



An-Najah National University

Faculty of Graduate Studies

**PREVALENCE OF PSYCHOLOGICAL
DISTRESS AND ASSOCIATED RISK
FACTOR AMONG ADOLESCENTS CROSS
SECTIONAL STUDY IN NABLUS CITY**

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Dedication

إلى الفراشتين اللتين خطفتا ناظري وروحي فألهمتاني عنوان الرسالة ..

أثر الفراشة

أثر الفراشة لا يرى

أثر الفراشة لا يزول

هو جاذبية غامض

يستدرج المعنى، ويرحل

حين يتضح السبيل

هو خفة الأبدى في اليومي

أشواق إلى أعلى

واشراق جميل

هو شامة في الضوء تومي

حين يرشدنا الى الكلمات

باطننا الدليل

هو مثل أغنية تحاول

أن تقول، وتكتفي

بالاقتباس من الظلال

ولا تقول

أثر الفراشة لا يرى

أثر الفراشة لا يزول!

*إلى من سكنوا القلب بودهم وودادهم ف طابت الحياة بهم وفيهم ومعهم ولأجلهم .. *

إلى "مهجتي وبلسمي.." إهدي إليكم هذه الرسالة.

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Declaration

I, the undersigned, declare that I submitted the thesis entitled:

**PREVALENCE OF PSYCHOLOGICAL DISTRESS AND ASSOCIATED RISK
FACTOR AMONG ADOLESCENTS CROSS SECTIONAL STUDY IN NABLUS
CITY**

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name:

Signature:

Date:

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PREVALENCE OF PSYCHOLOGICAL DISTRESS AND ASSOCIATED RISK FACTOR AMONG ADOLESCENTS CROSS SECTIONAL STUDY IN NABLUS CITY

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Abstract

Background: Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years". The importance of psychological distress is treated in many studies that dealt with its consequences through research and interpretation. We can note that there are various readings of its concept, classifications, risk factor, symptoms, effects, and strategies on how to deal with psychological distress. Perhaps this contrast is due to the difference in terms of reference and approach

Objectives: Examine the prevalence of psychological distress among adolescents, determine the associated factor of psychological distress among adolescents, explore the consequences of psychological distress among adolescents, and find out the extent of the difference of psychological stress among adolescents, according to gender, age, economic situation, religious situation, emotional relationships, educational status, and physical change (BMI).

Methodology: A cross-sectional descriptive design was conducted in governmental schools involving adolescents (girls and boys) aged between 13 to 18 years which were selected from 114 schools in Nablus city and surrounding villages. Sample size 382 students were randomly selected during the online questionnaires were distributed via online link.

Results: the prevalence of psychological distress among adolescence in Nablus city during 2020\2021 is (60.8%). Find out many of associated factors is significant p value < 0.05 such as academic achievement, parental relationship, family income, and Covid-9. And discovered many of coping mechanism is significant such as reading Quran, prying (positively), hurt to self and smoking (negatively).

Conclusions: the study concluded that almost all of the adolescents have different level of psychological distress with different associated factors. Also, all of the adolescents have different level of coping mechanism of psychological distress.

Keywords: Adolescents, psychological distress, school, associated factors, coping mechanism.

Chapter One

Introduction and Theoretical Background

“Mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years”(WHO. 2019). The importance of psychological distress is treated in many studies dealing with its consequences through research and interpretation. We notice that there are various readings of its concept, classifications, risk factors, symptoms, effects and strategies. Perhaps this contrast is due to the difference in terms of reference and approach (Shraim R. 2007).

This chapter will discuss the study’s justification and problem statement, research question, aim of the study, research object, research question, hypothesis, and review the different studies conducted in different countries around the world such as Arabic and Islamic countries, European countries, American United States, and East Asian countries.

All articles discussed in this chapter were found by using the electronic search engines: Google Scholar, PubMed and JSTOR. The keywords used in the search process were (psychological distress, stress, stressors, coping strategies, secondary schools, students, adolescents).

All articles are related to the prevalence of psychological distress, stressors, and coping strategies among students or adolescents regardless of the type of school.

1.1 Definition of Adolescence

“Adolescence is the transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between 10 and 19. This age range falls within WHO definition of young people, which refers to individuals between ages 10 and 24” (Csikszentmihalyi M. 2019).

The percentage of people aged between 15-29 years in Palestine is 30%, according to the Palestinian Central Bureau of Statistics for the year 2017 and 36% in the age group 15-19 years (PCBS. 2017).

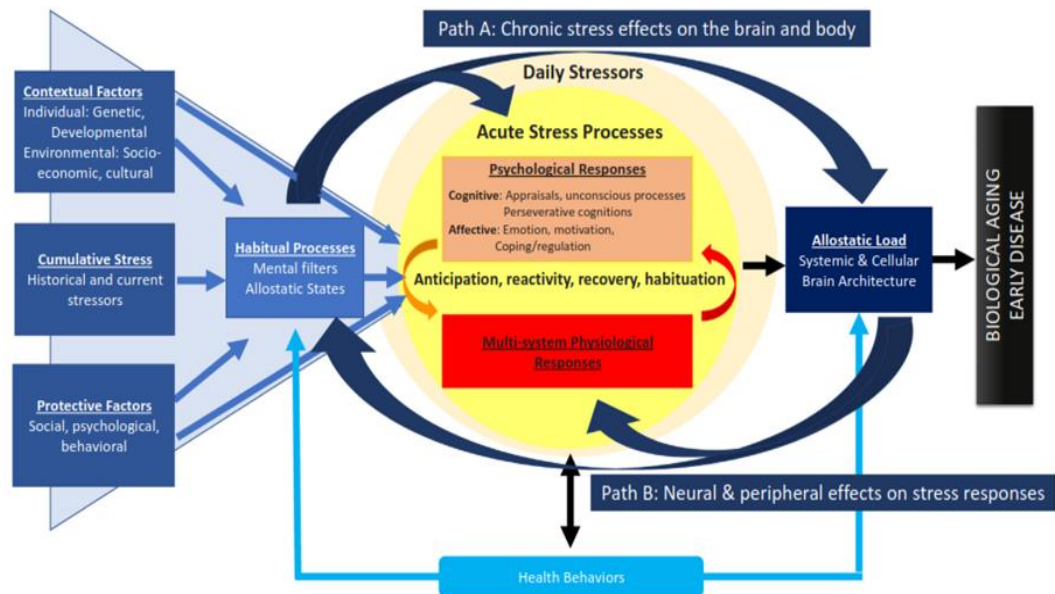
Graham (2004) describes adolescence as a delight and challenge. It is a period of time in life in which new skills are developed and more complex and differentiated social life becomes possible. According to Graham (2004), it is a stage in which family relationships are transformed giving opportunity to greater separation, as well as more closeness and equality towards the parents. Graham (2004) also added that adolescence is a stage when key questions about values and attitudes emerge and the period of time when the individual starts to grapple with some of the biggest questions about identity and future. Adolescence is a delight period because there is a great pleasure to be gained for adults in the idealism and enthusiasm for life apparent in this stage of a young person's development. On the other, It is a challenge because there are undoubtedly many difficulties and obstacles need to be overcome if adults and teenagers are to get on well with each other (Graham S. 2004). Sawyer et al (2012) argues that the health in adolescence consists a set of interactions between the different stages of human development from the period before birth towards the early childhood and the biological and social changes that accompany adulthood, which are shaped by the causes of danger and protection against them in addition to social factors that affect the health of adolescent behavior. To maintain mental health for adolescents, it is necessary to identify the psychological changes during this stage and define mental health and stress. According to WHO description of mental health " It is a state of well-being in which the individual realizes that his / her abilities can cope with the normal stresses of life, work productively and fruitfully, and contribute to his / her community" (WHO. 2004). On the contrary, Sawyer S. et al (2012) argues that the health in adolescence is a set of interactions towards the early childhood with biological and social changes that accompany adulthood that are shaped by the causes of danger and protection against them in addition to social factors that affect the health of adolescent behavior.

1.2 Definition of Stress

According to the Mental Health Foundation (2018), stress can be defined as " the degree to which the individual feels overwhelmed or unable to cope as a result of pressures that are unmanageable". The term "Stress" in social sciences refers to the force that affects the individual and causes him psychological effects such as stress, distress and physiological changes.

Figure 1.1

Tran's disciplinary model of stress: Integrating contextual, historical, habitual, and acute stress processes (Epela E, et al .2018).



Shraim (2007) argues that adolescent psychology focuses on the importance of adolescents forming a stable identification in order to achieve self-sensitization despite the limits of numerous changes, experiences and roles, enabling them to bridge the childhood they leave to enter the age of puberty.

Changes during the adolescence stage concerns the emotional capacity, developmental changes processing in the brain regions that underlie attention, reward evaluation, affective discrimination, response inhibition and goal-direction. According to Yurgelun-Todd (2007), Shraim R. (2007), neurological changes are believed to partly contribute to the range in cognitive and affective behavior seen during adolescence. This development creates a new body-awareness and affects other reflection too, like sexual changes. Furthermore, additional changes in this stage are characterized by rapid cognitive changes.

The malleable characteristics can be fostered by individual efforts, a supportive family and social environment appearing to prevent risk-taking among 13–16-year-olds, older adolescents and university students (Susan P. Phillips N, 2019)

1.3 Definition of Stressors

According to Yaribeygi H, *et al.* (2017), stressor is an external or internal stimulus that stimulates the body's response in a biological manner. These compensatory responses are known as stress responses, and this depends on several factors such as type, intensity and time of the stimulus and stressors representing a potential threat to humans and animals (Murison R .2016). The stressor is determined on the basis of acquired and unearned factors and the early experiences of humans and animals (Murison R .2016). Also, stressors greatly affect mood, behavior, health, and our sense of well-being (Schneiderman N, Ironson G, Siegel S .2008). Although there are many general responses to stress, psychological and physical stressors are pervasive and challenge the well-being of the organism (Shors T, Horvath B .2001).

1.4 Psychological Distress

StecklerTh. (2005.P 25-42) defined psychological stress as “a reaction to an aversive stimulus in an individual’s external environment”. According to Epela E, *et al.*, (2018), when an individual feels that the demands of the environmental stimuli are greater than his ability to cope with, mitigate, or change, he reaches an emotional state called psychological stress. In this situation the individual is forced to cope with an uncomfortable, difficult, or frustrating situation (Naerat E.2018).

The percentage of adolescents suffering from psychological distress in Malang, Indonesia, reached 53.2%. (Widyasari D, Yuniardi S.2019), another study in Mekelle City, Tigray Region, Ethiopia shows that the prevalence of psychological stress among adolescents reached 34.9% (Gebremedhin HT, *et al.* .2020). Depressive symptoms appeared in 17.2% sample (95% CI 14.2-20.7) among adolescence in the Arab Emirates (UAE) (Shah S, Al DhaheriF,*et al.* .2020). The standard deviation scored of high school students with stress were 2.59 (Ji-YeongS,Mi-Ye K.2006).

Table 1*Definitions of Adolescence, Psychological Distress, and Stress*

Name	Author	Defenition
Adolescence	(Sawyer S, <i>et al.</i> 2018)	<i>“ definition adolescence Age between 10-24 is proportional to the adolescent's growth and understanding of life rather than age 10-19”.</i>
Adolescence	(Gestsdottir S, <i>et al.</i> 2015).	<i>“The transition from adolescence to young adulthood is a time of rapid physical, social and cognitive changes, as individuals start establishing their own lifestyle patterns and form health-related behaviours, which tend to be stable throughout life”</i>
Psychological distress	(Henderson KM, <i>et al.</i> 2013)	<i>“psychosocial distress was defined as a composite measure of depression, self-perceived stress, neuroticism, and dissatisfaction” .</i>
Psychosocial distress	(Hong Y, <i>et al.</i> 2013)	<i>“distress using five indicators: alcohol intoxication, drug use, suicidal behavior, depression, and loneliness.”</i>
Stress	(Selye H. 1976 .137P)	<i>is “the nonspecific response of the body to any demand made upon it,” that is, the rate at which we live at any one moment”</i>
Psychological distress	(Ridner S. 2004)	<i>is “seldom defined as a distinct concept and is often embedded in the context of strain, stress and distress”</i>
Psychological distress	(Bayram N , Bilgel N .2008.P1)	<i>Is “an unpleasant subjective state associated with symptoms from the anxiety-depression spectrum which leads to poor mental health and impact level of functioning”</i>
Psychological distress	(Gebremedhin HT, <i>et al.</i> 2020.p1)	<i>“is defined as a state of emotional suffering characterized by the combination of symptoms of depression and anxiety”</i>

1.5 Associated Factors:

Stress usually begins to appear as an effect of pressure during the adolescence stage, puberty and cognitive development and changes in social expectation. Puberty can lead to pressure feeling for adolescents, alongside the obvious changes in height, weight and body appearance. According to Steinberg L, (2002), many adolescents develop confidence, while in some cases, demands and changes during adolescence leading the adolescent into a state of inability, confusion, stress and pessimism regarding to the future. According to Murphey D, Barry M, Vaughn B. (2013), adolescents’ stress can be stemmed from multiple directions such as school, relationships (with friends, romantic partners and parents), hormonal and physical changes associated with adolescence,

impending decisions about college and career, pressures to conform or to engage in risky behaviors, family financial problems, dangerous neighborhoods and more.

Previous studies have also focused on the difference between urban and rural individuals, their exposure to stress and dealing with behavioral problems in adolescence (Elgara F, Arlett C, Groves R. 2003). Results show that the level of stress and ways of coping with stress, despite the difficult socioeconomic status in rural areas, is similar in urban and rural groups (Elgara F, Arlett C, Groves R. 2003). Furthermore, the study identified that the rate of stress for boys is higher than the stress levels for girls in urban and rural areas (Elgara F, Arlett C, Groves R. 2003). Sheldon discovered in research that PD arises when a person recognizes that the needs of life exceed the ability of resilience (Cohen Sh, 2007).

