACT

*The purpose of the study was to assess the status of health and fitness awareness of school students in selected secondary school in Jimma town. The study used to cross-sectional research design. The population of the study was selected using purposive sampling technique (N = 181). The method of data collection instrument was standardized questionnaires. The dependent variable of the study was general health and fitness status awareness and independent variable was Health behaviors of students and students' emotional health problem. The quantitative data were processed using SPSS Version 26. Frequency and percentages was used to analyze the general health and fitness status awareness of students. Spearman Rank Order correlation coefficient was used to analyze the association between health behaviors of students and general health and fitness status awareness of students. Linear regression was used to analyze the influence of students' emotional health problem affects general health on fitness status awareness of students. The result of the study shows that General Health and Fitness status and Health Behaviors of students positively correlated, r (180) = .42, p = 0.01. The study reveals that emotional health problem of students affected the general Health and Fitness status r(180) = 22.3, p <.001. The finding of the study reveals that students' health behavior moderately improves students General Health and Fitness status. Jimma Town selected secondary school students' emotional health problem of students affected the general Health and Fitness status.*



***Key words:*** *Awareness, Emotion, Fitness, Health, Students*

# CHAPTER ONE

# 1. INTRODUCTION

## 1.1. Background of the study

The problem of health has always been one of the most pressing problems both at the level of scientific cognition and at the level of everyday consciousness. Considering the modern integrated interdisciplinary concept of health, it combines the psychological and physiological aspects of human health (Yaussi, 2005). The integral concept is not the only one among the theories of health, because health is studied by researchers in different scientific disciplines, including medicine, physiology, anatomy, psychology, ecology, pedagogy, and others. Individual health is essential in the strategy and tactics of health promotion, preservation, and restoration, where individual, age, gender, constitutional, regional, and social health indicators are highlighted. Complete health is a rare condition for most people in general. However, young people, who are students, have higher resiliency, no discomfort, their mood and well-being are good, they are full of vigor and strength, and a careful examination can show no definite abnormality (Vojnovic, 2006).

Physical education is part of school academic services, which helps to bring change to students‘all aspects of personality which includes physical, mental, and social wellbeing (Gezagn and Sahile, 2012). It plays a key role in enhancing learners‘ physical fitness, health status, self-confidence, self-esteem, emotional stability, work habit, moral settings, values, self-perception, self-awareness, social as well as spiritual strength, democratic values, the sense of industriousness, respect for others, the sense of team spirit, world outlook, resource use and time-saving skills, punctuality, reasoning competence, productivity, the sense of nationality and national pride, learning and problem-solving skills that all help them to be a useful member of society (Shoup, Gattshall, Dandamudi & Estabrooks, 2008). It also helps them to have a positive attitude toward their cultural heritages and understand to what extent preservation of that would play role in facilitating conditions for the well-being of the next generation (Richards, 1995).

Physical education is mainly given through physical activities with minimal theoretical introductory narratives. Here, there is an argument stress that regular physical exercise is

performing in the account of the health status or physical fitness of the students (Carbine et al., 2002). In school, students are provided with regular physical exercises that include very mild forms of activity, low and moderate amounts of physical activities to improve their academic performance about the improvement of their health status. This is because health status and physical activities are directly correlated. They are reinforced each other. This implies that regular physical activity can lower the risk of disability and death from heart disease, help to strengthen the cardiovascular system, maintain normal blood pressure and decrease blood cholesterol, increase toleration of stress, maintain weight, it increases the energy level of the individual for work and play, leads to improved sleep, and strengthen the body, better enabling it is to cope up with illness or accidents, increase the ability to withstand fatigue, improve concentration and alertness, improve posture and enhance body appearance improves individuals mental health, reduce anxiety, help to alleviate depression (Whest, 1999; Lorban Kashton, 1984; Hadfield, 2000; Dick, 1997; Diamond, 2001; and Carbin et al., 2002). In return, health fitness is pre-requests to perform any sort of physical exercise. It is the basis to adapt and recover from strenuous exercise. It is said that students with normal health status are capable to learn more or better as an educator, as a scientist alike has come to recognize the vital role of physical cognitive, and brain health in education (Basch, 2011). The study was focused to assess the status of health and fitness awareness of school students in selected secondary school in Jimma town.

## 1.2 Statement of the problem

In the study area, there was no clear indicator about the significance of health fitness awareness in schools. There have been successive academic years throughout which physical education was given to students as part of the school curriculum. School records indicate that students were evaluated depending on the scores that were organized from physical activities and exams administered mid and semester-wise (Yaussi, 2005). It is known that physical education is aimed to bring change to the students‘ health fitness, which expresses in different perspectives such as emotional, psychological, attitudinal, etc. Therefore, physical education plays a vital role in facilitating conditions for the success of school academic performance. School academic schedule is needed to allot equal time distribution to all

subject areas, including physical education, which is the most important to prepare students to learn other disciplines with motive and initiation and score better achievements at the end of the school academic season, it is either mid-semester or first or second semester. In the study area, there was no attempt made to identify the significance of health and physical awareness and students' impacts (Shoup, Gattshall, Dandamudi & Estabrooks, 2008).

The contribution of physical education to the success of the process of creating a healthier generation has never been given a due account by the subject teachers, principals, and even the students themselves. There have been limitations in facilitating conducive physical education teaching-learning environs. Given these problems, this research will go out to be of interest to look for an instructional intervention and seek how such conditioning- intervention impacts the physical fitness components is of paramount importance. For this reason, the researcher will initiate to investigate the effect of demonstration on conditioning skill physical exercise method with a demonstration on skill-related physical fitness components, which improve the health and physical awareness and students impacts (Yaussi, 2005).

Physical activity (PA) offers physiological and psychological benefit. Adolescence is a critical time to develop PA patterns which extend to adulthood. However, a large proportion of adolescents worldwide is physically inactive. School physical education (PE) is recognized as a key opportunity for improving PA amongst adolescents for two reasons. PE provides opportunities for children and adolescents to accumulate moderate-to-vigorous. PE also aims to provide children and adolescents fundamental movement skills, knowledge, and active attitude for lifetime PA (Tepas, 2013).

The earlier studies have solely concentrated on studying the knowledge and awareness of the aerobic PA recommendations, whereas the knowledge of muscular type of activity, which is recommended by the present recommendations, have not yet been studied. Therefore, the aim of the present study was to assess awareness and knowledge of the PA recommendations both for aerobic and muscular type of activities. Moreover, the premise for the awareness and knowledge of the physical activity recommendations is that they would optimally be reflected in physical activity behavior. As physical activity is related to improved physical fitness and body composition it is of interest whether these variables are also associated with the awareness and knowledge of the recommendations (Rus, Talaghir, Iconomescu, & Petrea, 2019).

Emotional health problems can affect a student's energy level, concentration, dependability,

mental ability, and optimism, hindering performance. Research suggests that depression is associated with lower grade point averages, and that co-occurring depression and anxiety can increase this association. Depression has also been linked to dropping out of school. Many college students report that mental health difficulties interfere with their studies. On the American College Health Association 2015 survey, college students identified the following mental health issues as negatively impacting their academic performance within the last 12 months: stress (30% of students), anxiety (22%), sleep difficulties (20%) and depression (14%) (Vojnovic, 2006).

The researcher has been teaching physical education in secondary school for 18 years. Based on researcher experience Jimma Town Gadaa and Jiren secondary school students were engaged in addictives' such as chewing Chat, smoking ganja and mastish, smoke cigarette and drinking alcohol. In Jimma town students were not engaged in PA because of religion and female not participated in PA. Secondary Students did not understand their health and fitness awareness, this exposes them for unhealth sexual intercourse, unwanted pregnancy, exposed to HIV AIDS, psycho-social disorder. In the study area, there was no clear indicator about the significance of health fitness awareness in schools. The study was designed to assess the status of health and fitness awareness of school students in selected secondary school in Jimma town.

## 1.3. Research questions

In an effort to address the following research questions, the aforementioned issues were thus resolved.

1. How is the general health awareness of students in some selected secondary school of Jimma Town?
2. Was there an association between Health fitness awareness and health behavior in some selected secondary school of Jimma Town?
3. What is the influence of emotional health problem on general health awareness of students in some selected secondary school of Jimma Town?

## 1.4.Objectives of study

### 1. General Objective

The study was designed to assess the status of health and fitness awareness of school students in selected secondary school in Jimma town

### 2.Specific Objectives

The following specific objectives are the focus of the study's planning.

1 To assess the general health awareness of students in some selected secondary school of Jimma Town?

2 To find the health fitness awareness association with self-reported health behavior in some selected secondary school of Jimma Town?

3 To identify the influence of emotional health problem on general health awareness of students in some selected secondary school of Jimma Town?

## 1.5. Delimitation of the study

The purpose of the study was to evaluate the students' knowledge of fitness and health at a particular secondary school in Jimma town. Delimited to Gadaa Secondary School as well as Gadaa Secondary School The grade 12 students at this school served as the study group. Similar to this, the study is divided into three categories: student health behaviors, emotional health issues, and general awareness of students' health and fitness status. From October 2021 to June 2022, it was carried out.

## 1.6. Definition of terms

- **Physical fitness awareness**: refers to having information about one‘s physical status (Yaussi, 2005).
- **Health awareness**: refers to having information about one‘s health condition (Yaussi, 2005).

