
Summary

Adolescents are human beings at crossroads. Their lives hang in the balance between childhood and adulthood; many physical, psychological, and cognitive changes occur during adolescence. At the same time, adolescents live in rapidly changing world that offers many challenges to their well-being.

Adolescents constitute an important section of society in our countries in terms of number, of belonging to various social groups and of being the parents of the future generation (*WHO,2006*) Many factors indicating unhealthy lifestyle, such as inactivity, high-fat diets, low calcium in the diet, not enough vegetables and fiber in the diet, and skipping meals, are the most frequently reported behaviors associated with obesity in the youth of Taiwan and in other countries, especially among teenage girls, (*Chen, et al.; 2007*). It also includes too much television viewing, are known to be associated with adolescents' obesity, violent behaviors, do not get enough sleep and that their sleep patterns are characterized by staying up late, eating habits, or sedentary lifestyles, Information about daily lifestyles and adolescents QOL is useful since it may improve QOL by changing the unhealthy lifestyle factors specifically in school settings, (*Chen, et al.; 2005*).

The study aimed to identify the impact of health educational program to improve quality of life among female adolescents' students at Benha city, through:

- 1- Identify the needs and problems of female adolescent students.
- 2- Design and implement health educational program to improve quality of life.
- 3- Evaluate the educational program.

4- Develop guidelines for the preparatory adolescent female students to improve quality of life.

Before planning the program students' knowledge and practice were evaluated to identify needs and problems through pre test sheet. The sample consists of two groups:

Study group: a random sample includes 25% of female students (90) from Elsaïda Asha, 15 Mayo, and Ans Ebn Malk schools.

Control group: a random sample includes 25% of female students (158) from Saad Zagloul, Susan Mobark and Zaid Ebn Haresa schools.

The students selected were fulfilling the following criteria:

- * Female at preparatory school second year.
- * They are free from any medical problems.

Tools of the study:

Three tools were designed to collect data to assess and identify the preparatory female students' needs about quality of life.

The first tool is a structured questionnaire sheet it includes fifth parts:

The first part is socioeconomic data:

Included name, age, number of sister, student order between her sister, the social score of (*Fahmy and ElSherbini,1983*). Was used to determine the family social class. This score encompasses parents' education and work, family size, crowding index at home, presence of mass media, and the nearest person for the student, and the role model for her.

Second part is students complain:

Students' complain at last month as headache, allergies from drugs or diet sleep problems, digestive problems, urinary problems, and sudden weight changes, (through asking the students').

Third part is students' knowledge about QOL and adolescence:

It included questions related to knowledge about adolescence nutrition, emotional health, personal hygiene, reproductive health, drug abuse, rest and sleep, and dangerous factors affecting adolescents' health.

fourth part:

Students practice through asking questions related to their health it included the following items: Practice of students toward nutrition, personal hygiene, reproductive health drug abuse, rest and sleep, and dangerous factors

Fifth part:

KIDSCREEN questionnaire. This sheet is modified and used to assess the students health status, it includes physical wellbeing (The students describe her feeling about physical health which include 4 items), emotional well-being (The students describe her felling toward emotional status, that includes 4 items),self esteem (the students asked about feeling toward self that include 4 items), family relationship (The students describe her feeling with family and the family condition, that include 4items), social contact (That items describe the relations of the students and her friends and her feeling that has 3 items), relation at school(in this topic the students describe herself and the school duties in the present and in the future .it include 4 items).This tools was modified by added items related to health during menstruation (this item describe negative feeling during menstruation, that include 4 items), (*Sieberer, & Bullinger, 2000*).

Second tool is:

Physical assessment measurement sheet was designed to assess students' health status as weight, height, (performed by the researcher).

Third tool is:

Students' health status tool. It was collected from school medical record which includes eye condition, teething, lips and gums problems, parasitic infection, menstrual problems, skin condition (from medical record).

Pilot study:

A pilot study was carried for 20 students to test the content modification was carried such as types of drugs abused usually used by the students, and removed the HB% from the students' health status. The students involved in a pilot study was excluded from the study sample.

Results:

The present study revealed that the students had lack of knowledge about adolescence, nutrition, psychological health, personal hygiene, reproductive health, rest, sleep, and regular sport their knowledge was improved after implementing the program.

Significance differences association was observed regarding students knowledge before, after, and after three months of program. Although the students knowledge after three months was decline but it is better than before the program.

The students' needs further improving for their knowledge especially for psychological health, reproductive health, drug abuse, and risk factors affecting adolescence.

Recommendations:

Health education program for parent and teachers to fill the requirements of adolescents' needs and problems.

Workshops and regulars meeting of health professionals and adolescents to improve adolescents' health.

Especial booklet for adolescents at beginning of puberty for health education and health behavior.

The school curriculum should be contained physical, psychological, and social changes during adolescence.