1.5.1 Gender and PD

Visani D, *et al.* (2011) study showed that the rate of psychological distress in girls is higher than boys in adolescence. Female Adolescents had higher symptoms of anger and depression than males (Asgeirsdottir B, Sigfusdottir I. 2015), (Abou Abbas O, AlBuhairan F.2017). Adolescent girls were more likely than boys to suffer psychological distress. (Widyasari D, Yuniardi S.2019). The results determined that the prevalence of mental disorders among adolescents was 23.3%, where the rate of suffering disorder is higher for females at 29.2% than males at 18.0%. (Pengpid S, Peltzer K. 2020). In Palestine, the adolescent girls are more susceptible to psychological symptoms than boys (Abdel-Hamid A, *et al.* 2002). The prevalence of PD among females is higher than males (Tabak I, Jodkowska M, Oblacińska A. 2008). In Zambia, the rate of PD among adolescents was 15.7%. The rate is higher in females compared to males (14.4% males and 16.8% females) (Siziya S, Mazaba M. 2015).

1.5.2 Puberty and PD

This research studied the relationship between puberty and PD in adolescents, as the occurrence of puberty PD increases compared to pre-puberty (Ge X, Conger R, Elder G. 2013). Organisms at puberty react differently against pressures, behaviorally and physiologically, compared to adults (Romeo R. 2010). Moreover, cross-sectional evidence found that early female puberty affects the mental health of adolescent girls

(Mendle J. 2020). According to Blaustein J, Ismail N. (2013), during puberty and adolescence, females' moods are disturbed and their response changes to any behavior affected by estradiol. In humans, hormonal changes affect the extent of the brain's response to estradiol or progesterone by activating the immune system. Moreover, During adolescence, symptoms of depression, anxiety and depression increase, and their severity is higher in girls than in boys after the onset of puberty (Boivin J, *et al.* 2017).

1.5.3 Body Mass Index (Obesity) and Psychological Distress

An increased body mass index (BMI) and obesity increases PD of adolescents (Kubzansky L, Gilthorpe M, Goodman E. 2012). Obesity and overweight had a significant impact on PD among adolescents. Through cyber bullying, the average degree of psychological stress was 5.39 (sd = 4.75) (Lee B, Jeong S, Roh M. 2018). The results indicated that 54% of adolescent students have psychological distress, and the ratio between genders and schools is approximately equal (Saquib N, *et al.* 2017). The results also indicated that obesity and overweight among students is 32%, those who sit on the phone for more than two hours a day 75%, and those who sleep more than five hours a night 20% (Saquib N, *et al.* 2017). On the contrary, another study indicated that the effect of obesity on the incidence of PD is low (Guddal M, *et al.* 2020).

When facing the society, an individual is responsible for his weight and he/she bears the responsibility, which leads to problems with self-esteem, chronic stress, loss of control, emotional problems and anxiety (Suldo Sh, *et al.* 2008).

1.5.4 Disability and PD

Chiu Y, *et al.* (2017) argues that adolescent with intellectual disabilities is vulnerable to abuse, which affects the PD of the adolescent with intellectual disabilities significantly. According to Hidesh, *et al.* (2018) the higher percentage in the depression groups is found in people with anemia ($P = 0.004$). Approximately 25% of adults who are suffering type 1 diabetes complain from PD related to the method of insulin administration and diabetes attacks (Hislop A, *et al.* 2008).

The proportion of people who experienced disability discrimination and who had experienced psychological distress was 62%. Furthermore, the percentage of those who

experienced discrimination and avoidance and were more likely to experience psychological distress was 3.7 (95% CI 2.95 to 4.72) (Temple J, Kelaher M. 2018).

1.5.5 Spiritual and Culture and PD

According to (Debnam K, *et al.*2017), male and female students were resorting spirituality to adapt to circumstances and situations that lead to psychological pressure and tension.

1.5.6 Place of Living (Urban, rural and camps) and PD

Previous studies have also focused on the differences between urban and rural individuals and their exposure to stress and dealing with behavioral problems in adolescence stage (Elgara F, Arlett C, Groves R. 2003). The results of (Elgara F, Arlett C, Groves R.2003) study show that the level of stress and ways of facing stress, despite the difficult socioeconomic status in rural areas, is similar in the urban and rural groups. PD factors such as not living with both parents were associated with urban residence (Jaisoorya TS, *et al.*2017). The psychological stress of adolescents increases in urban areas due to the vulnerability of families to poverty, criminal abuse, societal violence, lack of access to medical services, economic hardships and lack of job opportunities (Sheidow A, *et al.*2015). Also, they indicate that the presence of minorities from other regions is not positively accepted and welcomed, which led to an increase in depression and anxiety among minority adolescents in the majority school (Atkin A, *et al.* 2018).

The psychological problems of refugee adolescents who are living in camps shows increasing (Rabiau M .2019).

1.5.7 Parents and PD

Between 1987 and 2006, a study indicated that what mostly affects the adolescent and leads to PD is the controversy with parents and withdrawal from school (Sweeting H, *et al.* 2010). (Kim C, *et al.* 2020) study found that parents were related to anger and distress in a large proportion of adolescents. The level of psychological stress was high for males and females who suffer from poor parental bonds, and difficulty communicating with parents (Tabak I, Jodkowska M, Oblacińska A.2008).(Jaisoorya TS, *et al.* 2017) related the PD with aging, not living with parents, and urban residence ($P < 0.05$), where the

percentage of PD was 10.5%, moderate distress was 5.4%, and severe distress was 4.9% of the students. Negative body image, poor relationship with parents, and chronic diseases are related to feelings of stress, anxiety, and severe sadness among adolescent students in Saudi Arabia (Abou Abbas O, AlBuhairan F.2017). Another study indicated that the family and school attachment may be a reason for protecting adolescents from danger and depression (Foster C, *et al.* 2017). Also, that communication between adolescents and parents reduces symptoms of depression in adolescence (Finan L, *et al.* 2018) but the excessive parental intervention on increasing academic stress may negatively affect them (Jeong E, *et al.* 2019)

1.5.8 Family income and psychological distress

The practice of adolescents is directly and indirectly overwhelmed by the financial pressures experienced by parents, compared to other families with middle or high incomes (Ponnet K. .2014). According to Glasscock D, *et al.* (2013), children and adolescents are twice to three times more likely to suffer from mental health problems as a result of social and economic deprivation; hence, mental problems increase over time when social and economic status declines (Reiss F.2013). Low family income is associated with higher stress in adolescents.

According to Lempers J, Lempers D, Simons R. (1989), economic difficulties have a direct and indirect effect on the occurrence of depression and feelings of loneliness. The indirect effects occur through less parental care, which leads to psychological pressure, deviation, and drug use, whether for males or females (Lempers J, Lempers D, Simons R.1989). However, the direct effect of economic difficulties on psychological pressure or drug use has not been found, whether for males or females (Lempers J, Lempers D, Simons R.1989).

1.5.9 School and PD

According to Jayanthi P, *et al.* (2015) study conducted in a high school, it was determined that the most exposed depression is in adolescent students who are suffering from academic stress. Also, a study conducted by (Terada Y. 2018) found that when students get bad grades in school, the secretion of cortisone and the so-called stress hormone increases because the hormone remains high and they have difficulty moving forward.

(Terada Y. 2018). In addition, another study in Jordan in 2018 found that 15% of adolescent have mental problems, 25 % are suffering from academic difficulties, 8% have been diagnosed with psychological problems, while 16.3% of the adolescents have been diagnosed with depression, as for 34% having a middle or severe depression since their adolescence. (Dardas L, *et al.* 2018). The results of (Jeong E, *et al.* (2019) study showed that the increase in academic stress led to significant psychological stress the causes of depression after controlling for age, race, and gender among adolescents in this study were exposed to neglect, exposure to verbal abuse at school, a history of physical illness requiring treatment, lack of monthly allowance spent at school, low family income, and being a current or former smoker after controlling for age and gender and human classification. (Shah S, Al Dhaheri F, *et al.* 2020). The result showed that the equivalent of 47.6% of high school adolescents suffers from PD with considerable academic stress. (Lin H, Yusoff M. 2013).

1.5.10 Friendship and Romantic Relationship and PD

According to Camara M, *et al.* (2017), the identified sources of the stress in other studies are romantic breakups with a rate of 18.7%, the results displayed in the study about the double effect of interpersonal relationships as a source of pressure or social support the emotional relationships are sources of support for the adolescent

The friendship relationship is very important for relieving PD and psychological entertainment, and it was better among females of the same sex than males (Almqvist Y, *et al.* 2014). High support from friends reduced PD at age 14 (Dion J, *et al.* 2015), the friend affected psychological stress in adolescence, and it was different between mild (57%), moderate (22%) and high psychological distress (7%) (Benner A, Hou Y, Jackson K. 2019). The lack of close friends of the same nationality leads to increased emotional stress in boys (Tabak I, Jodkowska M, Oblacińska A. 2008).

The presence of a same-sex friendship or a romantic relationship with high levels of romantic safety led to a decrease in loneliness and depression (Chow Ch, Ruhl H. Buhrmester D. 2015). Also, another study showed that romantic relationships have a positive impact with positive interpersonal relationships and evidence of psychological well-being, but also have an inverse relationship with integrity, and a negative

relationship with independence and self-acceptance (Gómez-López M, Viejo C, Ortega-Ruiz R. 2019).

1.5.11 COVID-19 and PD

“SARS-CoV-2, caused a series of acute atypical respiratory diseases in Wuhan, Hubei Province, China. The disease caused by this virus was termed COVID-19. The virus is transmittable between humans and has caused pandemic worldwide”. (Yuki K,*et al* .2020)

Adolescence who stayed at home and did volunteer work, and girls more often than boys were more acceptable to have depression, anxiety, or stress symptoms. (Tamarit A, *et al* .2020).In Saudi Arabia, a relationship was detected between the high level of stress and the outbreak of the Corona virus, and the results showed that 55% had moderate levels of stress, 30.2% had high levels of stress, where the moral correlation was in females ($P = 0.003$). (AlAteeq D ,*et al* .2020)

1.6 Consequence of PD Among Adolescence

The study divided the psychological consequences into three specialties, mental health, biology (which is the effect of stress on organic functions), and criminology which is the impact of crime on delinquency (Sigfusdottir I, *et al* . 2017).

PD can have many consequences on adolescence such as aggressiveness, where adolescent's experiences are associated with aggression on psychological relationships and physical positively. Aggression is associated with the PD of adolescents, but physical aggression is not (Jouriles E, *et al* . 2009). According to a study conducted in 2010, the prevalence of depression in women was 5.5% higher than that of males 3.2% in males and this is duplicated 1.7 times, (Albert P.2015) this differentiation is generally due to biological differences between the sexes and other reasons issecondary such as race, culture, economic status and education, Depression decreases in women with age. (Albert P.2015)

1.6.1 Academic Problem

In addition, another study in Jordan from 2018 showed that 15% of adolescents have mental problems, 25 % are suffering from academic difficulties, and 8% have been

diagnosed with psychological problems, while 16.3% of the adolescents have been diagnosed with depression, as for 34% having a middle or severe depression since their adolescence. (Dardas L, *et al.* 2018).

About more than a quarter of adolescents in the study with a rate of 35.1% have reported not having hope for the future, about 6.9% feel frustrated and 2.1% think of death or self-harm, while 6.3% have no emotional support (Beattie T, *et al.* 2019).

1.6.2 Smoking

The rate of smoking adolescents aged between 15 to 19 years is 23.5%, according to statistics during 2015 (Purgal W, 2016). According to studies, cigarette smoking amounts to up to 9%, while the use of marijuana is recorded with 3% (Low N, *et al.* 2012) (Sigfusdottir I. 2017). Furthermore, the study found that the prevalence of female who is smoking is more than males (25.9 % vs.17.6%) and the rate from the sample of an adolescent who visited primary health care rate up to 38% of the sample (Kekkonen V, *et al.* 2015). The study determined that adolescent students who have psychological distress were more likely to report cases of substance abuse, alcohol and tobacco use, academic failure, suicide and sexual assault. (Jaisoorya TS, *et al.* 2017)

1.6.3 Self-Harm and Suicide

From the consequences of this distress among students, they were susceptible to alcohol and tobacco abuse, academic failure, suicide, and sexual assault. (Jaisoorya TS, *et al.* 2017). For the past twenty years, the connection between stress and poor health as harmful behavior was established, then researchers clarified that social conflicts through family or friends (social relationship) lead to increased stress levels for children and adolescents (SigfusdottirI, *et al.* . 2017). Furthermore, the study in Palestine found at least 49% of the people were subjected to stress and 44% of adolescents suffering from depression. The WHO stated that suicide is the third most important cause of adolescent death for youths aged 15-19 years (Jaradat N.2015). The rate of adolescents having considered suicide in Palestine is estimated at 13.9% according to (Jaradat N.2015). According to a study conducted in 2013/2014 in China the rate of self-harm among adolescents was 27.6%. This study found the incidence of self-harm among adolescents was closely related to their mental health condition (Zhang J, Song J, Wang J. 2016).

1.6.4 Drug abuse and Alcohol Consumption

Stress has consequences for the adolescents ranging from drug abuse, self-harm to suicide attempts. While these consequences increase day by day and affect developed countries economically and socially “quarter of a billion people used illicit drugs in 2013” (United Nations Office on Drugs and Crime.2015).The results indicated a positive relationship between stress and drug addiction between both sexes in-school adolescents. (Debnam K, *et al.*2017). Another study the consequences of depression among adolescents who participated in the study 6.5% are associated with substance abuse (Essaua C, Conradtb J, Petermannb F. 2002).

PD was associated with alcohol consumption, and the results were as follows: [AOR = 3.08; 95% CI: (1.64, 5.77)], physical violence [AOR = 2.99; 95% CI: (1.69 - 5.28)], contact sexual assault [AOR = 2.37; 95% CI: (1.23, 4.55)], non-contact sexual harassment [AOR = 1.91; 95% CI: (1.04, 3.49)], and risk to bullying [AOR = 1.81; 95% CI: (1.03, 3.29)]. (Gebremedhin HT, *et al.* 2020).