## 1.7. Significance of the study

The study has plenty of benefits for the stakeholders. These are:

- ✓ It may provide to Jimma Town selected secondary schools students to create awareness of their general health and fitness
- ✓ It may provide to Jimma Town selected secondary schools students to understand their health behavior
- ✓ It may help Jimma Town selected secondary schools students to identify students‘ emotional health problem
- ✓ It helps Jimma Town Education Department in order to get first hand information of students’ general health awareness status
- ✓ It helps Jimma Town Health Department in order to get first-hand information of students’ general health awareness status
- ✓ It will give a clue for the incoming researcher as the stepping stone

# CHAPTER TWO

# 2. REVIEW OF RELATED LITERATURE

The majority of this review's focus is on literature reviews on the state of students at Jiren and Gadaa Secondary Schools' awareness of fitness and health issues. It is also intended to find a resolution to the current issue that influences the teaching-learning processes in the study subjects. Students' awareness of their health status varies in schools. As a result, this study aims to investigate students' knowledge of health and fitness, ways to improve health trends, and the value of physical activity. It also looks at prior research to determine how improvements to the problem at hand might be made.

## 2.1. Physical education in Secondary School

Physical education has a strong influence on promoting youth physical activity (PA). Physical education is a movement in its various forms, with a particular focus on the motor skills, knowledge, and social skills needed to achieve that outcome. This review describes correlates of youth PA, examines however these factors have been targeted in physical education (PE) primarily based interventions and makes suggestions for PE pedagogy to market PA. Perceived physical competency, enjoyment of PA, intention, direct facilitation and support from parents and important others, and opportunities to be active were systematically related to youth PA (Rus et al., 2019).

The large-scale PE-based PA promotion programs that were prosperous in increasing out-of-school PA applied a pedagogic framework targeting variables related to motivation (i.e., perceived competency, enjoyment of PA, self-determination). PE-based interventions ought to continue to address the character of activities, however, conjointly utilize pedagogy that promotes psychological determinants of student motivation. Physical education does not have a valid standard measure in student learning. Physical education pedagogy has traditionally been viewed as a teaching style of exercise. While this traditional pedagogical approach provides exposure to a wide range of skills, which are used in school-based physical education and sports contexts, it does not demonstrate student competencies related to their ability to apply these skills in complex game situations. What students learn has historically been determined by the curriculum, a forum in which ideologies and paradigms can influence the pedagogy, content, and assessment of what is taught. Students' initial perception of learning related to promoting a healthy and active lifestyle in physical education is different from what they experienced in school during their training (Marmeleira, Folgado, Martínez Guardado, & Batalha, 2019).

Learning conditions tend to be teacher-centered. Teacher-centered learning which causes students to be less creative in collecting information. Given the claim that physical educators have a responsibility for the promotion of public health, it is considered important to explore their experiences, views and understanding of the most obvious vehicles through which physical activity and health can be promoted in the curriculum. Physical educators seek to address the individual needs of these students through physical education reform. Teaching experience has traditionally been considered very valuable in the teacher education curriculum. The empirical literature, however, suggests that the role of these experiences in the professional development of teachers is not always positive. Educators today are under tremendous pressure to be considered “effective” by parents, administrators, community members and public officials (Oluwatoyin, Sofyan, & Abdulrazaq, 2021).

Physical educators can consider the following seven principles for engaging their students in learning experiences: (1) students' prior knowledge; knowledge organization; (Merriman, Villacis, Kephart, & Rick Hatch) motivation; (4) development of mastery skills; (5) goal-directed practices; (6) students as social, emotional and intellectual learners; and (7) students as independent learners . Dominant learning is teacher centered so that students are not creative in gathering information. Effective teachers plan carefully, create an engaging environment, provide clear instructions, and support students with learning cues and formative assessment. Even given the challenges involved in measuring effectiveness, there is still a need for all teachers, including first-year teachers, to be held accountable for their performance in relation to student outcomes. The teaching strategies used by some teachers can increase students' responsibility for learning and feedback while others allow students to progress through a sequence of learning activities without the direct presence of the teacher (Granero-Gallegos, Gomez-Lopez, Baena-Extremera, & Martinez-Molina, 2019).

Developing Pedagogical Content Knowledge is very important for physical education teachers before and in office. In other words, an effective professional development program designed to deepen teachers' knowledge in a particular discipline carried out over a longer period of time will provide maximum potential to teachers who are actively seeking various resources, participating in these activities collectively with others. Teachers, and combine those experiences with their national goals and standards. Professional development must relate what teachers have learned from current experiences with possible future events. Quality teaching is a term that has the potential to divert our attention beyond focusing solely on effectiveness issues with regard to achieving predetermined goals. Teachers need to determine the relative importance of various priorities in the classroom (Zhou & Wang, 2019).

A reflective teacher is one who constantly questions his own goals and actions, monitors practice and results, and considers the short and long-term effects on each student. Given that a teacher is entrusted with the most

sensitive and responsible task by the state, the task of educating its citizens, teacher evaluation is of great concern in the educational community. Sports education is a pedagogical model based on the idea that learning teams with mixed abilities work together in such a way that all co-workers benefit from the benefits and experiences. Sports education provides students with sufficient time to improve their abilities and find ways to satisfy the group members for a successful sports education season. The efficiency of teaching in the field of physical activity, we believe, has a broader aspect than just achieving the knowledge that teachers should acquires (Lyngstad, Bjerke, & Lagestad, 2019).

## 2.2. Objectives of Physical Education

The aim of physical education is not only physical development but also to equip learners with knowledge, skills, capacities, values, and the enthusiasm to maintain and carry on a healthy lifestyle. It promotes physical fitness, develops motor skills and the understanding of rules, concepts and strategies of playing games and sports (Marmeleira et al., 2019). Students learn to either work as part of a team, or as individuals in a wide variety of competitive activities. The main objectives of physical education are to:

• Develop motor abilities like strength, speed, endurance, coordination, flexibility, agility and balance, as they are important aspects for good performance in different games and sports.

• Develop techniques and tactics involved in organised physical activities, games and sports.

• Acquire knowledge about human body as its functioning is influenced by physical activities.

• Understand the process of growth and development as participation in physical activities has positive relationship with it.

• Develop socio-psychological aspects like control of emotions, balanced behaviour, development of leadership and followership qualities and team spirit through participation in games and sports.

• Develop positive health related fitness habits which can be practised lifelong so as to prevent degenerative diseases.

## 2.3. Health and fitness Awareness

Health is biggest happiness in a human life. Healthy citizen should build healthy society and healthy Nation. Due to population, urbanization and over use of Technology in the present time we can see there has been serious effect on the health of human. Children studying in school are the future of our country and the government is implementing several schemes make and keeps them healthy. However it is also necessary that the children should themselves be aware about their own health. If children are aware about their health they will save themselves and their families from disease and will contribute in building a healthy society (Tepas, 2013).

General fitness is a part of overall health. It means having a healthy body weight as well as an ability to perform physical activities without tiring easily. Specific fitness is the opposite of this form of fitness. It refers to how well a person is able to master specific levels in a sport. Physical fitness is a basic state of wellness and well-being and, extra especially, the capacity to perform aspects of sports, occupations and day-to-day movements. Physical fitness is customarily completed by means of proper nutrition, average-vigorous physical recreation, physical awareness, and sufficient rest. It is examined that the improvement of common health by means of physical awareness to expand physically recreation and recreation adherence (Singh & Goel, 2007).

Awareness about Physical activity can also reduce the risk of injuries, as well as improve physical fitness, weight management, cognitive function, and quality of life. Many people who move to ground are active enough to take part in vibration, but unconscious about the real motive behind physical activity. Unawareness leads them to the chronic disorder and imbalance. Miss perception of physical activity putting them at risk. We call them active by default not by their part in exercising. People with understanding of low level activity are healthier than unaware physical active masses. It is complex and multi-dimensional behavior which is not easy to access. Knowing your physique, problem, benefit and the atmosphere, etc., are prerequisites for specified sports. Awareness is the first step for advice (Konczos et al., 2012).

Physical activity is an important factor in health promotion and disease prevention, and physical inactivity is linked with many chronic diseases and their risk factors. Therefore, PA recommendations have been established in order to give information to people of what is, in general, a minimum amount of PA to improve health. The aim is to increase knowledge, which would optimally to be reflected in PA behavior. The first PA recommendations were established in the publication of ‒Guidelines for Graded Exercise Testing and Exercise Prescription‖ in 1975 and the recommendations were mostly aim to develop cardiorespiratory fitness. In 1990‘s the PA recommendations also included health-related aspects emphasizing also moderate intensity physical activity with the mention of accumulating physical activity from shorter bouts (≥10 min). These recommendations concluded that adults should accumulate 30 min or more on most days of the week (Tepas, 2013).

Since the early years of the first recommendations, accumulating study results had modified the content and emphasis of the recommendations. The recommendations: ‒Physical Activity Guidelines for Americans‖ introduced in 2008 and ‒Global recommendations on Physical Activity and Health‖ from WHO introduced in 2010 stated that the minimum recommended amount of PA for adults is aerobic activity either 2 h 30 min per week at moderate-intensity or 1 h and 15 min at vigorous-intensity, which could be accumulated from 10 min activity bouts. In addition, muscular strength and muscular endurance should be performed twice a week. The Finnish physical activity recommendation is based on the ‒Physical Activity

Guidelines for Americans‖ and was introduced in 2009. In 2018, the ―Physical Activity Guidelines for Americans‖ were revisited. The basic recommendations, mentioned above, stayed the same, however, the borderline of accumulating 10 min activity was excluded and the recommendations states that any activity counts (Konczos et al., 2012).