1.6.5 Somatization

Somatization (Undifferentiated Somatoform Disorder) “*This condition emerges during adolescence, causing significant impairment.* (Silber T, Pao M. 2016). *Multiple severe symptoms of at least 6 months’ duration are required to make the diagnosis*”, including many signs and symptoms such as pain syndromes, gastrointestinal or urogenital complaints, fatigue, loss of appetite and pseudo neurologic symptoms. (Silber T, Pao M. 2016). The diagnosis and symptoms were not better explained with other mental disorders, such as mood or anxiety disorder. A more severe form, the classic somatization disorder, is usually an adult condition (Silber T, Pao M. 2016). In one of the studies in Saudi Arabia for adolescent girls in schools in the city of Abha, the percentage of female students who suffer from somatization(14.2%). (Al Gelban .2009) Consequences are depression of 17.7% up to 22.6 % of adolescents who participated in the study in 2002, while 27.4% of the adolescents who are suffering from depression have somatoform disorders. (Essaua C, Conradtb J, Petermannb F.2002).

1.7 Mechanisms of coping with PD

1.7.1 Free time (hobbies)

According to the study, related interests constitute a large part of the daily life of adolescents, then family and friends. (Slot E, *et al* .2019). This study searches for the most popular activity among adolescents, and revealed the most interest of adolescents revolves around sports, artistic activities, performance and graphics. (Sivan A, *et al* .2018)

1.7.2 Internet

Approximately, 54% of adolescents in this study who were addicted to video games had psychological distress (Saquib N, Saquib J, *et al* .2017), and (21.7%) of the 99.2% from the adolescents who use the internet are suffering from high levels of mental disorder, but a greater proportion of females (28.7%) reported very high levels of psychological distress compared to males (15.3%). (Abstract E, Milton K, Foster Ch, *et al* .2017). The study was proved that using Facebook leads to PD, depression, anxiety, feeling lonely and attempting suicide. (Marino C, Gini G , *et al* .2018) ,another study the result showed a relationship between the duration of sitting on the Internet and the emergence of depressive symptoms in female adolescents (OR = 2.09, 95% CI = 1.16, 3.76, $p < 0.05$), and the incidence of psychological stress in males (OR = 2.23, 95% CI = 1.36, 3.65, $p < 0.01$) and in females (OR = 2.38, 95% CI = 1.55, 3.67, $p < 0.01$). (Hoare E , *et al* .2017)

1.7.3 Video (electronic) games

The study display that the pressure resulting from the pressure of parents on their children leads to an increase in academic stress and thus psychological destruction and an attempt to unload in pathological games of self-control. (Jeong E, *et al* .2019) The results revealed a strong relationship between video game addiction and psychological distress (OR = 4.1, 95% CI = 1.80, 9.47). (Saquib N, *et al* .2017), and another study approved in Saudi Arabia that present a strong association between electronic game addiction and stress among adolescents (median OR = 6.7, 95% CI = 2.9-15.5; high OR = 11.9, 95% CI = 4.7-30.1). (Rajab A, *et al* .2020).

1.8 Study justification and problem statement

Adolescents who are studying in Nablus governmental schools face a high risk of PD. Many factors and sources influence the performance in school and at home and could lead to psychological distress. These factors include puberty, school, relationships (with friends, romantic partners and parents), hormonal and physical, pressures to conform, or to engage in risky behaviors, family financial problems. Additional factors that affect PD are drug abuse, self-harm, suicide attempt, smoking, mental disorders, like anxiety and depression, and somatoform disorder. The result of this study is aimed to help parents and teachers to better communicate and give guidance on the treatment of affected adolescents. This study aims to serve as a guide giving suggestions and recommendations on effective steps to manage and reduce the source of psychological distress for adolescents.

1.9 Problem statement

The adolescent stage is considered a difficult period in a persons' life, where adolescents face various difficulties, problems, and challenges. While mild PD motivates adolescents to make life task, severe psychological stress can overwhelm adolescents and lead to dangerous problems effecting academic studies and the, relationship with parent and friends. Therefore, the aim of this study is to assess the prevalence of PD and to find the associated factors and its consequences among adolescents in Nablus governmental schools.

1.10 significance of study

The knowledge of the main associated factors of adolescent's PD in school will help in determining how adolescents perceive distress and how they cope with it in their life. The results of this study can help parents, teachers and students. This study can be used in form of suggestion and recommendations to take effective step to reduce PD for adolescence, training parents and teachers, as well as teach adolescent students how to manage the associated factors of PD and help parent to treat and provide support for adolescents complaining of distress.

1.11 general objective

The aim of this study is to assess the prevalence of PD to find the associated factors and its consequences among adolescents in Nablus governmental schools.

1.12 specific objectives

1. Examine the prevalence of PD among adolescents.
2. Determine the associated factor of PD among adolescents.
3. Explore the consequences of PD among adolescents.
4. Find out the extent of the difference of psychological stress among adolescents, according to gender, age, economic situation, religious situation, emotional relationships, educational status, and physical change (BMI).

1.13 Research question

1. What is the prevalence of psychological distress among general adolescents in governmental schools in Nablus city 2020?
2. What is the main associated factor of PD among adolescents at government schools in nablus city?
3. What are the main consequences of PD among adolescents at government schools in nablus city?
4. What is the relationship between PD among adolescents, and gender, age, economic situation, religious situation, emotional relationships, educational status, and physical change (BMI)?

Chapter Two

Methods

This chapter describes the methodology that was used to carry out the study. It includes the study design, settings and site, study population, sample size and sampling method, eligibility criteria, data collection tools, variability and reliability, ethical consideration, field work preparation, scoring system and data analysis.

2.1 Study design

A cross-sectional descriptive study was used to achieve the aim of the study, which is to “Assess psychological distress and associated factor among adolescents aged between 13 to 18 years old in governmental schools in nablus city”.

2.2 Settings and site

The study was conducted in governmental schools involving students (girls and boys) aged between 13 to 18 years who were selected from (114) schools in Nablus city and surrounding villages.

2.3 Study population

The study population included students at 8th, 9th, 10th, 11th, 12th grade (male and female, from all branches of 11th grade).

2.4 Sample size

The sample size was calculated 382 students based on Raosoft calculation system, which considered the confidence level as 95%, confidence interval 5% and total population 12,255 of all students.

• Sampling

The study population includes adolescents both sexes aged between 13 to 18 years. Students were selected using a random sample technique.

Ministry of Education was contacted in Nablus city and the questionnaire form was presented to take approval. After receiving approval, the online questionnaires were distributed via an online link with the help of each school's administration to distribute it then published on the school's Facebook page for students to answer after parental approval.

Calculated sample size of the study was (382) students in Nablus schools, aged between 13 to 18 years (girls, boys), calculated with a margin of error of 5%, a confidence level of 95% and a response distribution of 50% then added 10% from the non-response .

2.5 Selection criteria

2.5.1 Inclusion criteria

- Students' ages ranged between (13-18) years.
- Students from both genders.
 - In a governmental school
 - Goes to school in Nablus city or surrounding villages

2.5.2 Exclusion criteria

- Adolescents less than 13 years or more than 18 years.
- Adolescents out of school.
- Students in Private and UNRWA

2.5 Data collection tool

A self-reporting questionnaire was used to collected data, consisting of six parts as the following (Annex 1):

Part one: socio-demographic data, consisting of 12 items (gender, age, place of living, religion, pray, reader Quran\gospel, disease, weight, high, final average, counseling from a psychological and educational counselor at their school).

Part two: the family data, consisting of 7 items (relationship between mother and father, number of family member who live in home with mother and father, have the father job,

have the mother job, family financial, have one of family member abnormalities, have romantic problems).

Part three: an adolescent spends free time, consisting of 11 item (sleeping, going out with friend's, using internet and social media, sporting, writing, playing electronic games, visiting family, watching TV, shopping, reading, drawing).

Part Four: prevalence of stress, including 2 items to investigate the prevalence of stress among adolescents.

Part five: Five statement-Likert scale answered by five choices to assess source of psychological distress for adolescence study in school environment. (Annex1) (MansorKh.2017).

Part six: Its 19 statement Likert scale answered by four choices to assess coping to stressful environment. (MansorKh.2017).

Pilot study

A pilot study was carried out on a sample size of 10 % (37 students) selected from governmental schools in Nablus. It was conducted to determine the reliability of the data collection tool, to estimate the time required to complete the questionnaire, to assess the effectiveness of instructions that were given for students, and to revise the method of data collection before starting the actual fieldwork. Based on the pilot study a few edits were made to the questionnaire answering process, a question about Covid-19 situation in 3SQ scale was added and the questionnaire was distributed via school pages to increase participation.

The results of cronbach alpha test in this study show that the 3SQ scale is (0.770), and the COPE scale is (0.799), a study by (Mansor Kh.2017) shows that the 3SQ scale is (0.922), and COPE scale is (0.801).

2.8 Ethical consideration

- An approval from the university committee of ethics institutional review board (IRB) was obtained. (Annex 2)

Followed by taking acceptance to distribute the questionnaire without the need for parental consent from the Health Department, Ministry of Education in Nablus city.

Participants have the right not to answer any part of the questionnaire if they considered it will have an adverse effect on them. Privacy and dignity was ensured in this study and we made sure the participants will not suffer any harm.

The questionnaire distribution to the students and collection was in the period between (November 24th, 2020 – January 30th, 2021).

The total number of students who filled the questionnaire distribution to the students online questionnaire in Nablus schools was (526), and the number of questionnaires fully filled and approved was (500).

2.11 statistical analyses

Data was analyzed using Statistical Package for Social Sciences program (SPSS). Categorical data is presented as prevalence and frequencies, while continuous data as mean and standard deviation. Using the following Chi-square

2.12 Dependent and independent variable

Independent variable: gender, age, place of living, religion, pray, reader Quran\gospel, disease, weight, high, study branch, final average, counseling from a psychological and educational counselor at their school, the family data (relationship between mother and father, number of family member who live in home with mother and father, have the father job, have the mother job, family financial, have one of family member abnormalities, have romantic problems), a adolescent spends free time, consisting of 11 item (sleeping, going out with friend's, using internet and social media, sporting, writing, playing electronic games, visiting family, watching TV, shopping, reading, drawing).

Dependent variable: psychological distress.

Chapter Three

Results

This chapter presented the results and findings of the study by illustrated the frequencies, percentages, mean, and standard deviation and P- value.

Table 2

Distribution of percentage of adolescents regarding their socio-demographic data and family data

Variable	Categories	Total	
BMI (Mean)		N	mean
		488	22.27kg\m
Age (mean (mean)		500	16.00
Final rate (mean)		477	81.98%
Variable	Categories	No	%
Gender (%)	Male	80	16.0
	Female	420	84.0
Religion (%)	Muslim	494	99.2
	Christian	4	0.80
	Other	0	00.0
Praying (%)	Yes	417	83.4
	No	83	16.6
Reading the Quran / Bible (%)	Yes	406	81.2
	No	94	18.8
Diseases (%)	Anemia	17	3.40
	Physical disability	4.	0.80
	Diabetic	0	00.0
	Never	479	95.8
Psychological/ educational counsel	Sometimes	162	32.4
	Always	7	1.40
	Never	331	66.2

Variable	Categorical	Yes N	%
Parental relationship	Married	480	96.0
	Separated	8	1.60
	The father is dead	7	1.00
	The mother is dead	5	1.00
The number of individuals residing in the house, including the father and mother:	3 people	16	3.20
	4 people	37	7.40
	5 people	98	19.6
	6 people	349	69.8
The father work:	Yes	468	93.6
	No	32	6.40
The mother work:	Yes	119	23.8
	No	381	76.2
Family income (father+ mother):	1500 shekels or less	135	27.1
	1501-3000 shekels	182	36.5
	3001-6000shekels	110	22.0
	6001 shekels	72	14.4
A disability within the family member	Yes	20	4.00
	No	480	96.0
Have emotional problem with a friend or significant other	Yes	101	20.2
	No	399	79.8
Do you go to the psychological or educational counselor in your school to consult and take advice:	Sometime	162	32.4
	Always	7	1.40
	Never	331	66.2

Table 2 showed that the majority of students who enrolled in the questionnaire were females (84.8%). It also showed that (83.4%) of them pray and (81.2%) read Quran/ bible). The majorities of their parents were married and had working fathers. And showed that the majority of the sample (66.2%) reported that they did not receive any counseling for psychological distress

Table 3

Distribution of percentage of adolescents a regarding their use free time

Variable	Categories			
	Yes		No	
	No	%	No	%
Sleep (or nap)	196	39.2	304	60.8
Going out with friends	119	23.8	381	76.2
Internet use of social media such as Facebook	407	81.4	93.0	18.6
Playing sports	81	16.2	419	83.8
Writing	59	11.8	441	88.2
Playing electronic games (PUBG, etc.)	116	23.2	384	76.8
Family visits	129	25.8	371	74.2
Watching TV	143	28.6	357	71.4
Shopping	73	14.6	427	85.4
Reading	117	23.4	382	76.4
Drawing	74	14.8	426	85.2

Table 3 showed that the majority of adolescents reported that they their free time in using the internet and Facebook (81.4%). While (23.3%) spend their time watching TV and playing electronic games (PUBG, etc.). Only (11.4%) reported that they write to enjoy their free time.

Table 4

Prevalence of Psychological adolescence and distribution of percentage of PD among adolescence and effect of adolescence life

Categorical	Psychological distress					
	Yes		No			
	No	%	No	%		
Categories	Gender		Total			
	No	%	No	%	No	%
I feel stressed	5	6.20	100	23.8	105	30.0
I feel stressed, but it does not affect my life	5	6.00	145	34.6	150	40.6
I feel psychological pressure and it affects my life	3	3.80	108	25.6	111	29.4
Total	13	16.0	353	84.0	366	100

Table (4) the result discovered that the majority (60.80%) of adolescent have reported psychological distress and the result significant (p value < 0.050), and that (40.6%) of adolescents reported that they “feel stressed, but it does not affect their life”, but only (30%) of them reported that they “feel stressed” only. Results also showed that the majority of female adolescents reported stress (84.0%).

Table (C1) in Appendix C represented distribution of percentage of adolescence regarding the causes of psychological distress as reported by them. It showed that the majority who adolescents rolled in the questionnaire were Getting low and bad grades is 60% , and the minority were meet new friend is 3.20%

Table (C2) in Appendix C The majority of adolescents who coping mechanisms affecting PD were answering “I rise to prayer“ with percentage of 68% when collection moderately I do it and ,and the minority of adolescents who coping mechanisms affecting PD were answering “Attempting to hurt myself” with percentage of 6%.

Table 5

Distribution the prevalence of psychological distress among adolescence in relation gender and living place

Prevalence of psychological distress	Variable	No	%	P .value
	Male	44	55.0	0.247
	Female	260	61.9	0.257
	City	218	62.5	0.549
	Village	67	54.5	0.546

Chi square was used to calculate p-value

Table (5) Females have stress more than male (61.9%> 55.0%), and adolescents who are living in city and have stress more than who are living in village (62.5% > 54.5%). But not significant (p value >0.050).

Table 6*Relationship between sociodemographic characteristics and psychological distress*

Variable		stress		No stress		Total		p-value
		No	Mean	No	Mean	No	Mean	
BMI (Mean)		299	21.64	189	23.25	488	22.27	0.205
Age		16		16		16		< 0.050
Final rate		286	81.4%	191	82.75%	477	81.9%	0.292
		No	%	No	%	No	%	
Sex (%)	Male	44	14.5	36	18.4	80	16.0	0.247
	Female	260	85.5	160	81.6	420	84.0	
Place of living	City	218	71.7	131	66.8	349	69.8	0.549
	Village	67	22.0	56	28.6	123	24.6	
	Camp	19	6.30	9	4.60	28	5.60	
Religion	Islam	301	99.0	195	99.5	496	99.2	0.560
	Christian	3	1.00	1	0.50	4	0.80	
	Other	0	0.00	0	0.00	0	0.00	
Praying (%)	Yes	245	80.6	172	87.8	417	83.4	0.036
	No	59	0.50	24	12.2	83	16.6	
Read the Quran / Bible (%)	Yes	251	82.6	155	79.1	407	81.2	0.331
	No	53	17.4	41	20.9	94	18.8	
Have any of the following diseases (%)	Anemia	15	4.90	2	1.00	17	3.40	0.015
	Physical disability	0	0.00	0	0.00	0	0.00	
	Diabetic	3	1.00	1	0.50	4	0.80	
	Never	286	94.1	193	98.5	479	95.8	
Go to the psychological or educational counselor in your school to consult and take advice:	Sometimes	92	30.3	70	35.7	162	32.4	0.271
	Always	6	2.00	1	0.50	7	1.40	
	Never	206	67.8	125	63.8	331	66.2	
Parental relationship	Married	289	95.1	191	97.4	480	96.0	0.083
	Separated	4	1.30	4	2.00	8	1.60	
	The father is dead	7	2.30	0	0.00	7	1.40	
	The mother is dead	4	1.30	1	0.20	5	1.00	
The number of individuals residing in the house, including father and mother	3 people	8	2.60	8	4.10	16	3.20	0.270
	4 people	26	8.60	11	5.60	37	7.40	
	5 people	67	22.0	31	15.8	98	19.6	
	6 people	203	66.8	146	74.5	349	69.8	
The father work	Yes	282	92.8	186	94.9	468	93.6	0.342
	No	22	7.20	10	5.10	32	6.40	
The mother work	Yes	69	22.7	50	25.5	119	23.8	0.472
	No	235	77.3	146	74.5	381	76.2	
5) Family Income (Father + Mother):	1500 shekels or less	98	32.3	37	18.9	135	27.1	0.027
	1501 - 3000 shekels	101	33.3	81	41.3	182	36.5	
	3001_6000 shekels	62	20.5	48	24.5	110	22.0	
	6001shekels or more	42	13.9	30	15.3	72	14.4	
A disability within the family members:	yes	13	4.30	7	3.60	20	4.00	0.695
	No	291	95.7	189	96.4	480	96.0	
Have emotional problems with a friend or significant other	yes	89	29.3	12	6.10	101	20.2	< 0.050
	No	215	70.7	184	93.9	399	79.8	

Chi square was used to calculate p-value

Table (6) represented distribution of the number, percentage and P-value of relationship between psychological distress for adolescence and socio demographic data . It showed that the (P-value < 0.05) of adolescence ask question “ Do you pray ?” and “Do you have any of the following diseases ?”, represented distribution of the number; percentage and

P-value of relationship between psychological distress for adolescence and parental data.
It showed that

Table 7

Distribution of the number, percentage and P-value of relationship between free time and psychological distress among adolescence

Variable	Categorical	Stress				Total		p-value
		Yes No	%	No No	%			
Sleep (or nap)	yes	137	45.1	59	30.1	196	39.2	0.001
	No	167	54.9	137	69.9	304	60.8	
Going out with friends	Yes	65	21.4	54	27.6	119	23.8	0.114
	No	239	78.6	142	72.4	381	76.2	
Internet use of social media such as Facebook	Yes	253	83.2	154	78.6	407	81.4	0.193
	No	51	16.8	42	21.4	93	18.6	
Playing sports	Yes	44	14.5	37	18.9	81	16.2	0.193
	No	260	85.5	159	81.1	419	83.8	
Writing	Yes	41	13.5	18	9.20	59	11.8	0.146
	No	263	86.5	178	90.8	441	88.2	
Playing electronic games (PUBG, etc.)	Yes	67	22.0	49	25.0	116	23.2	0.445
	No	237	78.0	147	75.0	384	76.8	
Family visits	Yes	74	24.3	55	28.1	129	25.8	0.354
	No	230	75.7	141	71.9	371	74.2	
Watching TV	Yes	82	27.0	61	31.1	143	28.6	0.317
	No	222	73.0	135	68.9	357	71.4	
Shopping	yes	50	16.4	23	11.7	73	14.6	0.146
	No	254	83.6	173	88.3	427	85.4	
Reading	Yes	75	24.6	43	21.9	118	23.6	0.798
	No	229	75.3	153	78.1	382	76.4	
Drawing	Yes	38	12.5	36	18.4	74	14.8	0.027
	No	266	87.5	160	81.6	426	85.2	

Chi square was used to calculate p-value

Table (7) represented distribution of the number; percentage and P-value of relationship between psychological distress for adolescence and using free time . It showed that the (P-value < 0.05 of adolescence who using time in “Sleep (or nap)”, “drawing”

Table (C3) in Appendix C represented distribution of the number; percentage and P-value of relationship between psychological distress for adolescence and causes of psychological distress. It showed that the (P-value < 0.050) for adolescence who are complaining” school exam “, “Understand the courses and syllabuses”, “conflict with friend “, “conflict with parent”, “appearance “, “. Negative thinking about myself”, “Being blamed by the teacher/ teachers”

Table (C4) in Appendix C represented distribution of the number; percentage and P-value of relationship between psychological distress for adolescence and coping mechanism of stress. It showed that the (P-value < 0.050) “Drinking large amounts of medicine”, “Attempting to hurt myself”, “I smoke cigarettes or hookah to feel better”, “I criticize myself “,” The reverse conversion of feelings to be contrary to the situation through joking, jokes and others”

Chapter Four

Discussion and conclusion

This chapter discusses the results of study with a relation to other studies findings in Arab, Islamic, European and other countries. In addition, it discusses the similarities and differences between results with other studies, also illustrated some rational of those differences.

4.1 Socio-demographic data

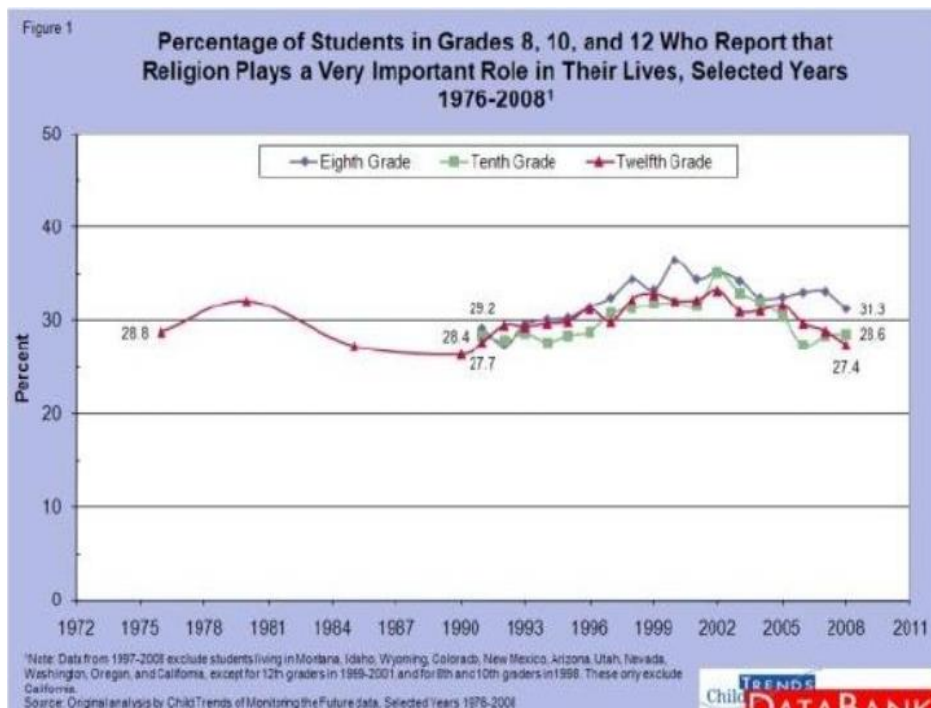
The study results indicate that the mean of age is (16) year for students, and more than three quarters of students (84%) were female and more than half of them (69%) are living in the city. The percentage of females in Palestine is 49% according to statistics of Palestinian Central Bureau of Statistics (BCBS.2020). In Nablus city, the 40.4 % female in other study. (Khatib A, Arafat H. 2009). In addition, (50.2%) of the students in Palestine were female for the academic year (2011/2012). (BCBS.2013).

Difference of the male/female percentage could be attributed to the fact that female students were more enthusiastic to answer the questionnaire because female schools were more cooperative to encourage their students to enter the study. The result of BMI means among adolescents is normal 22.27kg/m and not significant.

In previous study, the results also indicate that obesity and overweight among students 32%. (Saquib N, et al. 2017). Percentages of adolescents who perform religious practices in our study are quite high; 83.4% reported that they pray, and 81.2% reported that they read the Quran/Bible. This percentage is higher than reported by other studies. The result of a previous study showed that around 29.1 % of (grade 8, 10, 12) students perform religious activities and is playing very important role in their life (1976-2008). The difference between the numbers in our study and numbers from studies in different countries could be attributed to the widespread of Islam and Islamic culture in the Palestinian society.

Figure 4.1

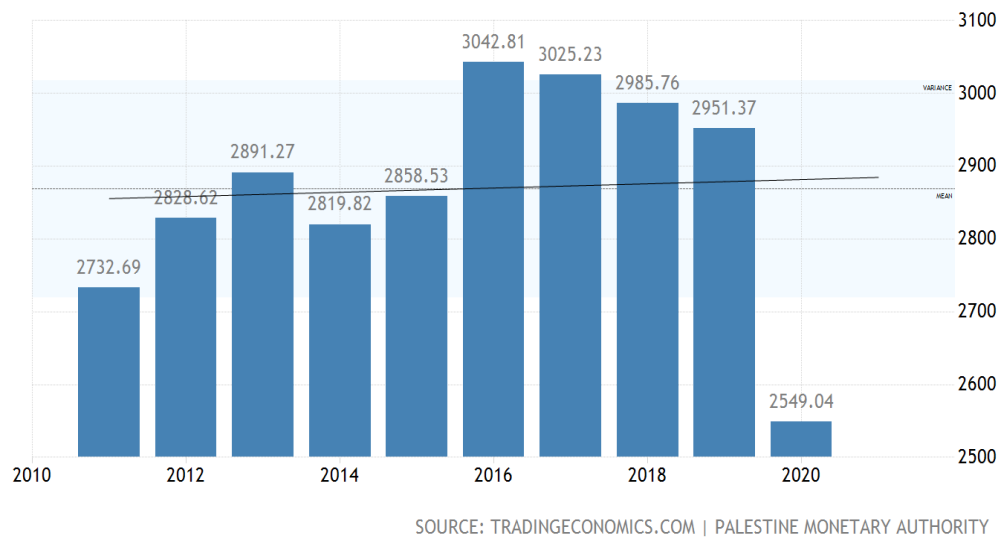
Percentage of students in grades 8, 10, and 12 who report that religion plays a very important role in their lives, selected years 1976-2008.



The study results in table (3-1) indicate that 96% of parental relationship is married. Also, (69.8%) of students have six persons or more who are residing in the house including father and mother. (93.6%) whose father is working is significant. More than one third (36.5%) of the adolescents' family income is (1501-3000 NIS). The average income in Palestine according to Palestine Monetary Authority declined in the past 4 years, and in 2020 there was a big drop to (2549 shekel) (Palestine GDP per capita) most probably; the cause of this drop was from covid 19 pandemic.

Figure 4.2

The average income in Palestine according to Palestine Monetary during 2010 to 2020.



The study results (table 3-1) showed that only one third of students (32.4%) go to the psychological or educational counselor in school to consult or taken device at their schools. Comparatively Previous research also indicates almost the same conclusion that 20% of students need mental health services, but only one in five of these students receive the necessary services (Erford B. 2019). The results of the previous were slightly different, perhaps because there are more psychological problems and stress among adolescents in Palestine than in other countries.

4.2 Use of Free Time

The results determined that more than three quarters (81.4 %) of adolescents spent their free time to use Internet and social media such as Face book. According to previous studies in the United States 95% of teens own a smart phone, and 45% say they are almost always online. (Anderson M, Jiang J. 2018)

This high percentage result may be in the use of the Internet and social media among adolescents as a means to eliminate of life's pressures relieve psychological distress. It differs among countries. Others may use another choice to relieve PD. Therefore, there is a need to further study the relationship between Internet addictions and psychological distress.

In our study, the percentage of adolescents watching TV was 28.6%. In previous studies in Colombia adolescence are watching TV and video games, it was 92.3% in 2010. (Rinco'n-Pabo'n D, ex al. 2010). This could be explained by the new direction of interest of adolescents towards internet and social media to spend their time.