Considering the accumulating research evidence of beneficial effects of PA from numerous studies during the recent decades, it is surprising how few studies have assessed awareness and knowledge of the recommendations. They reported that 33% of the US adult study sample correctly identified the recommendations for moderate intensity PA based on recommendations from 1995. Moreover, observed that among 10,000 US adults 26% correctly identified the recommendations from 1995 considering moderate-intensity PA. Students' knowledge about management of commonly occurring injuries and illnesses, particularly in rural areas has been documented to be fragmented, disintegrated and non- sequential. Various wrong practices and myths associated with illnesses and injuries have also been reported among students. Students are usually found to be enthusiastic for any training program organized for them in first aid and basic life support system (Muhammad et al., 2016).

## 2.4. Health behavior of students

Adolescent is a Latin term which means ―maturation by development‖ and expresses the period of transition from childhood to adulthood. This period which is also called puberty is a stressful and fluctuant period for the individual and his/her connections during which many changes in terms of physical, cognitive, psychological and social aspects are experienced in association. Problems which may occur in one of the maturation processes may prevent healthy development in adolescents by affecting the other processes and cause to diseases which are also carried to adulthood (Cavdar et al., 2016).

The most important characteristic which is observed typically in adolescence is tendency to take risk. This tendency may cause to adoption of negative behaviours and attitudes related with health including use of tobacco, alcohol and substance which constitutes the ba sis for non-infectious diseases, unsafe sexual relation, consumption of nutrients with low nutritional value and high fat and calorie content and sedentary life-style or may render these behaviours

and attitudes a life-style. These attitudes and behaviours may both affect the current health status of adolescents and cause to morbidity and mortality in adulthood. For example, it is predicted that one fifth of adolescents aged 13-15 years smoke at the present time and approximately half of the individuals who smoke in adolescence will continue this behaviour for at least 15 years more. The most important characteristic of the behaviours observed in adolescents which affect health adversely is that they are preventable to a large extent (Cuevas, 2018).

Therefore, adolescence is considered an opportunity for preventing carriage of the behaviours which affect health adversely to adulthood. In addition, detailed information about health-related behaviours and diseases of adolescents is necessary in terms of accurate development of intervention programs for both adolescence and childhood. Another important point related with health-related behaviours in adolescents is that adolescents tend to exhibit multiple risky behaviours in association. The characteristic of the behaviours which may affect health adversely of clustering poses a risk of occurrence of other behaviours in presence of behaviour, while it is an opportunity for interventions directed to behaviour to also prevent the others (Kumar & Kumari, 2022).

Health behaviour is expressed as any activity or behaviour believed, and performed to be healthy as well as the behaviours performed by healthy individuals to prevent diseases. Healthy lifestyle behaviours can be defined as all the behaviours believed and adopted by individuals to be healthy, maintain health, and be protected from diseases. Individuals who adopt healthy lifestyle behaviours are able to improve and sustain their well-being. Therefore, the development of healthy lifestyle behaviours is the basis of disease prevention, and maintaining health. Being healthy is a fundamental right of every human being; and, ensuring and maintaining this well-being is the main goal of healthcare workers as well as the individuals themselves. In order to acquire health promoting behaviours, individuals need to have self-control, and should be disposed to do perform these behaviours. This is because, positive health behaviours should be acquired and maintained in order to improve health (Çelebi, Gündoğdu, & Kızılkaya, 2017).

Healthy lifestyle is necessary for improving health. Health-enhancing behaviours include behaviours to be performed by individuals themselves for improving their well-being and

ensuring self-actualization. A healthy lifestyle should not only focus protection against diseases but also the behaviours that increase well-being throughout life. Healthy lifestyle behaviours also include adequate and balanced diet, stress management, adequate and regular exercises, non-smoking, health responsibility, and hygienic measures. Individuals need to avoid, pay attention, and prevent certain situations when adopting a healthy lifestyle, and need to demonstrate certain behaviours more. They need to refrain from risky health behaviours as well as maintaining the positive health behaviours. A positive health behaviour is defined as planned behaviours aimed at protecting the health of individuals actively, whereas risky health behaviours is defined as the attitudes, and behaviours that deteriorates health due to acquired incorrect and incomplete information and observations. For a healthy life, people should be able to control their own behaviour, accommodate correct behaviours, make their own decisions, and resolve negative situations (Patricia, 2018).

Given the age of the individual, the high school period can be considered the time that individuals develop a complete self-awareness. Examining the health behaviour of young people in this period, teaching the correct health behaviours to protect and maintain their health, and supporting them in the lacking areas is of great importance. According to the data of Turkish Statistical Institute in 2014, the number of students in secondary education in Turkey is 2,906,291. Considering the Province of Elazig, the number of students in secondary education is 28,262, including the students in the districts and villages. The high school period is characterized by rapid physical, psychological and social changes experienced simultaneously. During this period, the change processes are decisive on behaviours that affect health. In other words, the level of future health of young people is closely related to how the change process is experienced in this period of life. The World Health Organization (WHO) reports that nearly two thirds of the early deaths and one third of the total disease burden in adults is associated with negative health behaviours such as smoking habit acquired during adolescence, lack of physical activity, unprotected sex, and violence. According to the literature, unhealthy diet, and physical inactivity are common among young people in Turkish society (Iman & Fateme, 2014).

A study in 1999 of the Thailand Health Profile (THP) revealed that the major health-risk behaviours among Thai people were unsafe sex, smoking, drinking alcohol, hypertension,

lack of helmet use among motorcyclists, overweight/obesity, malnutrition, elevated blood cholesterol levels, minimal consumption of vegetables and fruit, and physical inactivity. Previous studies on health behaviours mentioned in the report also indicated that the trend of helmet or seat belt non-use, having sexual intercourse without a condom, smoking, drinking alcohol, and substance abuse had increased among teenagers. A study on driving behaviours among young drivers found a declining trend in consistent seat belt use from 35.8% to 23.5% and helmet use from 29.0% to 16.0% in 1996 and 2003, respectively. Furthermore, the proportion of drunk drivers had risen from 40.5% in 2001 to 53.5% in 2003. There was also a growing trend of teenagers having sexual relations and refusing to wear a condom. Among those engaging in sexual intercourse, 12% had never worn a condom when having sex with a stranger (Cuevas, 2018).

In addition, alcohol consumption among boys aged 11-19 years had risen to 21.2% in 2003. Among girls aged 15-19 years, there was a six-fold increase in alcohol consumption from 1.0% in 1996 to 5.6% in 2003. Among the 5.6% cohort of girls, 14.1% were frequent drinkers (1-2 times or more per week). The smoking rate during 1999-2001 and 2001-2003 also showed an increase among young people aged 15-24 years. A national survey on illicit drug use found that 6.2% of all students displayed behaviour that strongly implicated drug use, rising to 7.0% in 2002. In addition, mortality rates from diet pills, suicide, and violent behaviour among teenagers had become hot news in Thailand. According to a 2002 Suan Dusit Poll surveying girls and young women aged 12-22 years and living in Bangkok and the greater Bangkok area, 7.5% had taken diet pills and 14.2% would choose to take diet pills to lose weight. Concerning suicide rate during the 1996-2003 period, the average rate was 0.64 and 7.43 per 100,000 people aged 10-14 years and 15-19 years, respectively (Muhammad et al., 2016).

Even though previous Thai studies have paid scant attention to health-risk behaviours, apart from a cursory study of health-risk behaviours of high school and vocational school students, those studies were also not intended to be long-term studies of school age children. Nowadays, however, behaviour among Thai teenagers is changing and a surveillance system to detect and record the magnitude of the health risk behaviours is needed (Nisan & Sawitri, 2010).

## 2.5.The effects health related behaviour on their academic performance

Senior high school is an academically and socially challenging transition; the high school years are often considered the most demanding learning period in many people‘s lives. Concerning study duration, on average students take a good semester longer to graduate than recommended. The consequences of unwanted health behaviours can prolong study duration include increased education costs and unfulfilled dreams—for example, not having the qualifications to work in one‘s chosen profession or earning a lower salary. Therefore, identifying behaviours that can help young adults to achieve their academic goals is of considerable importance (Dipak, 2019).

Health related behaviours such as sleep and physical activity have been associated with increased cognitive performance and better grades. A meta-analytic review has demonstrated that better overall sleep quality and longer sleep duration in children and adolescents are related to better grades. Additionally, poor overall sleep quality in students from school to university is associated with impairment of cognitive performance, reduced learning behavior, and weaker academic performance. Likewise, higher sleep quality prior to examinations (but not during the semester or after the examination period) was linked to better academic performance in a sample of university students. Concerning the role of physical activity, it has consistently been shown that acute aerobic activity is related to improvements in cognitive performance. Importantly, high levels of regular physical activity have been associated with better grades and higher self-perceived overall academic performance in children and adolescents. Importantly, the existing literature has focused on the association of sleep and physical activity with academic performance on the between- person level (Muhammad et al., 2016).

There were a negative association between health-risk behaviours and academic achievement among high school students after controlling for sex, race/ethnicity, and grade level. This means that students with higher grades are less likely to engage in health-risk behaviours than their classmates with lower grades, and students who do not engage in health-risk behaviours receive higher grades than their classmates who do engage in health-risk behaviours. These associations do not prove causation. Further research is needed to

determine whether low grades lead to health-risk behaviours, health-risk behaviours lead to low grades, or some other factors lead to both of these problems (Konczos et al., 2012).