(39.2%) of adolescents spent their free time in sleep. previous study adolescents who are sleeping more than five hours a night are 20%. (Saquib N, et al. 2017). The results of the previous were slightly different; perhaps due to the presence of entertainment means to fill the time other than sleeping.

4.3 Prevalence of PD among adolescence

Prevalence of psychological distress among adolescents in our study was 60.8%. The results in (table 3-3) showed that (29.4%) of adolescence have psychological pressure and affects their life.

Previous studies showed the prevalence of psychological distress among adolescence to be less prevalent. For example, in Mekelle City, Tigray Region, Ethiopia it was 34.9%. (Gebremedhin HT, et al .2020). Where in Malang, Indonesia, it reached 53.2%. (Widyasari D, Yuniardi S.2019). Also, in Kerala, India. 20.8% of students had mental distress (Jaisoorya T, et al .2017). The prevalence of psychological distress was 23.3% among adolescents in Morocco (PengpidS ,Peltzer K .2016). The wide difference of prevalence of psychological distress between our study and other counties can be attributed to multiple factors. First, the state of covid-19 pandemic that has increased the levels of PD worldwide (Heide A, et al. 2020) In Belgium, the early period of the lockdown corresponded to a 2.3-fold increase in psychological distress compared to a 2018 survey. (Lorant V, et al. 2021). Secondly, the unstable political situation in Palestine contributes to high levels of stress. (Barber B, et al. 2016)

Variation in the prevalence of psychological stress among adolescents in countries as a result of several circumstances, either political such as war, economic such as poverty, or social such as conflicts or health.

4.4 Source of Psychological Distress Among Adolescence

The findings of this study showed that the main domains of stressors, as reported by students, was the source of PD among adolescence with mean

The study results in also reported that the thirteen stressors facing adolescence, in descending order, were the "school exam", "Understanding the course and syllabuses ", "getting low and bad grades", " conflict with friend ", "exposure to rumors by colleagues ", " meet new friend ", "conflict with parent ", "low family income ", "appearance " and "negative thinking about self ", "being blamed by the teachers ", "not participation in school activities such as the morning radio ", "corona epidemic " are significant *p*- value less than 0.05. This indicates moderate level of stress caused by these stressors.

Numbers also shows that four stressors in the top thirteen list were significantly related as a source of PD (ARS). Those were "school exam ", "understanding courses and syllabuses", self and personality "appearance ", "corona endemic ", "difficulties in understanding learning content". These results were similar to those found in a study by (Lin H, Yusoff M.2013) which found that the stress among students was related to their study in especially during examination time and when getting poor marks and poor understanding of the course. Are significant *P* values less than 0.050 indicating a moderate level of stress.

There is a need for additional studies to investigate the differences between the domains of stressors among students in relation to different variables such as socio-economic factors or demographic area.

4.5 Coping Mechanism of PD among Adolescence

The results in reveal several strategies to cope with stress among adolescence, which are divided into nineteen branches “ read the Quran’n\Bible “ , ”rise to prayer “ , “ eat a lot of food “ , “ drinking large amount of medicine “ , “ attempting to harm self “ , “ do some housework and activities “ , “ smoke cigarettes or hookah “ , “ receive emotional support from other “ , “ stop trying to deal with the situation “ , “ talk to self about things that help banish negative feeling “ , “ get advice and support from other “ , “ try to see it from another angel “ , “ criticize self “ , “ the reverse conversion of feeling to be contrary to the situation thought joking joke and other “ , “ do things that reduce thinking about the

situation such as going to cinema “ , “ accept the truth of what happened “ , “try to find comfort in my religious and spiritual beliefs” , “ learn to live with the situation “ , “ practically think about the step “ are significant p value less than 0.050.

There are fourteen branches that were statistically significant (P -value < 0.05) they are “ read the Quran’s\Bible “ ,”rise to prayer “ , “ drinking large amount of medicine “ , “ attempting to harm self “ , “ do some housework and activities “ , “ smoke cigarettes or hookah “ , “ receive emotional support from other “ , “ talk to self about things that help banish negative feeling “ , “ get advice and support from other “ , “ try to see it from another angel “ , “ the reverse conversion of feeling to be contrary to the situation thought joking joke and other “ , “ do things that reduce thinking about the situation such as going to cinema “ , “ accept the truth of what happened “ , “try to find comfort in my religious and spiritual beliefs” , “ learn to live with the situation “ , and “ practically think about the step “

These results were consistent with the study by Bożek A (2020) in Poland, which indicated that the strong relationship between spirituality and human mind ($M_0 = 3.41$, $SD_0 = 0.55$; $M_1 = 3.73$, $SD_1 = 0.56$; $p < 0.001$). (Bożek A , Nowak P , Blukacz M .2020) , Another study conducted in 2013/2014 in China found out that the rate of self-harm as a coping mechanism among adolescents was 27.6%. It found out that the incidence of self-harm among adolescents was closely related to their mental health condition (Zhang J, Song J, Wang J. 2016). The rate of adolescents having considered suicide in Palestine is estimated at 13.9% according to (Jaradat N. 2015). Cigarette smoking percentage among adolescents mounts to up to 9%, while the use of marijuana is recorded with 3% (Low N, et al. 2012) (Sigfusdottir I. 2017). Furthermore, adolescents who suffer from distress were more likely to report cases of substance abuse, alcohol and tobacco use, academic failure, suicide and sexual assault. (Jaisoorya T, et al .2017).

4.6 Prevalence of Psychological Distress among Adolescence in Relation to Gender and place

The findings of the study display the Prevalence rate of psychological distress among adolescence in relation to gender. The results indicate that the prevalence rate of

psychological distress among females was higher than males (61.9 % > 55.0%) with no significant differences ($P>0.05$).

Some results were similar to the current study, and some were less, but the difference shows that female are exposed to more psychological pressure than boys, for several reasons, most notably puberty and the hormonal changes that females are exposed to in adolescence. But, according to our numbers, there is no significant difference between genders regarding psychological distress.

These results are in line with this study, that the female gender gap is wider in the Arab world, with 24.9% of females suffering from more psychological problems than 19.2% of males. (AlBuhairan F .2015). Also In Zambia, the rate of psychological distress among adolescents was 15.7%. the rate is higher in females compared to males (14.4% males and 16.8% females). (Siziya S, Mazaba M. 2015). A previous study also showed that the percentage of females aged (13-18) who suffer from psychological stress in the study was 54.5% in South Carolina. (Hankin B, Mermelstein R, Roesch L. 2007) Adolescent girls were more likely than boys to suffer from psychological distress. (Widyasari D, Yuniardi S. 2019). The prevalence of mental disorders among adolescents was 23.3%, where the rate of suffering disorder is higher for females at (29.2%) than males at (18.0%).(Pengpid S ,Peltzer K .2020) . It also showed that it was higher among Adolescents who live in the city more than adolescence who live in the village. (62.5% >54.5 %)

A study conducted in India showed that the place of residence had a significant impact on psychological distress among adolescents. 13.3 % psychological distress in city more than town and village 10.1%, 10.0% and (p value < 0.05) is significant with psychological distress. (Jaisoorya T, et al .2017)

The result of a previous study in China states that the percentage of adolescents who live in city (30.7%) is less than adolescents who is living in village (69.2%) and location of place live is not significant with psychological distress (p value > 0.05). (Li T. 2020). This difference in results about place of residence in different countries could be attributes to the contrasting living condition in the cities and villages in difference.

4.7 Adolescence Psychological Distress Regarding Socio- demographic, Family Data and Using Free Time

The results indicate that the factors significantly influencing psychological distress (p value < 0.05) are praying, family income, sleep, emotional problems and drawing as a coping mechanism.

The percentage of adolescents who are praying and do not have psychological distress is more than three quarters (87.8%). The result in previous study in Kenya 2013 is similar study that the result of Adolescents who is used religious adaptation as a form of coping to face stressors and their percentage was (85.3%). (Puffer E , et al . 2013), but in Saudi Arabia the result is lower than 11% from adolescents who are pray/read the Quran .(Raheel H.2014) The difference may be due to the low level of psychological stress among adolescents in Saudi Arabia, the increase in the percentage of entertainment and economic conditions.

Family income in table (3-8) show that percentage of adolescence who have psychological distress is (65.6%) in the category of lower family income (between 1500 shekel and 3000 shekel) In the previous study in china 2020 the family economic was not significantly with psychological distress (p value > 0.05). (Li T. 2020). This difference is a result of the higher average income in China than the average income in Palestine in 2020, the median per capita disposable income of residents in China was (27,540 Yuan=13,373.424 Shekels). (National Bureau of Statistics of China.2021)

The percentage of adolescents who reported having emotional problems with friend or significant other and stress (29.3%) with significant p - value < 0.05 . the previous study that the friend affected PD in adolescence, and it was different between mild (57%), moderate (22%) and high PD (7%). (Benner A, Hou Y, Jackson K.2019). The similarity of results in the two studies indicates that there is a significant effect of emotional support on adolescents.

Sleep and drawing during free time in table (3-9) is significant with PD (p value < 0.05). The result of study (54.9%) of adolescents weren't sleep during free time and have PD, (18.4%) of adolescents were drawing during free time and haven't PD. The previous study

that the result (55%) of adolescents suffering from psychological stress slept less than hours during the day. (Jakobsson M, et al. 2018)

4.8 Relationship between potential sources of PD and psychological distress among adolescents

The results of the present study show the relationship and significance between positional sources of PD and psychological distress among adolescents.

There were multiple factors under academic achievements that were significant. Such as “school exam“ (73.6%) between medium and high stress cause, "understanding the course and syllabuses“ (61.5%) between medium and high stress and (p value < 0.05). Under relationship and friendships, “conflict with friend “was significant with a percentage of (44.1%) between medium and high stress and (p value < 0.05). Under family sources, “conflict with parent “was significant with a percentage of (55.6%) between medium and high stress, (p value < 0.05). Under self and personality sources, “appearance was significant with a percentage of (30.0%) , and “ negative thinking about myself“ with a percentage between medium and high stress of (42.1%) , Finally, “ being blamed by the teacher/teachers “ was significant with a percentage of (38.2%)between medium and high stress. (P value < 0.05).

In a previous study in Mozambique, the percentage of adolescents who have presents parents checking homework and have psychological distress is (20.55%) but not significant (p value > 0.05). (Amuh , et al .2020). The result of academic failure in India among adolescents and have moderate and sever PD is (11.3%) (Jaisoorya T. 2017) Another result inAlgeria stated that the percentage of adolescents with conflict with their parents and stress is (27.58%). And those with emotional problems and stress is (18.18 %), not successful in study (13.63%) academic and emotional and stress (17.74%). (Rema S. 2012) Another study stated that the relationship between romantic breakup and stress was significant. (P value < 0.05). (Low N, et al . 2012) confirming the results of our study.

The percentage was lower in India and Algeria, perhaps due to the difference in the educational and guidance system, understanding of parents and the presence of entertainment means to relieve the PD of students and take into account their psychological state

4.9 Relationship between Coping Mechanism and PD

The results found that presents significant coping mechanisms affecting PD (p value < 0.05) were “drinking large amount of medicine “ with a percentage of (13.9%) between moderately do it and great deal , “ attempting to harm myself “ with a percentage of (9.5%) between moderately do it and great deal , “ smoke cigarette and hookah “ with a percentage of (10.6%)between moderately do it and great deal , “ criticize myself “ with a percentage of (36.2%) between moderately do it and great deal , “ the reverse conversation of feeling “ with a percentage of (42.8%).

The previous study in Riyadh city described the prevalence of adolescents who are cigarette smokers is 19.5%. (Al Ghobain MO, et al.2011) and in Mozambique, (34.44%) of adolescents who have PD smoke and (p value < 0.05). (Amu H, et al .2020). These results show that cigarette smoking as a coping mechanism with stress for adolescents is a serious issue that is popular among different countries.

The result from previous study appeared that the adolescents in India who current tobacco use and have moderate and sever PD is (24.8%). (Jaisoorya T. 2017), and adolescents in India who suicidal attempts and have moderate and sever PD (49.3%). (Jaisoorya T. 2017)

According to a study conducted in 2013/2014 in China, the rate of self-harm among adolescents was 27.6%. This study found that the incidence of self-harm among adolescents was closely related to their mental health condition (Zhang J, Song J, Wang J. 2016).

Results of the Hypothesis

The findings of the study (table 3-9) indicate that there is no significant difference in the prevalence rate of PD among general adolescents gender .(P - value) of male and female more than 0.005 .For the city and village, p value is more than 0.005.

That the result finding in table (3-9) show that there is significant difference in the main associated factor among the (P -value < 0.05) for adolescence who are complaining ”school exam “, “Understand the courses and syllabuses”, “ conflict with friend “, “conflict with parent”, “appearance “,”. Negative thinking about myself”,” and Being blamed by the teacher/teachers”; another factors aren’t significant (p value < 0.05) .

There is significant difference in main consequence of PD among adolescents. The results in table (5-14) show that the (P -value < 0.05) “Drinking large amounts of medicine”, “Attempting to hurt myself”, “I smoke cigarettes or hookah to feel better” and “I criticize myself”, “The reverse conversion of feelings to be contrary to the situation through joking, jokes and others” and another consequence (p value < 0.05)

The result in table (3-9,10) show that there is significant difference in the extent of the difference between PD among adolescents according gender, economic situation, religious situation, emotional situation and educational situation (p value < 0.05). On the other hand, it is not significant according age and BMI among adolescents (p value > 0.05).

Conclusion

To conclude that:

- 1) The prevalence rate of PD is high. Almost all students experience stress, (60.80%) of adolescents have different levels of stress with different effects, and (25.6%) of them feel PD and effect of life.
- 2) The prevalence rate of stress among females is higher than males (61.9% $>$ 55.0%).

This study shows that the prevalence of psychological distress among adolescents in Palestine is 60.8%. Around 29% of them have psychological distress that affects their life. The variation of the psychological distress caused by several circumstances: political such as war, economic such as poverty, or social such as conflicts or health. Other factors may also significantly influence psychological distress (p value < 0.05) are praying, family income, sleep, emotional problems and drawing as a coping mechanism.

Looking closely into these factors, we notice that under academic achievements the impact is significant; for example, “school exam” causes between medium and high stress for 73.6% of the study sample, whereas “understanding the course and syllabuses” and “negative thinking about myself”, have the same impact (p value < 0.05) on 61.5% and 42.1% subsequently. Other factors have a significant impact as well, such as “conflict with a friend”, which affects 44.1%; “conflict with a parent”, which affects 55.6%; “appearance”, which affects 30.0%; and “being blamed by the teacher/teachers”, which

affects 38.2%. In a previous study in India, the academic failure among adolescents was found to cause moderate and severe PD for 11.3%. In Algeria, (Jaisoorya T. 2017) stated that the percentage of adolescents with conflict with their parents caused stress to 27.58%; emotional problems causes stress to 18.18 %; and failing in study for 13.63%. The percentage seems to be lower in India and Algeria comparing to Palestine, perhaps due to the difference in the educational and guidance system, understanding of parents and the presence of entertainment means to relieve the psychological pressure on students considering their psychological state.

Also, it is found that significant coping mechanisms may affect PD (p value < 0.05) such as: “drinking large amount of medicine”, which correlates to 13.9% of the study sample; “hurt myself “ to 9.5%“; smoke cigarette and hookah to 10.6% , “ criticize myself “ to 36.2%; and “ the reverse conversation of feeling “ to 42.8%. Previous studies showed the same phenomenon; for example a study in Riyadh city describes the prevalence of adolescents found that 19.5% of them smoke cigarettes (Al Ghobain MO, et al. 2011). In Mozambique, (34.44%) of adolescents who have psychological distress smoke (p value < 0.05). In India 24.8% of adolescents who smoke tobacco have moderate and severe PD. According to a study conducted in 2013/2014 in China, the rate of self-harm among adolescents was 27.6%. These results show that cigarette smoking as a coping mechanism with stress for adolescents is a serious issue that is popular among different countries.

On the other hand , the results show that 56.4% of adolescents read Quran or Bible which has a significant impact on them. The number of adolescents living with both parents is 96.0 %. Only one third of them (32.4%) go to the psychological or educational counselor. In comparison, previous research were slightly different, perhaps because there are more psychological problems and stress among adolescents in Palestine than in other countries.

The percentage of praying adolescents who do not have psychological distress is more than three quarters (87.8%). This result matches a previous study in Kenya, 2013, but contradicts another one in Saudi Arabia with only 11% from adolescents who pray/read the Quran do not have PD. The percentage of adolescents who reported having emotional problems with a friend and PD (with p - value < 0.05) is 29.3%. A previous study showed the effect of friendship on PD in adolescence, the results were different between mild

(57%), moderate (22%) and high psychological distress (7%). Sleeping and drawing during free time have significant impact on PD (p value <0.05), around 55% of adolescents who weren't sleep during their free time suffer from PD, (18.4%) of them were drawing during free time and haven't PD. A previous study showed that 55% of adolescents suffer from psychological stress slept less than an hour during the day.

Recommendation

- 1) We recommend The Ministry of Education to increase focus on adolescents and advice An-Najah National University to increase studies and research on this stage
- 2) Increase the role of psychological and educational counselors in schools in order to provide psychological support and debriefing for students.
- 3) Strengthening the communication between counselors and parents and provide guidance on how to deal with adolescents and positively impact them during this sensitive stage of their lives.
- 4) Implementing studies on the reasons behind the students' reluctance from going to the psychological counselor to take advice and find solutions to that.
- 5) Searching for the reasons that push students into useless strategies, such as sleeping, sitting on social media and electronic games.
- 6) Finding recreational or educational places to fill the time of the bettors and unleash their energies there.

Limitation

1. Difficulty finding a supervisor.
2. Corona epidemic.
3. The difficulty of distributing the questionnaire to schools, the difficulty of filling it out from the students and the inability to clarify the questions.
4. The lack and difficulty of finding studies related to the topic of research.
5. Difficulty finding studies and research on research topics.

List of Abbreviations

Abbreviation	Meaning
WHO	World Health Organization
PCBS	Palestinian Central Bureau of Statistics.
BMI	Body Mass Index
PD	Psychological Distress
ARS	Academic Resilience Scale

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Appendices

Appendix A: Questionnaire



جامعة النجاح الوطنية

كلية الطب وعلوم الصحة

التخصص/ماجستير صحة عامة

تقوم الطالبة "إيمان محمد روجي شومان" بإجراء دراسة تهدف الى التعرف على مدى إنتشار

الضغط النفسي بين المواهقين ومصادر الضغوطات النفسية لدى المراهقين من طلبة المدارس

عمر 14_16 سنة في المدارس الحكومية في مدينة نابلس وذلك استكمالاً لمتطلبات الحصول

على درجة الماجستير في تخصص الصحة العامة.لذا نرجو من الطلبة الكرام قراءة فقرات

الإستبانة والإجابة عن كل فقرة حسب ما ترونه مناسباً علماً أن المعلومات الواردة في الإستبانة

سوف تستخدم لأغراض البحث العلمي فقط و ستحاط بالسرية التامة .

شكرا على حسن تعاونكم

I. البيانات الديمغرافية والاجتماعية
الرجاء وضع اشارة (X) بجانب الخيار الذي يتناسب مع وضعك.

(1) الجنس :			
1.	ذكر	2.	أنثى
(2) العمر :.....			
(3) مكان السكن :			
1.	مدينة	2.	قرية
		3.	مخيم
(4) الدين :			
1.	مسلم	2.	مسيحي
		3.	غير ذلك
(5) هل تصلي :			
1.	نعم	2.	لا
(6) هل تقرأ القرآن \ الإنجيل			
1.	نعم	2.	لا
(7) هل لديك إحدى الأمراض التالية :			
1.	فقر دم	2.	إعاقة جسدية
3.	سكري	4.	غير ذلك \ أذكره إيه
(8) الوزن : _____			
(9) الطول : _____			
(10) المعدل النهائي في الفصل الماضي :.....			
(11) هل تقوم/ي بالتوجه للمرشد النفسي او التربوي في مدرستك لاستشارة واخذ النصيحة :			
1.	أحياناً	2.	دائماً
		3.	أبداً

II. بيانات عن العائلة :

(1) علاقة الوالدين :			
1.	متزوجين	2.	منفصلين
3.	الأب متوفي	4.	الأم متوفيه
(2) عدد الأفراد المقيمين في المنزل بما في ذلك الأب والأم :			
1.	3 أفراد	2.	4 أفراد
3.	5 أفراد	4.	6 أفراد فما أكثر
(3) هل الأب يعمل :			
1.	نعم	2.	لا
(4) هل الأم تعمل :			
1.	نعم	2.	لا
(5) دخل الأسرة (الأب + الأم) :			
1.	1500 شيكل فأقل	2.	1501 - 3000 شيكل
3.	3001_ 6000 شيكل	4.	6001 فأكثر

(6) هل يوجد إعاقة داخل أفراد الأسرة :		
1.	نعم	2. لا
(7) هل لديك مشاكل عاطفية مع صديقة أو حبيبة :		
1.	نعم	3. لا

III. كيف تقضي وقت فراغك؟ (يمكن اختيار أكثر من بند واحد)

A.	النوم (غفوة أو قيلولة)	B.	زيارة عائلية
C.	الخروج مع الأصدقاء	D.	مشاهدة التلفاز
E.	استخدام الإنترنت وسائل التواصل الاجتماعي مثل الفيسبوك.	F.	التسوق.
G.	ممارسة الرياضة.	H.	القراءة
I.	الكتابة	J.	الرسم
k.	اللعب بالألعاب الإلكترونية (البجي, وغيرها)		

IV. انتشار الضغط:

الرجاء قراءة هذه الفقرة التي تتعلق بتعريف الضغط ومن ثم الإجابة عن السؤال الذي يليه اوضع إشارة (X) (في المكان المخصص لذلك).

الضغط في الصحة العامة: هو عبارة عن ردة فعل لجسم الشخص وعقله لشيء يحدث تغير في التوازن . يؤثر الضغط في عدة مجالات مثل عدم القدرة على التركيز، فقدان النوم بسبب القلق، عدم القدرة على اتخاذ القرارات، الشعور الدائم بالاجهاد، وعدم القدرة على التغلب على الصعوبات، فقدان القدرة على الاستمتاع بالنشاطات اليومية، عدم إمكانية مواجهة المشاكل، الشعور بالتعب والإحباط، وفقدان الثقة بالنفس، التدخين ، اذاء النفس ، محاولة الإنتحار .

IV.1 هل تشعر/ي بالضغط

☐ نعم

☐ لا

IV.2 إلى أي مدى تشعر بأنك/ي تحت الضغط النفسي (: الرجاء وضع إشارة (X) في المربع حسبما يتناسب مع وضعك

☐ أشعر بالضغط النفسي ولكن لا يؤثر على حياتي.

☐ أشعر بالضغط النفسي ويؤثر على حياتي.

V. اسباب الضغوطات لدى الطلبة المراهقين في المدارس :
يتكون هذا المقياس من ()فقرة تصف الضغوطات في حياتك المدرسية والتي تتكون من عدة مصادر.
الرجاء وضع إشارة (X) لكل فقرة تصف شعورك بمقدار ما تتعرض له من ضغوطات.

الرقم	الفقرة	لا تسبب اي ضغوطات مطلقا	تسبب ضغوطات خفيفة	تسبب ضغوطات متوسطة	تسبب ضغوطات كبيرة	تسبب ضغوطات كبيرة جدا
الانجاز الدراسي	1. الامتحانات المدرسية					
	2. فهم المقررات والمناهج					
	3. الحصول على علامات متدنية وسينة					
العلاقات الصداقات	1. الصراع مع الاصدقاء					
	2. التعرض للاشاعة من قبل الزملاء					
	3. التعرف على أصدقاء جدد					
العائلة	1. الصراع مع الوالدين					
	2. دخل الاسرة القليل					
النفس والشخصية	1. المظهر الخارجي					
	2. التفكير السلبي اتجاه نفسي					
	3. التعرض للوم من قبل المعلم / المعلمين					
	4. عدم المشاركة في الانشطة المدرسية كالاذاعة الصباحية					

VI. طرق التأقلم مع الضغوطات :
يتكون هذا المقياس من ()فقرة تصف طرق التأقلم مع الضغوطات في حياتك المدرسية
الرجاء وضع إشارة (X) لكل فقرة تصف كيفية طرق التأقلم لديك.

الرقم	الفقرة	لا أفعل ذلك مطلقا	أفعل ذلك بصورة بسيطة	أفعل ذلك بصورة متوسطة	أفعل ذلك بصورة كبيرة
1.	أقوم بقراءة القرآن \ الإنجيل				
2.	أقوم إلى الصلاة				
3.	شرب كميات كبيرة من الدواء				
4.	محاولة إيذاء نفسي				

5.	أقوم ببعض أعمال المنزل والنشاطات وذلك بهدف إبعاد تفكيري عن أمور معينة (كأعمال المنزل ومساعدة الوالدة)			
6.	أقوم بتدخين السجائر أو الأرجيلة لكي أشعر بتحسن			
7.	أتلقي دعم عاطفي من الآخرين			
8.	أتوقف عن محاولة التعامل مع الموقف			
9.	أحدث نفسي بأمور تساعدني عن إبعاد المشاعر السلبية			
10.	أحصل على نصائح ومساندة الآخرين			
11.	أقوم بتدخين السجائر أو الأرجيلة لتساعدني على تخطي الضغط			
12.	أحاول رؤية الأمر من زاوية أخرى ولذلك لجعله أكثر إيجابية			
13.	أنتقد نفسي			
14.	التحويل العكسي للمشاعر لتكون مخالفة للموقف من خلال المزاح والنكت و غيره.			
15.	أقوم بعمل أمور تقلل من التفكير في الموقف مثل الذهاب إلى السينما أو مشاهدة التلفاز , القراءة , النوم , التسوق .			
16.	أقبل حقيقة ما حدث			
17.	أحاول الحصول على الراحة في معتقداتي الدينية والروحانية			
18.	أتعلم التعايش مع الموقف			
19.	أفكر عمليا في الخطوات التي يجب علي أن أتبعها			

Appendix B

IRP approval

An-Najah
National University
Health Faculty of medicine &
Sciences
IRB



جامعة النجاح
الوطنية
كلية الطب وعلوم الصحة
لجنة أخلاقيات البحث العلمي

REF : Mas 3/20/4

IRB Approval Letter

Study Title:

Prevalence of psychological distress and associated factors among adolescents across sectional study in Nablus city 2020

Submitted by:

Iman Mohammad Shoman

Supervisor :

Dr. Mariam Al-Tell

Date Submitted:

18th Feb. 2020

Date Approved:

2nd March 2020.

Your Study titled "Prevalence of psychological distress and associated factors among adolescents across sectional study in Nablus city 2020" was reviewed by An-Najah National University IRB committee and was approved on 2nd March 2020.