## 2.6. Emotional Health of students

Mental Health comprises positive behaviour, mind activities, feelings, emotions, etc. which is difficult for people to always keep on the right track. Secondary school students can easily way off because at this age, their mind gets disturbed by the stress and storm of external and internal dilemmas. Students are facing many problems due to mental health issues in India. The last few years have been very challenging for developing countries like India. Recent pandemics, natural and unnatural disasters, and differences in personal and professional relationships have deeply affected mankind. These events have had a very profound effect like depression, stress, anxiety, fatigue, etc., among peoples. So, in the contemporary era, students are facing various problems like sleeplessness, social disorder, emotional instability, suicidal attitude, fear of deteriorating social status, etc (Kumar & Kumari, 2022).

Mental health, like physical health, may be viewed as existing on a continuum be viewed as existing on a continuum from healthy living to chronic illness. In 2001, the U.S. Surgeon General defined mental health as ‒the successful performance of mental function, resulting in productive activities, fulfilling relationships productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity‖.

Ted‘s story reminds us of the millions of students who struggle with emotional and behavioral problems that affect their learning and the learning of others. In 1999, the U.S. Surgeon General reported that one in five children and adolescents will experience a significant mental health problem during their education years (U.S. Department of health and Human Services, 1999). When students experience mental health problems, they often struggle to attend school, have difficulty completing assignments, and have more frequent conflicts with peers and adults. Increasingly, schools are recognized as places where students receive mental health services. Schools are where children spend most of each day (Cavdar et al., 2016).

The mental health plays an important role in guarantying the dynamism and efficiency of society. Adolescence is accompanied by puberty and significant changes in physical, cognitive, affective and social aspects. It ranges from 12 to 20 years, and high school students belong to this range. Adolescence is usually considered as a critical period, so if students pass adolescence without considerable difficulty, they was successful adults. Healthy, motivated and cheerful students are considered as a main goal in the education systems of different societies because having such human resources can facilitate the development and progress toward the achievement of the predetermined goals. So, providing the mental health for different social classes, especially for students in school environments is one of the most significant factors which educational authorities must pay close attention to because the future performance and great comprehensive cultural and value development of millions of students rely on their today‘s personalities(Patricia, 2018).

The aim of education and mental health theoretically is the same because their goal is to healthy, useful and successful individuals. Lacking the mental health not only affects the way personality is developed, but also engenders many inappropriate behaviours and places significant effects on the intelligence, thoughts, creativity and academic achievement. So some scholars state that the students‘ healthy and balanced personality, development, as well as the activation of their talent and dependent on the mental health, mental security and affective stability. Students and adolescence who have conflicts and lack mental security, give much thought solving the problems in their minds. So, one of the main factors of mental health in the society is the evaluation of mental health. Different reasons show that the organizing of the psychological services in schools is a main strategy to improve the students‘ mental health. An adolescent‘s time in school is not merely academic; they are developing socially, physically, and emotionally. Prior research has demonstrated a correlation between a student‘s poor academic performance and his/her need for emotional and mental health support (Vaara, Vasankari, Koski, & Kyrolainen, 2019).

## 2.7. Review of the previous research

Many of the previous literary works have given attention to the definitions of obesity, diabetes, and obesity, education for youth in health and fitness, and actions taken in schools to improve physical activity and nutrition. However, most of the definitions lacked clarity

and become vague to understand and identify the exact impact rate on each health constraint. Despite that some scholars suggest that obesity is difficult to measure in students because most use sporadic data, loose definitions and results, which can occur when determining what is standard or normal when it comes to health and obesity, especially in the realm of children who are still growing, and the link between adiposity, or true fatness‘ and the ratio of their weight to their height may be looser than that of adults (Anderson & Butcher, 2006, p. 20).

Obesity itself is not a new phenomenon but the growing numbers of obesity in students have been a relatively new and health and fitness awareness in Schools 12 growing epidemic; consequently, how adult obesity is measured has to be weighed carefully when applying those standards to children (Muhammad et al., 2016).

Body mass index (BMI) is a common way to measure adult obesity and overweight, but the ―use of BMI to assess overweight and obesity in children is more controversial‖ (Anderson & Butcher, 2006, p. 20). Though it may be controversial, the International Obesity Task Force, suggests that it still allows for ―a reasonable measure with which to assess fatness in children and adolescents‖ (Anderson & Butcher, 2006, p. 20). Accordingly, age and sex are considered when determining overweight and obese factors when looking at the BMI of children. The rapidly growing numbers of what is considered obese in children are now beginning to compound. Looking at today‘s unhealthy youth and projecting future health problems and health costs based on current health issues, might give the reason for alarm. Today‘s obesity is both an urgent reality and an urgent threat to the nation‘s health and economic well-being‖ (Dietz, Benken, & Hunter, 2009, p. 216). When looking at the obesity-related death toll in the U.S., studies show that ―obesity accounts for anywhere between 112,000 and 400,000 deaths annually (Vojnovic, 2006, p. 67).

The monetary expenditure is significant, such that, direct and indirect medical expenses in 1998 attributed to both overweight and obesity may have been as high as $78.5 billion (Dietz et al., 2009, p. 216). Furthermore, the economic costs of obesity have been estimated at $117 billion in the year 2000‖ (Vojnovic, 2006, p. 67). This increased expenditure in medical costs is in direct correlation with new obesity-related diseases. Obesity-related diseases that

once only impacted adults are now also being seen in children and adolescents. While many researchers agree that the obesity epidemic must

Health and Fitness Awareness in Schools 13 be addressed, they also agree that it is a complex issue to address in that –both genetic and behavioral factors are involved in determining human body weight (Vojnovic, 2006, p. 67). This new phenomenon is putting alot of questions on the table as well as new occurrences such as rising health costs and adult- related obesity trends seen in children.

Effects of obesity: diabetes. The correlation between obesity and diabetes is evident as –adiposity is a major determinant of type 2 diabetes in children and adolescents and is the most relevant modifiable diabetes risk factor in youth (Tompkins, Soros, Sothern, & Vargas, 2009, p. 286). According to some studies, the solution to preventing diabetes can be relatively simple. Physical activity and a healthy diet are key components to lessening diabetes such that –diet, [and] physical activity is a proven form of diabetes management and is considered a cornerstone in the prevention of diabetes (Tompkins et al., 2009, p. 286). This in turn might support the idea that if students spend the majority of their day at school and take in the majority of their calories in the school setting, the school might be one possible arena for introducing a healthy diet and lots of physical activity opportunities. One solution to this complex issue is, –reducing overweight and impaired glucose tolerance with increased physical activity and healthier eating habits may help prevent or delay development of type 2 diabetes in high-risk children and adolescents (Tomkins et al., 2009, p. 287). The connection between obesity and one of its resulting consequences, (i.e. diabetes) is evident in that –as a result of obesity, it is estimated that this generation of young people will be the first expected not to live as long as their parents, and for children born in 2000, the lifetime risk of developing diabetes is estimated to be 30% in girls and 40% in boys if nothing is done‖ (Bobo, Shantz, Kaufman, & Kollipara, 2009, p. 282).

Improving the status of health and fitness awareness of the students is a growing concern. This is because there are different health problems that affect the teching-learning process in shools. There is a need to develop appropriate preventive and therapeutic methods for the students (Dietz & Robinson, 2008, p. 222). Obtaining valuable and usable data has proven to be challenging for various reasons. Most studies are found that there is no strong evidence

that interventions improved about the problems of the dilima on health and fitness awareness in schools. Many studies were limited in design, duration, or analysis in this regard (Kipping et al., 2008, Part 2, p. 984). Nonetheless, despite incomplete and sporadic studies, the issue of health and fitness awarnce of students‘ is still a concern, but studies failed to conduct school-based approaches as the highest priority to prevent the students‘ health and fitness awarnce (Leviton, 2008, p. 39). Similarly, the school policymakers are required to bring changes on the school environment conducive to enhance the students‘ health and fitness awarnce (Leviton, 2008, p. 39), saying that The school environmental factors seem readily apparent and somewhat easier to change than the many forces in communities that are contributing to the problem (Leviton, 2008, p. 39).

Hence, the possible solution areas that might be considered in addressing the improvement of student health and fitness status awarnce could be environment, education, community, resources, economics, and viability. By enhancing the students health and fitness awawrnce, it is possible to promote a successful approach to reducing the problem and embrace the understanding of community-level factors including the social, economic, and natural environments (Trasande et al. 2009, p. 159). The big question is who can make the most amount of change in the best possible environments? Research shows that there is chance to reduce the problem on the basis of public perception that schools should initiate efforts to prevent the problem at hand (Leviton, 2008, p. 39). Not only that approach reduce the constraiant but also different players: children, parents, teachers, doctors, psychologists, and production companies are expected to take part and make early intevation (Madorell, Teran, & Ullmo, 2005, p. 288).

The fact that the problem of health and fitness status awarnce involves many parties (Dietz et al. 2009, p. 217). It takes many to make a change. Public views about youth health and fitness awarnce revealed varying degrees of support for prevention programs (Hilbert, Rief, & Braehler, 2007, p. 585). Health and fitness education in schools provides the opportunity to foster body awareness. By educating students about how to take care of their bodies, schools are allowing students to make educated decisions regarding food and exercise. Even though the results of health and fitness status awarnces are inconclusive, the very fact that schools are willing to give the power of knowledge by educating students on the choices they

have, perhaps the mortality rate and money expenditures can decrease. Education on living healthy and staying active has an ideal setting, the school. Youth are in school for the majority of the day and adolescents as consume a significant portion of their daily caloric intake while at school (Brescoll, Kersh, & Brownell, 2008, p. 180). In conjunction with addressing the healthy food choices that schools could make to improve children‘s calorie intake, it is also important.

Schools are central to youth‘s lives, it is important to consider how they can be built to support physical activity (Sallis & Glanz, 2009, p. 130). By addressing the overweight and heavy issue in the school setting, perhaps progress can be made by changing the course of the lives of these soon-to-be adults. It is evident that the rapidly increasing prevalence of student bold pressure and its disproportionate impact on severe bold pressure in adulthood emphasize the need to develop appropriate (Dietz et al. 2008, p. 222) solution. By having schools address this health concern in youth, not only will schools reap the benefits but so shall the economy, and most of so shall today‘s youth and the generations to come. This educational process has the potential to have a compounding effect that benefits the present as well as looks out for the future

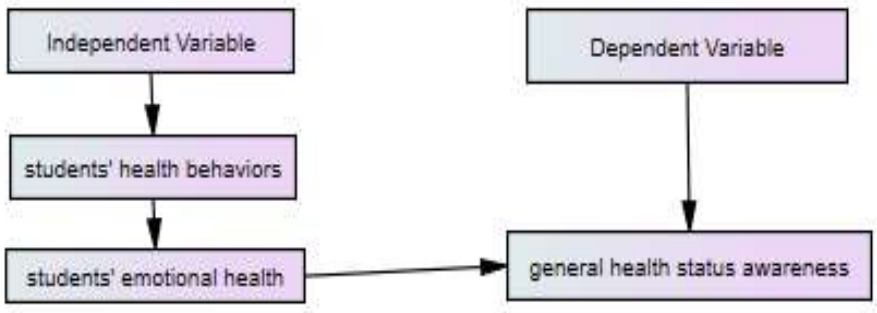


Figure 2: 1 Conceptual Framework of the study

# CHAPTER THREE
# 3. METHODS AND MATERIALS

## 3.1 study area

Jimma is the largest city in southwestern Oromia Region, Ethiopia. It is a special zone of the Oromia Region and is surrounded by Jimma Zone. It has a latitude and longitude of 7°40′N 36°50′E. Prior to the 2007 census, Jimma was reorganized administratively as a special Zone. Jimma town is located in Oromia National Regional State, in Jimma zone, Jimma Woreda at a distance 325 Km from Addis Ababa. Its astronomical location is 7º 4‘ North Latitude and 36º 5‘ East Longitude.


Figure 3: 1 Jimma City Administration, Ethiopia

## 3.2. Research design

A cross-sectional study is a type of research design in which you collect data from many different individuals at a single point in time. In cross-sectional research, you observe variables without influencing them. In this study the researcher was used to cross-sectional

research design which was conducted within the limited time interval. Quantitative research approach was used in this study since quantitative research approach emphasize objective measurements of data collected through questionnaires.

## 3.3. Population of the study

The population of Grade 12th students both in Jiren Secondary School has two sections (N =2) and Gadaa Secondary School has two sections (N = 2). All sections (n = 4) were selected from both schools which includes Jiren Secondary School Section-A (N = 54) and Section-B (N = 52) as well as Gadaa Secondary School Section-A (N = 49) and Section-B (N = 51). Since the population of the study was manageable in size all of the population of the study was taken using purposive sampling technique.

Table 3: 1 The population of the study

| **Sn** | **School sections** | **Population** |
|---|---|---|
| **1** | Jiren Secondary School Section – A | **54** |
| **2** | Jiren Secondary School Section – B | **52** |
| **3** | Gadaa Secondary School Section – A | **49** |
| **4** | Gadaa Secondary School Section – B | **51** |
| **Total** | | **206** |

## 3.4. Source of data

### 3.4.1. Primary Source of Data

Data were gathered from the respondents of the study. For this purpose, permission was asked from the school principals and teachers of both sites to facilitate conditions for the success of the study. According the school students filled the likert scale questionnaire administered to them.

## 3.5. Data collection instruments

Questionnaires served as the primary data collection tool. A questionnaire was used to collect data. A likert scale questionnaire was created specifically for students. Respondents select the option that best

supports their opinion from this Likert scale in an organised manner. By gauging how much someone agrees or disagrees with a given question or statement, it can be used to gauge someone's attitude.

### 3.5.1 Questionnaire

All participants were required to answer a questionnaire. The major topics covered in the questionnaire were (1) general health and fitness status, (Tuncer et al.) health behaviors of students, and (Merriman et al.) emotional health Problem of students'. The questionnaire was distributed in hardcopy. To assess general health and fitness status awareness of the participants were asked to respond to the questionnaire using 5-Likert Scale such as Strongly Disagree (1), Disagree (Tuncer et al.), Neutral (Merriman et al.), Agree (4) and Strongly Agree (5). To assess health behaviors of students of the participants were asked to respond to the questionnaire using 5-Likert Scale such as Strongly Disagree (1), Disagree (Tuncer et al.), Neutral (Merriman et al.), Agree (4) and Strongly Agree (5). To assess emotional health problem of students' of the participants were asked to respond to the questionnaire using options like no days (1), 1-3days (Tuncer et al.), 4-6days (Merriman et al.) and 7 days (4) respectively.

## 3.6. Variable of the study

### 3.6.1. Dependent variable

The Dependent variable of the study was general health and fitness status awareness which was developed by The Johns Hopkins University 1996, Revised 12/99. This questionnaire was measured using 5- likert scale from strongly agree to strongly disagree.

### 3.6.2. Independent variable

Independent variable was Health behaviors of students which was developed by The Johns Hopkins University 1996, Revised 12/99. This questionnaire was measured using 5- likert scale from strongly agree to strongly disagree. Another was students‘ emotional health problem which was developed by The Johns Hopkins University 1996, Revised 12/99. The frequency of students‘ emotional health problem was measured from one day to the whole week appearance.

## 3.7. Pilot test

A pilot study is a small-scale preliminary study conducted to evaluate feasibility, duration, cost, adverse events, and improve upon the study design prior to performance of a full-scale research project. The pilot test was conducted in Jimm Secondary school (n = 20). The purpose of pilot study was to ensure the reliability of the study. Cronbatch alpha level was determined to assess the general health and fitness status awareness, health behaviors of students and students‘ emotional health problem questionnaire.

Table 3: 2 pilot test result

| Sn | Variables | Number of Items | Cronbach’s alpha level |
|---|---|---|---|
| **1** | General health and fitness status awareness | 12 | 0.71 |
| **2** | Health behaviors of students | 6 | 0.75 |
| **3** | Students‘ emotional health problem | 7 | 0.69 |

General health and fitness status awareness (α = 0.71), health behaviors of students (α = 0.75) and Students‘ emotional health problem (α = 0.69). The questionnaires were accepted since Cronbach‘s alpha level was greater than 0.65. Finally, standard questionnaire was prepared and administered for sampled sprinters.

## 3.8. Method of data analysis

The quantitative data were processed using SPSS Version 26. Frequency and percentages were used to analyze the general health and fitness status awareness of Gadaa Secondary School and Jiren Secondary School. Spearman Rank Order correlation coefficient was used to analyze the association between health behaviors of students and general health and fitness status awareness of Gadaa Secondary School and Jiren Secondary School. Linear regression was used to analyze the influence of students‘emotional health problem affects general health on fitness status awareness of Gadaa Secondary School and Jiren Secondary School.

## 3.9. Ethical Considerations

The researcher was consider the research values of voluntary participation, confidentiality and anonymity to ensure protection of respondents from any possible harm that will arise from participating in the study. Thus, the researcher will clearly introduced the purpose of the study as a partial fulfillment of a masters study program and requested the respondents to participate in the study on a voluntary basis such that refusal or abstaining from participation was permitted. No name of respondents was mentioned in the thesis to assure the respondents ‘confidentiality of the information given rather the researcher will used pronunciation like he or she and synonym

# CHAPTER FOUR

# 4. RESULTS AND DISCUSSIONS

The chapter four focused on analysis, interpretation and discussion of the demographic characteristics of the participants, the general health awareness level of students in the chosen secondary schools in Jimma Town, the relationship between students' health habits and overall health awareness at a specific secondary school in Jimma Town, and how emotional health issues among students in a specific secondary school in Jimma Town affect general health awareness.

## 4.1. Demographic characteristics of students'

Table 4: 1 Demographic characteristics of students'

| Sn | Demography of Students' | Category | Frequency | Percentage |
|---|---|---|---|---|
| 1 | Secondary school | Jiren S.S. | 106 | 51 |
| | | Gadaa S.S. | 100 | 49 |
| 2 | Grade level | Grade 12 | 181 | 100.0 |
| 3 | Grade section | Jiren S.S.Section-A | 54 | 26.0 |
| | | Jiren S.S. Section-B | 52 | 25.0 |
| | | Gadaa S.S. Section-A | 49 | 24 |
| | | Gadaa S.S.Section-B | 51 | 25 |
| 4 | Sex | Male | 124 | 60 |
| | | Female | 82 | 40 |
| 5 | Age group | 15-20 year | 206 | 100.0 |

Table 4. 1 item 1 displays that Jiren S.S. 106 (51%) and Gadaa S.S. 100 (49%) were the residences of 100% of the respondents, respectively, in accordance with the data analysis discussed above. It is obvious that almost equally as many students from Jiren Secondary School and Gadaa Secondary School were selected. All respondents were in grade 12 according to Table 4. 1 item 2. According to Table 4.1, item 3, the students were selected from Jiren S.S. Section-A 54 (26.0%), Jiren S.S. Section-B 52 (26%), Gadaa S.S. Section-A 49

(24%), and Gadaa S.S. Section-B 51 (25%). The conclusion that nearly equal numbers of students from each section were chosen is obvious.