Hasan Fitian, MD,

IRB Committee Chairman

An-Najah National University



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Appendix C

Table

Table C1

Distribution of source of psychological distress among adolescents

Paragraph	Variable		Never stress cause	mild stress cause	Moderate stress cause	High stress cause	Very high stress cause
Academic achievement	1. School exams	No	21	83	201	150	44
		%	4.20	16.6	40.2	30.0	8.80
	2. Understand the courses and syllabuses	No	88	138	152	107	15
		%	17.6	27.6	30.4	21.4	3.00
	3. Getting low and bad grades	No	44	78	108	203	67
		%	8.80	15.6	21.6	40.6	13.4
Relationships friendships	4. Conflict with friends	No	159	139	117	73	12
		%	31.8	27.8	23.4	14.6	2.40
	5. Exposure to rumors by colleagues	No	178	103	73	117	29
		%	35.6	20.6	14.6	23.4	5.80
	6. Meet new friends	No	369	68	47	12	4
		%	73.8	13.6	9.40	2.40	0.80
Family :	7. Conflict with parents	No	122	76	97	154	51
		%	24.4	15.2	19.4	30.8	10.2
	8. Low family income self	No	225	94	82	71	28
		%	45.0	18.8	16.4	14.2	5.60
self and personality	9. Appearance	No	265	97	68	53	17
		%	53.0	19.4	13.6	10.6	3.40
	10. Negative thinking about myself	No	185	116	75	95	29
		%	37.0	23.2	15.0	19.0	5.80
	11. Being blamed by the teacher/teachers	No	178	117	78	93	34
		%	35.6	15.6	18.6	6.80	75.2
	12. Not participating in school activities such as the morning radio	No	376	69	31	22	2
		%	75.2	13.8	6.20	4.40	0.40
	13. Covid-19 pandemic	No	121	81	104	135	59
		%	24.2	16.2	20.8	27.0	11.8
Paragraph	Variable					No	%
Academic achievement	1. School exams	Never stress cause				21	4.20
		Light stress cause				83	16.6
		Medium stress cause				201	40.2
		High stress cause				150	30.0

	2. Understand the courses and syllabuses	Very high stress cause	44	8.80
		Never stress cause	88	17.6
		Light stress cause	138	27.6
		Medium stress cause	152	30.4
		High stress cause	107	21.4
		Very high stress cause	15	3.00
	3. Getting low and bad grades	Never stress cause	44	8.80
		Light stress cause	78	15.6
		Medium stress cause	108	21.6
		High stress cause	203	40.6
		Very high stress cause	67	13.4
Relationships friendships	4. Conflict with friends	Never stress cause	159	31.8
		Light stress cause	139	27.8
		Medium stress cause	117	23.4
		High stress cause	73	14.6
		Very high stress cause	12	2.40
	5. Exposure to rumors by colleagues	Never stress cause	178	35.6
		Light stress cause	103	20.6
		Medium stress cause	73	14.6
		High stress cause	117	23.4
		Very high stress cause	29	5.80
	6. Meet new friends	Never stress cause	369	73.8
		Light stress cause	68	13.6
		Medium stress cause	47	9.40
		High stress cause	12	2.40
		Very high stress cause	4	0.80
Family :	7. Conflict with parents	Never stress cause	122	24.4
		Light stress cause	76	15.2
		Medium stress cause	97	19.4
		High stress cause	154	30.8
		Very high stress cause	51	10.2
	8. Low family income self	Never stress cause	225	45.0
		Light stress cause	94	18.8
		Medium stress cause	82	16.4
		High stress cause	71	14.2
		Very high stress cause	28	5.60
self and personality	9. Appearance	Never stress cause	265	53.0
		Light stress cause	97	19.4
		Medium stress cause	68	13.6
		High stress cause	53	10.6
		Very high stress cause	17	3.40
	10. Negative thinking about myself	Never stress cause	185	37.0
		Light stress cause	116	23.2
		Medium stress cause	75	15.0
		High stress cause	95	19.0
		Very high stress cause	29	5.80
	11. Being blamed by the teacher/teachers	Never stress cause	178	35.6
		Light stress cause	117	23.4
		Medium stress cause	78	15.6
		High stress cause	93	18.6
		Very high stress cause	34	6.80
		Never stress cause	376	75.2

	12. Not participating in school activities such as the morning radio	Light stress cause	69	13.8
		Medium stress cause	31	6.20
		High stress cause	22	4.40
		Very high stress cause	2	0.40
	13. Covid-19 pandemic	Never stress cause	121	24.2
		Light stress cause	81	16.2
		Medium stress cause	104	20.8
		High stress cause	135	27.0
		Very high stress cause	59.	11.8

Table (C2)*Distribution of coping mechanism of stress among adolescence*

Paragraph		I never do it	I mild do it	moderately I do it	a great deal
1. I read the Qur'an / Bible	No	70	177	167	85
	%	14.0	35.4	33.4	17.0
2. I rise to prayer	No	49	111	133	207
	%	9.80	22.2	26.6	41.4
3. I eat a lot of food	No	129	144	128	99
	%	25.8	28.8	25.6	19.8
4. Drinking large amounts of medicine	No	394	57	32	17
	%	78.8	11.4	6.40	3.40
5. Attempting to hurt myself	No	428	42	17	13
	%	85.6	8.70	3.40	2.60
6. I do some housework and activities in order to take my mind off certain things (such as housework and maternity assistance).	No	123	141	126	110
	%	24.6	28.2	25.2	22.0
7. I smoke cigarettes or hookah to feel better	No	426	35	10	29
	%	85.2	7.00	2.00	5.80
8. I receive emotional support from others	No	183	162	90	65
	%	36.6	32.4	18.0	13.0
9. I stop trying to deal with the situation	No	167	163	92	78
	%	33.4	32.6	18.4	15.6
10. Talk to myself about things that help me banish negative feelings	No	121	125	119	135
	%	24.2	25.0	23.8	27.0
11. Get advice and support from others	No	130	191	108	71
	%	26.0	38.2	21.6	14.2
12. I try to see it from another angle so to make it more positive	No	87	142	129	142
	%	17.4	28.4	25.8	28.4
13. I criticize myself	No	222	139	63	76
	%	44.4	27.8	12.6	15.2
14. The reverse conversion of feelings to be contrary to the situation through joking, jokes and others.	No	162	143	97	98
	%	32.4	28.6	19.4	19.6
15. I do things that reduce thinking about the situation, such as going to the cinema or watching TV, reading, sleeping, and shopping.	No	99	158	118	125
	%	19.8	31.6	23.6	25.0
16. I accept the truth of what happened	No	78	142	151	129
	%	15.6	28.4	30.2	25.8
17. I try to find comfort in my religious and spiritual beliefs	No	109	122	128	140
	%	21.8	24.4	25.6	28.0
18. I learn to live with the situation	No	76	152	141	131
	%	15.2	30.4	28.2	26.2
19. I practically think about the steps I should take	No	78	122	116	184
	%	15.6	24.4	23.2	36.8
Paragraph				NO	%
		lightly I do it		177	35.4
		moderately I do it		167	33.4
		a great deal		85	17.0
2. I rise to prayer		I never do it		49	9.80
		lightly I do it		111	22.2
		moderately I do it		133	26.6
		a great deal		207	41.4
3. I eat a lot of food		I never do it		129	25.8
		lightly I do it		144	28.8
		moderately I do it		128	25.6
		a great deal		99	19.8
4. Drinking large amounts of medicine		I never do it		394	78.8
		lightly I do it		57	11.4

	moderately I do it	32	6.40
	a great deal	17	3.40
5. Attempting to hurt myself	I never do it	428	85.6
	lightly I do it	42	8.70
	moderately I do it	17	3.40
	a great deal	13	2.60
6. I do some housework and activities in order to take my mind off certain things (such as housework and maternity assistance).	I never do it	123	24.6
	lightly I do it	141	28.2
	moderately I do it	126	25.2
	a great deal	110	22.0
7. I smoke cigarettes or hookah to feel better	I never do it	426	85.2
	lightly I do it	35	7.00
	moderately I do it	10	2.00
	a great deal	29	5.80
8. I receive emotional support from others	I never do it	183	36.6
	lightly I do it	162	32.4
	moderately I do it	90	18.0
	a great deal	65	13.0
9. I stop trying to deal with the situation	I never do it	167	33.4
	lightly I do it	163	32.6
	moderately I do it	92	18.4
	a great deal	78	15.6
10. Talk to myself about things that help me banish negative feelings	I never do it	121	24.2
	lightly I do it	125	25.0
	moderately I do it	119	23.8
	a great deal	135	27.0
11. Get advice and support from others	I never do it	130	26.0
	lightly I do it	191	38.2
	moderately I do it	108	21.6
	a great deal	71	14.2
12. I try to see it from another angle so to make it more positive	I never do it	87	17.4
	lightly I do it	142	28.4
	moderately I do it	129	25.8
	a great deal	142	28.4
13. I criticize myself	I never do it	222	44.4
	lightly I do it	139	27.8
	moderately I do it	63	12.6
	a great deal	76	15.2
14. The reverse conversion of feelings to be contrary to the situation through joking, jokes and others.	I never do it	162	32.4
	lightly I do it	143	28.6
	moderately I do it	97	19.4
	a great deal	98	19.6
15. I do things that reduce thinking about the situation, such as going to the cinema or watching TV, reading, sleeping, and shopping.	I never do it	99	19.8
	lightly I do it	158	31.6
	moderately I do it	118	23.6
	a great deal	125	25.0
16. I accept the truth of what happened	I never do it	78	15.6
	lightly I do it	142	28.4
	moderately I do it	151	30.2
	a great deal	129	25.8
17. I try to find comfort in my religious and spiritual beliefs	I never do it	109	21.8
	lightly I do it	122	24.4
	moderately I do it	128	25.6

	a great deal	140	28.0
18. I learn to live with the situation	I never do it	76	15.2
	lightly I do it	152	30.4
	moderately I do it	141	28.2
	a great deal	131	26.2
19. I practically think about the steps I should take	I never do it	78	15.6
	lightly I do it	122	24.4
	moderately I do it	116	23.2
	a great deal	184	36.8

Table (C3)

The number, percentage and P-value of if present relationship between for source of PD and psychological distress among adolescence

Paragrap h	Variable	Categorical	Stress		No stress		Total		p-value
			NO	%	No	%	No	%	
Academi c achievem ent	1. School exams	Never stress cause	11	3.60	10	5.10	21	4.20	<0.050
		Light stress cause	39	12.9	44	22.4	83	16.6	
		Medium stress cause	114	37.6	87	44.4	201	40.3	
		High stress cause	109	36.0	41	20.9	150	30.1	
		Very high stress cause	30	9.90	14	7.10	44	8.80	
	2. Understan d the courses and syllabuses	Never stress cause	33	10.9	55	28.1	88	17.6	< 0.050
		Light stress cause	74	24.3	64	32.7	138	27.6	
		Medium stress cause	104	34.2	48	24.5	152	30.4	
		High stress cause	83	27.3	24	12.2	107	21.4	
		Very high stress cause	10	3.3	5	2.60	15	3.00	
	3. Getting low and bad grades	Never stress cause	24	7.90	20	10.2	44	8.80	0.153
		Light stress cause	48	15.8	30	15.3	78	15.6	
		Medium stress cause	57	18.8	51	26.0	98	21.6	
		High stress cause	132	43.4	71	36.2	203	40.6	
		Very high stress cause	43	14.1	24	12.2	67	13.4	
Relations hips friendshi ps	1. Conflict with friends	Never stress cause	77	25.3	82	41.8	159	31.8	< 0.050
		Light stress cause	86	28.3	53	27.0	139	27.8	

		Medium stress cause	83	27.3	34	17.3	117	23.4	
		High stress cause	51	16.8	22	11.2	73	14.6	
		Very high stress cause	7	2.30	5	2.60	12	2.40	
	2. Exposure to rumors by colleagues	Never stress cause	102	33.6	76	38.8	178	35.6	0.090
		Light stress cause	62	20.4	41	20.9	103	20.6	
		Medium stress cause	41	13.5	32	16.3	73	14.6	
		High stress cause	80	26.3	37	18.9	117	23.4	
		Very high stress cause	19	6.30	10	5.10	29	5.80	
	3. Meet new friends	Never stress cause	220	72.4	149	76.0	369	73.8	0.225
		Light stress cause	41	13.5	27	13.8	68	13.6	
		Medium stress cause	32	10.5	15	7.70	47	9.40	
		High stress cause	8	2.60	4	2.00	12	2.40	
		Very high stress cause	3	1.00	1	0.50	4	0.80	
Family :	1. Conflict with parents	Never stress cause	56	18.4	66	33.7	122	24.4	< 0.050
		Light stress cause	40	13.2	36	18.4	76	15.2	
		Medium stress cause	63	20.7	34	17.3	97	19.4	
		High stress cause	106	34.9	48	24.5	154	30.8	
		Very high stress cause	39	12.8	12	6.10	51	10.2	
	2. Low family income self	Never stress cause	134	44.1	91	46.4	225	45.0	0.413
		Light stress cause	53	17.4	41	20.9	94	18.8	
		Medium stress cause	56	18.4	26	13.3	82	16.4	
		High stress cause	43	14.1	28	14.3	71	14.2	
		Very high stress cause	18	5.90	10	5.10	28	5.60	
self and personality	1. Appearance	Never stress cause	135	44.4	130	66.3	265	53.0	<0.050
		Light stress cause	65	21.4	32	16.3	97	19.4	
		Medium stress cause	51	16.8	17	8.70	68	13.6	
		High stress cause	40	13.2	13	6.60	53	10.6	

		Very high stress cause	13	4.30	4	2.00	17	3.40	< 0.050
	2. Negative thinking about myself	Never stress cause	79	26.0 %	106	54.1	185	37.0	
		Light stress cause	72	23.7	44	22.4	116	23.2	
		Medium stress cause	52	17.1	23	11.7	75	15.0	
		High stress cause	76	25.0	19	9.70	95	19.0	
		Very high stress cause	25	8.20	4	2.00	29	5.80	
	3. Being blamed by the teacher/teachers	Never stress cause	96	31.6	82	41.8	178	35.6	0.002
		Light stress cause	67	22.0	50	25.5	117	23.4	
		Medium stress cause	52	17.1	26	13.3	78	15.6	
		High stress cause	64	21.1	29	14.8	93	18.6	
		Very high stress cause	25	8.20	9	4.60	34	6.80	
	4. Not participating in school activities such as the morning radio	Never stress cause	224	73.7	152	77.6	376	75.2	0.207
		Light stress cause	41	13.5	28	14.3	69	13.8	
		Medium stress cause	22	7.20	9	4.60	31	6.20	
		High stress cause	17	5.60	5	2.60	22	4.40	
		Very high stress cause	0	0.00	2	1.00	2	0.40	
	5. Corona epidemic	Never stress cause	69	22.7	52	38.8	121	24.2	0.113
		Light stress cause	46	15.1	35	20.9	81	16.2	
		Medium stress cause	62	20.4	42	16.3	104	20.8	
		High stress cause	89	29.3	46	18.9	135	27.0	
		Very high stress cause	38	12.5	21	5.10	59	11.8	