Male participants in the study made up 113 (62.4%) and female participants made up 68 (37.6%), according to Table 4. 1, item 4. This demonstrates that students who participated were mostly male. Students' ages ranged from 15- 20 years old 181 (100%). As can be seen, all of the participants were students from 15- 20 years old.

This implies that participant of the study demographic characteristics shows that almost equally as many students from Jiren Secondary School and Gadaa Secondary School were selected. All respondents were grade 12. Furthermore, equal numbers of students from each section were chosen is obvious. More than half of the participants were students under the age of 18.

## 4.2. Students' Result on General health and fitness status of students'

Table 4: 2 General health and fitness status of students

| sn | General health and fitness status of Students | SD | | D | | N | | A | | SA | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | F | % | F | % | F | % | F | % | F | % |
| 1 | I am full of energy | 13 | 7.2 | 12 | 6.6 | 10 | 5.5 | 138 | 76.2 | 8 | 4.4 |
| 2 | I resist illness very well | 14 | 7.7 | 10 | 5.5 | 10 | 5.5 | 142 | 78.5 | 5 | 2.8 |
| 3 | When I get sick, I usually recover Quickly | 18 | 9.9 | 8 | 4.4 | 8 | 4.4 | 140 | 77.3 | 7 | 3.9 |
| 4 | I am well coordinated | 6 | 3.3 | 12 | 6.6 | 12 | 6.6 | 146 | 80.7 | 5 | 2.8 |
| 5 | I have a lot of good qualities | 10 | 5.5 | 10 | 5.5 | 6 | 3.3 | 144 | 79.6 | 11 | 6.1 |
| 6 | I am very physically fit | 8 | 4.4 | 6 | 3.3 | 8 | 4.4 | 142 | 78.5 | 17 | 9.4 |
| 7 | I have much to be proud about | 8 | 4.4 | 16 | 8.8 | 10 | 5.5 | 140 | 77.3 | 7 | 3.9 |
| 8 | I like being the way I am | 18 | 9.9 | 8 | 4.4 | 10 | 5.5 | 138 | 76.2 | 7 | 3.9 |
| 9 | I am satisfied with how | 6 | 3.3 | 10 | 5.5 | 12 | 6.6 | 146 | 80.7 | 7 | 3.9 |
| 10 | I live my life | 4 | 2.2 | 18 | 9.9 | 12 | 6.6 | 140 | 77.3 | 7 | 3.9 |
| 11 | My muscle strength is really good | 10 | 5.5 | 14 | 7.7 | 10 | 5.5 | 144 | 79.6 | 3 | 1.7 |
| 12 | I feel socially accepted | 18 | 9.9 | 14 | 7.7 | 4 | 2.2 | 140 | 77.3 | 5 | 2.8 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Aggregate** | 11 | 6 | 12 | 6 | 9 | 5 | 142 | 78 | 7 | 4 |

**Key:** SD = Strongly Disagree (0-1); Disagree (1.1-2); Neutral (2.1-3); Agree (3.1-4); Strongly Agree (4.1-5)

Strongly disagree 13 (7.2%), disagree 12 (6.6%), neutral 10 (5.5%), agree 138 (76.2%), and strongly agree 8 (4.4%), respectively, indicate that students are full of energy. Strongly disagree 14 (7.7%), disagree 10 (5.5%), neutral 10 (5.5%), agree 142 (78.5%), and strongly agree 5 (2.8%) were the results for students who resist illness very well. as soon as students

Strongly disagree 18 (9.9%), disagree 8 (4.4%), neutral 8 (4.4%), agree 140 (77.3%), and strongly agree 7 (3.9%), respectively, with the statement that sick students typically recover quickly. Strongly disagree 6 (3.3%), disagree 12 (6.6%), neutral 12 (6.6%), agree 146 (80.7%), and strongly agree 5 (2.8%) were all responses from students who worked well together.

Strongly disagree 10 (5.5%), disagree 10 (5.5%), neutral 6 (3.3%), agree 144 (79.6%), and strongly agree 11 (6.1%), respectively, indicate that students have many positive traits. Strongly disagree 8 (4.4%), disagree 6 (3.3%), neutral 8 (4.4%), agree 142 (78.5%), and strongly agree 17 (9.4%) among students who were very physically fit. Strongly disagree 8 (4.4%), disagree 16(8.8%), neutral 10(5.5%), agree 140(77.3%), and strongly agree 7(3.9%), respectively, were responses that students can be proud of. Strongly disagree 18 (9.9%), disagree 8 (4.4%), neutral (10.5%), agree 138 (76.2%), and strongly agree 7 (3.9%) are the percentages of students who like being me.

Table 4.2 demonstrates that students were satisfied with how strongly disagreed with 6 (3.3%), disagreed with 10 (5.5%), were neutral 12 (6.6%), were in agreement with 146 (80.7%), and were strongly in agreement with 7 (3.9%), respectively. my students live.

The study implies that the majority of the students at the Jimma secondary school was energetic, had strong immune systems, and recovered quickly from illnesses when they did. They were also well coordinated, endowed with many positive traits, physically fit, and immensely proud of themselves. They felt their muscles were excellent and that they had a socially acceptable personality.

The implication of the study reveals that in contrary to the above idea, it is clear that fewer students at the chosen Jimma secondary school felt unmotivated and were unable to fend off

illnesses effectively. When students are ill, they typically recover quickly less frequently; they were less coordinated, lacked many positive traits, and were physically unfit.

## 4.3. Health and Fitness awareness association with their self-reported Health Behaviors of students

Table 4: 3 Health and Fitness awareness association with their self-reported Health Behaviors of students

| Sn | Variables | Health and Fitness | Health Behaviours | Age | Sex |
|---|---|---|---|---|---|
| **1.** | Health and Fitness status | 1 | | | |
| **2.** | Health Behaviours | .42** | 1 | | |
| **3** | Age | .80** | .25** | 1 | |
| **4** | Sex | .66** | .33** | .654** | **1** |

**Notice: P ** = 0.01.**

The result of this study shows that the General Health and Fitness status and Health Behaviours of students positively correlated, r (180) = .42, p = 0.01. This indicates that as the General Health and Fitness status increases and Health Behaviours of students increase moderately.

The result of this study indicates that the General Health and Fitness status and age of students positively correlated, r (180) = .82, p = 0.01. This indicates that as the General Health and Fitness status and age increases of students increase highly.

The result of this study shows that the General Health and Fitness status and sex of students positively correlated, r (180) = .66, p = 0.01. This indicates that as the General Health and Fitness status and sex increases of students increase slightly.

The result of this study indicates that the Health Behaviours and age of students positively correlated, r (180) = .25, p = 0.01. This indicates that as the Health Behaviours and age of students increase low.

The result of this study shows that the Health Behaviours and sex of students positively correlated, r (180) = .33, p = 0.01. This indicates that as the Health Behaviours and sex of students increase low.

The result of this study shows that the age and sex of students positively correlated, r (180) = .654, p = 0.01. This indicates that as the age and sex of students increase low.

## 4.4. The influence of Emotional Health Problem of students on General Health and Fitness status

Table 4: 4 Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .85[a] | .73 | .73 | .34 |
| a. Predictors: (Constant), Emotional Health Problem of students | | | | |

The "R" column represents the value of R, R can be considered to be one measure of the quality of the prediction of the dependent variable; in this case, emotional Health Problem of students. A value of .85, in this example, indicates a good level of prediction. The "R Square" column represents the $R^2$ value (also called the coefficient of determination), which is the proportion of variance in the dependent variable that can be explained by the independent variables (technically, it is the proportion of variation accounted for by the regression model above and beyond the mean model). You can see from our value of 0.73 that our independent variables explain 73% of the variability of our dependent variable, emotional Health Problem of students. However, you also need to be able to interpret "Adjusted R Square" (adj. $R^2$) to accurately report your data. This implies that the model is fit to determine the influence of Emotional Health Problem of students on General Health and Fitness status.

Table 4: 5 The influence of Emotional Health Problem of students on General Health and Fitness status

| Variable | Unstandardized Coefficients | | Standardized Coefficients | T | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| **(Constant)** | 32.508 | .953 | | 34.1 | .000 |
| **Emotional Health Problem of Students** | .623 | .028 | .858 | 22.3 | .000 |

**Note: R = .85, $R^2$ = .73, df =180, P-value < 0.01**

The result indicates that Emotional Health Problem of students affected the general Health and Fitness status r(180) = 22.3, p < .001. The had General Health and Fitness status 73% explained by the Emotional Health Problem of students. This implies that students‘ emotional health problem have a great contribution on health of students in selected Jimma Town Secondary Schools.

## 4.5. Discussion

In this study students who aware off their health and fitness level had exhibited better character and emotional set-up at a particular secondary school in Jimma Town. In agreement to this finding, South America University nursing students had poor to moderate levels of total physical fitness, with cardiovascular fitness and body flexibility components having the lowest scores. Students who exercised regularly tended to have better physical fitness, perceived physical health and psychological health. Those who did not have sleep problems had better psychological health (Xiaofen, Jose, Erin, & Li, 2009).

In contrary to this finding, research report on university students reveals that most students did not have mastery of an adequate amount of student health-related fitness knowledge. The correlation between student health-related fitness knowledge and physical activity was low and not significant. In addition, student health-related fitness knowledge and physical activity did not change significantly as their years in university increased, indicating that the university has not been able to physically educate the students well (Ali, 2015).

Similar to this finding, many researches so far have pointed out the importance of physical activity opportunities in campus life for university students as the students demonstrate to neglect physical activities during transition from high school to university period. One study explored the relationship between physical activity levels and healthy lifestyle behaviours of university students in order to create awareness about this issue. The findings of the present study indicated that physical activity level of university students directly affected their healthy lifestyle behaviours (Mutlu, Murat, Mehmet, Ali, & Taner, 2013).

According to the study conducted on college students with a higher Global emotional intelligence score were more likely to be physically active than their lower Global emotional intelligence counterparts. Furthermore, college students in the High physical active group reported better mental health compared to the moderate and low physical active groups. The current study supports that physical active enhances health and managing emotional intelligence may be an effective way to improve physical active behaviour among college students. The physical activity amount positively correlated with emotional intelligence and self-efficacy, and self-efficacy positively correlated with emotional intelligence in college students (Piyanee, Hong-Gu, & Ying, 2015).

WHO suggests that the positive health effects of regular exercise of moderate to high and vigorous intensity exercise that builds on aerobic endurance and muscle strength exercise in an amount and daily/weekly regularity recommended by the WHO guidelines (Mutlu et al., 2013).

Similar to this finding, WHO confirmed that physical activity and regular exercise are essential for a positive, active and health-promoting lifestyle? According to the WHO, interventions aimed at increasing physical activity are sustainable health promoting interventions. Positive effects of physical activity and of regular exercise on health have been reported across all age groups (Dipak, 2019).

Similar to this study, recent study suggests that the relationship between physical activity and emotional health is not as simple as to say that activity will invariably lead to improved emotional health. For youngsters to be engaged in physical exercise, it is important that the needs of the particular child be taken into account. Forced and frightening activities should be

avoided. The context should be one of enjoyment rather than of harsh discipline and skill-dependent games where many children are apt to fail (Vaara et al., 2019).

# CHAPTER FIVE

# 5. SUMMARY, CONCLUSION AND RECOMMENDATION

## 5.2. Summary

The primary objective of the study was to assess the status of health and fitness awareness of school students in selected secondary school in Jimma town. The study aimed to answer the following basic questions. These were:

- To what extent students identify their general health status awareness in selected secondary school in Jimma town?
- Was there an association between health behaviors of students and general health status awareness in selected secondary school in Jimma town? And
- Do students‘emotional health problem affects general health status awareness in selected secondary school in Jimma town?

The researcher used a cross-sectional research design for this study. The total number of students in the sample was 181. Questionnaires served as the primary data collection tool. Awareness of general health and fitness status was the study's dependent variable, and student health behaviors and emotional health issues were its independent variables. With SPSS Version 26, the quantitative data were processed. The awareness of the general health and fitness status at Jiren Secondary School and Gadaa Secondary School was analyzed using frequency and percentages. The association between student health behaviors and general health and fitness status awareness at Jiren Secondary School and Gadaa Secondary School was examined using the Spearman Rank order correlation coefficient. The impact of students' emotional health issues was analyzed using linear regression.

The study suggests that few students in selected Jimma secondary school low General health and fitness status. Secondly, the study confirms that General Health and Fitness status and Health Behaviours of students positively correlated, $r\ (180) = .42$, $p = 0.01$. Thirdly, the study reveals that emotional health problem of students affected the general Health and Fitness status $r(180) = 22.3$, $p < .001$.

## 5.2. Conclusion

The goal of the study was to evaluate the level of students' knowledge of fitness and health in a particular secondary school in Jimma town. The results of this study demonstrate that fewer secondary school students from Jimma Town were at risk of contracting diseases, had weak muscles, were less energetic, uncoordinated, and had unacceptable personality traits. These findings call for urgent regular physical activity interventions in these students' schools.

The study finds that students' general health and fitness levels are slightly improved by their health behaviour. Students who had more knowledge and awareness of health-related fitness, participated in regular physical activity, and led active lifestyles were generally in better health and fitness.

According to the study, the emotional health issues of secondary school students in Jimma Town had an impact on everyone's level of fitness and health. According to this, physically active students who attend school tend to have better emotional health than physically inactive students.

## 5.2. Recommendations

Based on the finding of the study the researcher drawn the following recommendations as stated below.

Jimma Town secondary schools were advised to raise awareness and provide regular low- to medium-intensity physical activity for students who were at risk of disease resistance, had weak muscles, were less energetic, uncoordinated, physically unfit, and displayed unacceptable personality traits, all of which necessitated critical regular physical activity intervention in their schools.

The secondary schools selected by Jimma Town were encouraged to work with physical education teachers to assist students who needed regular physical activity interventions in their classrooms because they were at risk of diseases, had weak muscles, were less energetic, were uncoordinated, and had unacceptable personality traits.

Jimma Town selected secondary schools management council was recommended to provide psychological training especially for those who had emotional health problem. This will enable them to produce secondary school students to be mentally active, physically fit and psychologically active citizen.

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# PPENDIX-A
# JIMMA UNIVERSITY
# JIMMA UNIVERSITY SPORT SCIENCE ACADEMY
# DEPARTMENT OF SPORT SCIENCE

**Questionnaire to be filled by high school students**

| I | **GENERAL HEALTH AND FITNESS STATUS** | **Strongly Dis agree (1)** | **Disagree (Tuncer et al.)** | **Neutral (Merriman et al.)** | **Agree (4)** | **Strongly Agree (5)** |
|---|---|---|---|---|---|---|
| 1 | I am full of energy | 1 | 2 | 3 | 4 | 5 |
| 2 | I resist illness very well | 1 | 2 | 3 | 4 | 5 |
| 3 | When I get sick, I usually recover Quickly | 1 | 2 | 3 | 4 | 5 |
| 4 | I am well coordinated | 1 | 2 | 3 | 4 | 5 |
| 5 | I have a lot of good qualities | 1 | 2 | 3 | 4 | 5 |
| 6 | I am very physically fit | 1 | 2 | 3 | 4 | 5 |
| 7 | I have much to be proud about | 1 | 2 | 3 | 4 | 5 |
| 8 | I like being the way I am | 1 | 2 | 3 | 4 | 5 |
| 9 | I am satisfied with how | 1 | 2 | 3 | 4 | 5 |
| 10 | I live my life | 1 | 2 | 3 | 4 | 5 |
| 11 | My muscle strength is really good | 1 | 2 | 3 | 4 | 5 |
| 1 | I feel socially accepted | 1 | 2 | 3 | 4 | 5 |
| II | **HEALTH BEHAVIORS OF STUDENTS** | | | | | |
| 1 | Do you usually participate in physical activities, such as walking, football, dancing, swimming, or playing basketball and others | 1 | 2 | 3 | 4 | 5 |
| 3 | Do you usually watch TV, play video games, or spend time on a computer, tablet or smartphone for more than 2 hours per day (not including computer time for school or work? | 1 | 2 | 3 | 4 | 5 |
| 4 | Do you usually eat 5 or more serving vegetable and fruits every | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | day | | | | | |
| 5 | Do you usually get 8 or more hours of sleep every night? | 1 | 2 | 3 | 4 | 5 |
| 6 | In the last months, have you seen dentist or gone to dental clinics? | 1 | 2 | 3 | 4 | 5 |
| III | **EMOTIONAL HEALTH PROBLEM OF STUDENTS'** | No days | 1-3days | 4-6days | 7 days | |
| 1 | Miss more than a half day of school or work? | No | 1-3 | 4-6 | 7 | |
| 2 | Stay in bed more than half a day, but not miss school or work? | No | 1-3 | 4-6 | 7 | |
| 3 | Cut down on other things you usually do, but not miss school or stay in bed? | No | 1-3 | 4-6 | 7 | |
| 4 | Have trouble walking? | No | 1-3 | 4-6 | 7 | |
| 5 | Have trouble running? | No | 1-3 | 4-6 | 7 | |
| 6 | Have trouble bending, lifting, stooping or reaching? | No | 1-3 | 4-6 | 7 | |
| 7 | Have trouble using your hands or fingers, like writing with a pencil, tying your shoelaces, or buttoning clothing? | No | 1-3 | 4-6 | 7 | |