Chi square was used to calculate p-value

Table C4

The number, percentage and P-value of relationship between coping mechanism of stress and PD among adolescence

Paragraph	Categorical	Stress	No stress	Total	p-value			
		NO	%	No	%	No	%	
1. I read the Qur'an / Bible	I never do it	33	10.9	37	18.9	70	14.0	0.548
	Mildly I do it	124	40.9	53	27.0	177	35.5	
	moderately I do it	103	34.0	64	32.7	167	33.5	
	a great deal	43	14.2	42	21.4	85	17.0	
2. I rise to prayer	I never do it	28	9.20	21	10.7	49	9.80	0.061
	Mildly I do it	78	25.7	33	16.8	111	22.2	
	moderately I do it	86	28.3	47	24.0	133	26.6	
	a great deal	112	36.8	95	48.5	207	41.4	
3. I eat a lot of food	I never do it	72	23.7	57	29.1	129	25.8	0.194
	Mildly I do it	93	30.6	51	26.0	144	28.8	
	moderately I do it	71	23.4	57	29.1	128	25.6	
	a great deal	68	22.4	31	15.8	99	19.8	
4. Drinking large amounts of medicine	I never do it	222	73.0	172	87.8	394	78.8	< 0.050
	Mildly I do it	40	13.2	17	8.70	57	11.4	
	moderately I do it	26	8.60	6	3.10	32	6.40	
	a great deal	16	5.30	1	0.50	17	3.40	
5. Attempting to hurt myself	I never do it	234	77.0	194	99.0	428	85.6	< 0.050
	Mildly I do it	41	13.5	1	0.50	42	8.40	
	moderately I do it	17	5.60	0	0.00	17	3.40	
	a great deal	12	3.90	1	0.50	13	2.60	
6. I do some housework and activities in order to take my	I never do it	78	25.7	45	23.0	123	24.6	0.296
	Mildly I do it	75	24.7	66	33.7	141	28.2	
	moderately I do it	76	25.0	50	25.5	126	25.2	

mind off certain things (such as housework and maternity assistance).	a great deal	75	24.7	35	31.8	110	22.0	
7. I smoke cigarettes or hookah to feel better	I never do it	247	81.3	179	91.3	426	85.2	0.002
	Mildly I do it	25	8.20	10	5.10	35	7.00	
	moderately I do it	9	3.00	1	0.50	10	2.00	
	a great deal	23	7.60	6	3.10	29	5.80	
8. I receive emotional support from others	I never do it	114	37.5	69	35.2	183	36.6	0.626
	Mildly I do it	97	31.9	65	33.2	162	32.4	
	moderately I do it	55	18.1	35	17.9	90	18.0	
	a great deal	38	12.5	27	13.8	65	13.0	
9. I stop trying to deal with the situation	I never do it	114	37.5	53	27.0	167	33.4	0.217
	Mildly I do it	90	29.6	73	37.2	163	32.6	
	moderately I do it	51	16.8	41	20.9	92	18.4	
	a great deal	49	16.1	29	14.8	78	15.6	
10. Talk to myself about things that help me banish negative feelings	I never do it	79	26.0	42	21.4	121	24.2	0.375
	Mildly I do it	73	24.0	52	26.5	125	25.0	
	moderately I do it	73	24.0	46	23.5	119	23.8	
	a great deal	79	26.0	56	28.6	135	27.0	
11. Get advice and support from others	I never do it	90	29.6	40	20.4	130	26.0	0.098
	Mildly I do it	111	36.5	80	40.8	191	38.2	
	moderately I do it	61	20.1	47	24.0	108	21.6	
	a great deal	42	13.8	29	14.8	71	14.2	
12. I try to see it from another angle so to make it more positive	I never do it	58	19.1	29	14.8	87	17.4	0.483
	Mildly I do it	83	27.3	59	30.1	142	28.4	
	moderately I do it	78	25.7	51	26.0	129	25.8	
	a great deal	85	28.0	57	29.1	142	28.4	

13. I criticize myself	I never do it	103	33.9	119	60.7	222	44.4	< 0.050
	Mildly I do it	91	29.9	48	24.5	139	27.8	
	moderately I do it	46	15.1	17	8.70	63	12.6	
	a great deal	64	21.1	12	6.10	76	15.2	
14. The reverse conversion of feelings to be contrary to the situation through joking, jokes and others.	I never do it	79	26.0	83	42.3	162	32.4	< 0.050
	mildly I do it	95	31.3	48	24.5	143	28.6	
	moderately I do it	59	19.4	38	19.4	97	19.4	
	a great deal	71	23.4	27	13.8	98	19.6	
15. I do things that reduce thinking about the situation, such as going to the cinema or watching TV, reading, sleeping, and shopping.	I never do it	59	19.4	40	20.4	99	19.8	0.287
	Mildly I do it	95	31.3	63	32.1	158	31.6	
	moderately I do it	65	21.4	53	27.0	118	23.6	
	a great deal	85	28.0	40	20.4	125	25.0	
16. I accept the truth of what happened	I never do it	52	17.1	26	13.3	78	15.6	0.947
	Mildly I do it	83	27.3	59	30.1	142	28.4	
	moderately I do it	84	27.6	67	34.2	151	30.2	
	a great deal	85	28.0	44	22.4	129	25.8	
17. I try to find comfort in my religious and spiritual beliefs	I never do it	66	21.7	43	21.9	109	21.8	0.720
	Mildly I do it	74	24.3	48	24.5	122	24.4	
	moderately I do it	75	24.7	53	27.0	128	25.6	
	a great deal	88	28.9	52	26.5	140	28.0	
	Missing data	1	0.30	0	0.00	1	0.20	
	I never do it	52	17.1	24	12.2	76	15.2	0.942
	Mildly I do it	85	28.0	67	34.2	152	30.4	

18. I learn to live with the situation	moderately I do it	84	27.6	57	29.1	141	28.2	
	a great deal	83	27.3	48	24.5	131	26.2	
19. I practically think about the steps I should take	I never do it	50	16.4	28	14.3	78	15.6	0.793
	Mildly I do it	69	22.7	53	27.0	122	24.4	
	moderately I do it	70	23.0	46	23.5	116	23.2	
	a great deal	115	37.8	69	35.2	184	26.8	

Paragraph	Categorical	Stress	No stress	Total		p-value		
		NO	%	No	%	No	%	
1. I read the Qur'an / Bible	I never do it	33	10.9	37	18.9	70	14.0	0.548
	lightly I do it	124	40.9	53	27.0	177	35.5	
	moderately I do it	103	34.0	64	32.7	167	33.5	
	a great deal	43	14.2	42	21.4	85	17.0	
2. I rise to prayer	I never do it	28	9.20	21	10.7	49	9.80	0.061
	lightly I do it	78	25.7	33	16.8	111	22.2	
	moderately I do it	86	28.3	47	24.0	133	26.6	
	a great deal	112	36.8	95	48.5	207	41.4	
3. I eat a lot of food	I never do it	72	23.7	57	29.1	129	25.8	0.194
	lightly I do it	93	30.6	51	26.0	144	28.8	
	moderately I do it	71	23.4	57	29.1	128	25.6	
	a great deal	68	22.4	31	15.8	99	19.8	
4. Drinking large amounts of medicine	I never do it	222	73.0	172	87.8	394	78.8	< 0.050
	lightly I do it	40	13.2	17	8.70	57	11.4	
	moderately I do it	26	8.60	6	3.10	32	6.40	
	a great deal	16	5.30	1	0.50	17	3.40	
5. Attempting to hurt myself	I never do it	234	77.0	194	99.0	428	85.6	< 0.050
	lightly I do it	41	13.5	1	0.50	42	8.40	
	moderately I do it	17	5.60	0	0.00	17	3.40	
	a great deal	12	3.90	1	0.50	13	2.60	
6. I do some housework and activities in order to take my mind off certain things (such as housework and maternity assistance).	I never do it	78	25.7	45	23.0	123	24.6	0.296
	lightly I do it	75	24.7	66	33.7	141	28.2	
	moderately I do it	76	25.0	50	25.5	126	25.2	
	a great deal	75	24.7	35	31.8	110	22.0	
7. I smoke cigarettes or hookah to feel better	I never do it	247	81.3	179	91.3	426	85.2	0.002
	lightly I do it	25	8.20	10	5.10	35	7.00	
	moderately I do it	9	3.00	1	0.50	10	2.00	
	a great deal	23	7.60	6	3.10	29	5.80	
8. I receive emotional	I never do it	114	37.5	69	35.2	183	36.6	0.626
	lightly I do it	97	31.9	65	33.2	162	32.4	
	moderately I do it	55	18.1	35	17.9	90	18.0	

support from others	a great deal	38	12.5	27	13.8	65	13.0	
9. I stop trying to deal with the situation	I never do it	114	37.5	53	27.0	167	33.4	0.217
	lightly I do it	90	29.6	73	37.2	163	32.6	
	moderately I do it	51	16.8	41	20.9	92	18.4	
	a great deal	49	16.1	29	14.8	78	15.6	
10. Talk to myself about things that help me banish negative feelings	I never do it	79	26.0	42	21.4	121	24.2	0.375
	lightly I do it	73	24.0	52	26.5	125	25.0	
	moderately I do it	73	24.0	46	23.5	119	23.8	
	a great deal	79	26.0	56	28.6	135	27.0	
11. Get advice and support from others	I never do it	90	29.6	40	20.4	130	26.0	0.098
	lightly I do it	111	36.5	80	40.8	191	38.2	
	moderately I do it	61	20.1	47	24.0	108	21.6	
	a great deal	42	13.8	29	14.8	71	14.2	
12. I try to see it from another angle so to make it more positive	I never do it	58	19.1	29	14.8	87	17.4	0.483
	lightly I do it	83	27.3	59	30.1	142	28.4	
	moderately I do it	78	25.7	51	26.0	129	25.8	
	a great deal	85	28.0	57	29.1	142	28.4	
13. I criticize myself	I never do it	103	33.9	119	60.7	222	44.4	< 0.050
	lightly I do it	91	29.9	48	24.5	139	27.8	
	moderately I do it	46	15.1	17	8.70	63	12.6	
	a great deal	64	21.1	12	6.10	76	15.2	
14. The reverse conversion of feelings to be contrary to the situation through joking, jokes and others.	I never do it	79	26.0	83	42.3	162	32.4	< 0.050
	lightly I do it	95	31.3	48	24.5	143	28.6	
	moderately I do it	59	19.4	38	19.4	97	19.4	
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15. I do things that reduce thinking about the situation, such as going to the cinema or watching TV, reading, sleeping, and shopping.	I never do it	59	19.4	40	20.4	99	19.8	0.287
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	lightly I do it	69	22.7	53	27.0	122	24.4	
	moderately I do it	70	23.0	46	23.5	116	23.2	
	a great deal	115	37.8	69	35.2	184	26.8	

Chi square was used to calculate p-value



جامعة النجاح الوطنية

كلية الدراسات العليا

انتشار الضغوط النفسية وعوامل الخطر المرتبطة بالمراهقين عبر
دراسة مقطعية في مدارس مدينة نابلس

إعداد

إيمان محمد شومان

إشراف

د. عبد السلام الخياط

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في الصحة العامة، من كلية الدراسات
العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2022

مدى انتشار الضغط النفسي بين المراهقين في مدارس مدينة نابلس وإيجاد عوامل الخطورة التي تؤدي إلى الضغط النفسي عند المراهقين في مدينة نابلس 2020

إعداد

إيمان محمد شومان

إشراف

د. عبد السلام الخياط

الملخص

الخلفية: تمثل نسبة المراهقين الذين يعانون من ضغط نفسي في مرحلة المراهقة 16% من العبء العالمي للمرض والإصابة لدى الأشخاص الذين تتراوح أعمارهم بين 10 و 19 عامًا ". وجد أن هناك أهمية في دراسة الضيق النفسي في العديد من الدراسات التي تناولت نتائجه من خلال البحث والتفسير. يمكننا أن نلاحظ أن هناك قراءات مختلفة لمفهومها وتصنيفاتها وعوامل الخطر والأعراض والتأثيرات والاستراتيجيات الخاصة بكيفية التعامل مع الضيق النفسي. ربما يرجع هذا التناقض إلى الاختلاف في الاختلاف في الاختصاصات والنهج

الأهداف: فحص مدى انتشار الضائقة النفسية بين المراهقين، وتحديد العامل المرتبط بالضيق النفسي لدى المراهقين ، واستكشاف عواقب الضيق النفسي لدى المراهقين، ومعرفة مدى اختلاف الضغوط النفسية بين المراهقين، حسب الجنس والعمر، الوضع الاقتصادي والوضع الديني والعلاقات العاطفية والحالة التعليمية والتغيير الجسدي.

المنهجية: تم إجراء تصميم وصفي مقطعي في المدارس الحكومية بمشاركة المراهقين (البنات والأولاد) الذين تتراوح أعمارهم بين 13 و 18 عامًا والذين تم اختيارهم من 114 مدرسة في مدينة نابلس والقرى المجاورة. تم اختيار حجم العينة 382 طالبًا بشكل عشوائي خلال الاستبيانات عبر الإنترنت التي تم توزيعها عبر رابط من خلال الإنترنت.

النتائج: بلغ معدل انتشار الضغوط النفسية بين المراهقين في مدينة نابلس خلال فترة (2020 \ 2021) 60.8%). اكتشف العديد من العوامل المرتبطة وكانت قيمة معامل الارتباط p value

أقل من 0.05 مثل التحصيل الدراسي، والعلاقة الأبوية، ودخل الأسرة، و Covid-9 واكتشف العديد من آليات التأقلم بشكل كبير مثل تلاوة القرآن، وإيذاء النفس والتدخين .

الاستنتاجات: أوجدت الدراسة على أن جميع المراهقين تقريباً يعانون من مستويات مختلفة من الضيق النفسي وأسبابها مختلفة من مراهق إلى آخر. وأن المراهقين لديهم مستويات مختلف من آلية التكيف مع الضيق النفسي.

الكلمات المفتاحية: المراهقون، الضيق النفسي، المدرسة، العوامل المرتبطة، آلية التأقلم.