# APPENDIX-B

ጅማ ዩኒቨርሲቲ

የጅማ ዩኒቨርሲቲ ስፖርት ሳይንስ አካዳሚ

የስፖርት ሳይንስ ትምህርት ክፍል

በሁለተኛ ደረጃ ተማሪዎች የሚሞላ
መጠይቅ

| I | **አጠቃላይ የጤና እና የአካል ብቃት ሁኔታ** | በጣም እስማማ ለ ሁ (1) | አልስማ ማ ም (Tuncer et al.) | ገለልተኛ (Merriman et al.) | እስማማ ለ ሁ (4) | በጣም እስማማ ለ ሁ (5) |
|---|---|---|---|---|---|---|
| 1 | እኔ በጉልበት ተሞልቻለሁ | 1 | 2 | 3 | 4 | 5 |
| 2 | በሽታን በደንብ እቃወማለሁ | 1 | 2 | 3 | 4 | 5 |
| 3 | ታምሜ ብዙ ጊዜ በፍጥነት እድናለሁ። | 1 | 2 | 3 | 4 | 5 |
| 4 | እኔ በደንብ ተቀናጅቻለሁ | 1 | 2 | 3 | 4 | 5 |
| 5 | ብዙ ጥሩ ባሕርያት አሉኝ | 1 | 2 | 3 | 4 | 5 |
| 6 | እኔ በጣም የአካል ብቃት ነኝ | 1 | 2 | 3 | 4 | 5 |
| 7 | የምኮራበት ብዙ ነገር አለኝ | 1 | 2 | 3 | 4 | 5 |
| 8 | እንደ እኔ መሆን እወዳለሁ። | 1 | 2 | 3 | 4 | 5 |
| 9 | እንዴት እንደሆነ ረክቻለሁ | 1 | 2 | 3 | 4 | 5 |
| 10 | ሕይወቴን እኖራለሁ | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11 | የጡንቻ ጥንካሬዬ በጣም ጥሩ ነው። | 1 | 2 | 3 | 4 | 5 |
| 12 | በማህበራዊ ደረጃ ተቀባይነት እንዳለኝ ይሰማኛል። | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| **II** | **የተማሪዎች የጤና ባህሪያት** | | | | | |
| 1 | ብዙውን ጊዜ ታደርጋለህ እንደ መራመድ፣ እግር ኪስ፣ ዳንስ፣ዋና፣ ወይም የቅርጫት ኪስ መጫወት እና ሌሎች ባሉ የአካል ብቃት እንቅስቃሴዎች መሳተፍ | 1 | 2 | 3 | 4 | 5 |
| 2 | ብዙ ጊዜ ቴሌቪዥን ይመለከታሉ፣የቪዲዮ ጌም ይጫወታሉ ወይም በኮምፒውተር፣ታብሌቶች ወይም ስማርትፎን ላይ በቀን ከ2ሰአት በላይ ጊዜ ያሳልፋሉ (ለትምህርት ወይም ለስራ የኮምፒውተር ጊዜን ሳያካትት? | 1 | 2 | 3 | 4 | 5 |
| 3 | ብዙ ጊዜ በየቀኑ 5 ወይም ከዚያ በላይ የሚያቀርቡ አትክልቶችን እና ፍራፍሬዎችን ይመገባሉ። | 1 | 2 | 3 | 4 | 5 |
| 4 | ብዙውን ጊዜ በየቀኑ ለ 8 ወይም ከዚያ በላይ ሰአታት ይተኛሉ? | 1 | 2 | 3 | 4 | 5 |
| 5 | ባለፉት ወራት የጥርስ ሀኪም አይተሃል ወይስ ወደ የጥርስ ህክምና ክሊኒኮች ሄዳለህ? | 1 | 2 | 3 | 4 | 5 |
| III | **ስሜታዊ የጤና ችግር** | ምንም | 1-3ቀናት | 4-6ቀናት | 7 ቀናት | |
| 1 | ከግማሽ ቀን በላይ | ምንም | 1-3 | 4-6 | 7 | |

| | | | | | |
|---|---|---|---|---|---|
| | ትምህርት ቤት ወይም ስራ ናፈቀዎት? | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2 | ከግማሽ ቀን በላይ በአልጋ ላይ ይቆዩ, ነገር ግን ትምህርት ቤት ወይም ስራ አያመልጡም? | ምንም | 1-3 | 4-6 | 7 |
| 3 | ብዙ ጊዜ የምታደርጓቸውን ነገሮች ይቀንሱ፣ ነገር ግን ከትምህርት ቤት አያመልጡም ወይም አልጋ ላይ አይቆዩም? | ምንም | 1-3 | 4-6 | 7 |
| 4 | በእግር መሄድ ይቸገራሉ? | ምንም | 1-3 | 4-6 | 7 |
| 5 | መሮጥ ተቸግረዋል? | ምንም | 1-3 | 4-6 | 7 |
| 6 | መታጠፍ፣ ማንሳት፣ ማጎንበስ ወይም መድረስ ላይ ችግር አለቦት? | ምንም | 1-3 | 4-6 | 7 |
| 7 | እንደ በእርሳስ መጻፍ፣ የጫማ ማሰሪያዎን ማሰር ወይም ልብስዎን እንደመጫን ያሉ እጆችዎን ወይም ጣቶችዎን ለመጠቀም ይቸገራሉ? | ምንም | 1-3 | 4-6 | 7 |

# APPENDIX-C

## Yuuniveersitii Jimmaatti

## Akkaadamii Saayinsii Ispoortii

## Muummee Saayinsii Ispoortii

**Baarattootan Kan guutamu,**

Kaayyoon qoorannoo kanaa _‘ Yeroo Ammaatti Huubannoo faayyaa fi gaa‘umsaa barattoota mana barumsaa sadarkaa 2$^{ffaa}$ isaa qaban _‘ kan jeedhu yeroo tahu. Muuxannoo fi baarumsaa qabdan irraa ka‟un gaaffiilee armaan gadiitti tarreeffaman akka nuf guuttan kabajaan isiin gaafanna. Iccitiin keessa kan eegamedha, kanaafuu maqaa keessan barreessu hin barbaachisu.

Waan nu gargaartaniif guddaa galatooma!!

**Kutaa 1ffaa: Qubsumaa Baarattoota**

**Qajeelcha waliigala**: Gaaffiiwwan armaan gadiitti tarreffamaniif filaannoowwan kaa‘amaanif sirriidha kan jeettan irraatti mallattoo (√) ka‘un waliigaltee keessan barreessa.

1. Maqaa Mana baarumsaa: .....
2. Kutaa barattaan? ----------
3. Saala? Dhiira: ☐ Shaamarran ☐
4. Umrii? .....

## Kutaa 2ffaa: Gaafannoowwan Ijoo

| I | **Faayyaa waliigala fi gahumsaa qaamaa kan walqabatu** | **Konkumaa ittiin walii hin galu (1)** | **Ittiin walii hin galu (Tuncer et al.)** | **Hin murtee ssu(Merriman et al.)** | **Ittiin walii gala (4)** | **Baayyeen ittiin walii gala (5)** |
|---|---|---|---|---|---|---|
| 1. | Anaan humnaatu natti dhaagahama | 1 | 2 | 3 | 4 | 5 |
| 2. | Qaamnikoo Dhukkubaa nan ittiisa | 1 | 2 | 3 | 4 | 5 |
| 3. | Yoo dhukkubee deafen faayya | 1 | 2 | 3 | 4 | 5 |
| 4. | Qaamnikoo qindoominaan jira | 1 | 2 | 3 | 4 | 5 |
| 5. | Amaaloota gaarii baayyeen qaba | 1 | 2 | 3 | 4 | 5 |
| 6. | Gahumsaa qaamaa gaarii irraan jira | 1 | 2 | 3 | 4 | 5 |
| 7. | Waantan ittiin boonuu daanuutu jira | 1 | 2 | 3 | 4 | 5 |
| 8. | Of-taahun natti tola | 1 | 2 | 3 | 4 | 5 |
| 9. | Ani ofitti gammaaddadha | 1 | 2 | 3 | 4 | 5 |
| 10. | Jiraanyaa mataa kootin jiraadha | 1 | 2 | 3 | 4 | 5 |
| 11. | Ciminni maashaa kooti gaariidha | 1 | 2 | 3 | 4 | 5 |
| 12. | Haawasaa biraatti fuudhataman qaba | 1 | 2 | 3 | 4 | 5 |
| **II** | **Faayyummaa amaala ilaalchisee** | **1** | **2** | **3** | **4** | **5** |
| 1 | Yeroo hedduu taphaa kan akka kubbaa miila, kubbaa kaachoo fi Kubbaa harkaan taphaadha | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | Yeroo hedduu teleeviziinii, vidiyoo, koomputaaraa fi moobayilii guyyaatti sa‘atii 2-ol faayyadama | 1 | 2 | 3 | 4 | 5 |
| 3 | Guyyaa hedduu guyyaatti yeroo 5-ol ashaakiltiin fayyaadama | 1 | 2 | 3 | 4 | 5 |
| 4 | Guyyaa hedduu guyyaatti sa‘atii 8-ol nan raafa | 1 | 2 | 3 | 4 | 5 |
| 5 | Ji‘aa darbee keessa ilkaankoo ilaalameera | 1 | 2 | 3 | 4 | 5 |
| **II I** | **Faayyummaa Raakkoo feedhiin kan wal-qabaate** 43 | **Konkuma a (0)** | **Guyya a 1-3** | **Guyy aa 4-** | **Guyyaa 7** | |

| | | | | **6** | |
|---|---|---|---|---|---|
| 1 | Guyyaa walakkaa caalaa baarumsaa yookan hojiinaan dabarsaa | 0 | 1-3 | 4-6 | 7 |
| 2 | Guyyaa walakkaa caalaa baarumsaa caalaa siree irraattan dabarsaa garuu barnootni nan darbu | 0 | 1-3 | 4-6 | 7 |
| 3 | Yeroo hedduu waantotaan hojjedhuu dhiseen mana barumsaa hin haafu | 0 | 1-3 | 4-6 | 7 |
| 4 | Miilaan deeemu nan rakkaadha | 0 | 1-3 | 4-6 | 7 |
| 5 | Fiigu nan rakkadha | 0 | 1-3 | 4-6 | 7 |
| 6 | Gadii jeechu fi ol-jeechun na raakisa | 0 | 1-3 | 4-6 | 7 |
| 7 | Barreeffam barreessu fikophee hiidhachu na raakkisa | 0 | 1-3 | 4-6 | 7 |