

## Health Education in the School Environment as an Awareness Strategy to Reduce the Spread of Risk Behaviors and Their Negative Impact on Adolescents' Academic Performance

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### Abstract

This research paper aims to provide a comprehensive overview of health education in the school environment, which is considered an awareness strategy to reduce risk behaviors among adolescent students, based on theoretical heritage and previous studies. The descriptive-analytical method was adopted, as this topic is one of the highly important issues that should not be overlooked, given the reality observed in educational institutions, especially at the middle and secondary levels, where certain risk behaviors are increasingly prevalent. These behaviors primarily affect adolescents' general health and, secondarily, their academic performance. Therefore, it is essential to activate health education in the school environment as an indispensable tool for fostering health awareness among adolescents, enabling them to protect themselves from various problems that affect their physical and psychological health, as well as their social and academic lives.

**Keywords:** Health Education , Risk Behaviors , Adolescents , Academic Performance.

### 1. Introduction and Problem Statement:

Modern life has witnessed comprehensive changes that have affected all aspects of daily living, thanks to the scientific and technological developments experienced by humanity. These have provided individuals and societies with many facilities and conveniences, and opened channels of communication and information exchange between peoples of different affiliations and cultures, accelerating economic, scientific, cultural, technological, and social progress. However, they have also generated numerous drawbacks and risks that are particularly evident in individual behaviors, especially among adolescents.

No one can ignore the dangers inherent in this critical stage of life, often referred to as the "stage of risk." As described by Stanley Hall, adolescence is an age characterized by storms, intense emotions, and violent tensions. Approximately 35% of adolescents experience this stage as one of sudden and intense growth, involving conflict between action and hesitation, making them, in Hall's words, "swing between opposites in their psychological life" (Al-Zoubi, 2010). Thus, adolescents can be considered the most vulnerable group to the manifestations of globalization, development, and openness. They are often captivated by appearances while neglecting their negative impacts on their daily behaviors, which may expose them to countless problems.

In the context of discussing "risk behavior" among adolescents, this refers to "any behavior that may harm the psychological and social aspects of adolescents' development and negatively affect their health and well-being, with potential damage occurring during the behavior or years later" (Akssa, 2022). The most prominent risk behaviors during this stage

include drug use, smoking, internet addiction, unsafe sexual behaviors, unhealthy eating, and violence. These are considered major causes of deterioration in adolescents' physical, psychological, and mental health, as well as their academic performance. This deterioration consequently impacts the quality of education in the Algerian educational system as a whole. Indeed, reality confirms this situation, as educational institutions have become a breeding ground for risky and harmful behaviors. Various studies addressing adolescent risk behaviors though limited compared to the severity of the phenomenon have highlighted the prevalence of drug use. Recent statistics reported that the number of addicts in Algeria reached 3,000 in 2018, with 14% of them in the educational environment, including 3% females (Belaid & Dhib, 2021, p. 429). Additionally, the National Office for Combating Drugs and Drug Addiction (2023, p. 14) indicated that, during the first half of 2023, 8,658 cases were admitted to detoxification and intermediate treatment centers, including 518 cases aged 15 and 2,651 cases aged between 16 and 25, of whom 1,731 were females. This confirms the alarming spread of the phenomenon among adolescents, increasing its danger to educational institutions. Similarly, studies have shed light on "internet addiction" among adolescents, which is no less dangerous than drug addiction due to excessive and irrational use leading to harmful consequences for physical, psychological, and social health, as well as academic performance. Zouari (2017, pp. 527–528), citing Immar Research and Consulting (2013), noted that university students represented the highest internet users (84%), followed by secondary (69%), middle school (51%), primary school (26%), and non-students (7%). Algerians aged 15–19 represented 72% of internet users nationwide, confirming that adolescents are the heaviest users, raising concerns about misuse. Mohamed & Jassim (2023) further identified risky online behaviors, including problematic internet use, cyberbullying, and meeting strangers online behaviors increasingly recognized as socially risky in recent years.

Other studies discussed risky sexual behaviors, which increase the likelihood of sexually transmitted infections and unwanted pregnancies, particularly in the context of irrational internet use and exposure to pornographic sites that promote unsafe sexual practices such as masturbation, early sexual activity, and other illicit behaviors. The internet and social media have become unreliable channels heavily used by adolescents aged 12–24, exposing them to unhealthy content such as discussions about sex, violence, suicide, and bullying. Weak parental supervision further exacerbates this, as noted by the Council on Communications and Media of the American Academy of Pediatrics, which acknowledged that, while social media can facilitate socialization, enhance learning opportunities, and increase access to health information, it can also lead to cyberbullying, harassment, depression, and sexting (Landry, Turner, Vyas, & Wood, 2017).

Risky eating behaviors also emerge as a major concern, involving unhealthy food choices such as preferring fast foods, sugary drinks, and sweets, which can result in serious consequences (Al-Zayadat, 2018, p. 312). Currently, many adolescents focus on body image, often adopting strict diets obtained from social media platforms, which can lead to severe health issues. Akssa (2022) further noted risky eating behaviors such as unhealthy dietary patterns, bulimia, and anorexia nervosa all detrimental to adolescent health and well-being.

Given the spread of these behaviors in the school environment, the school must act as a stronghold for defending and preserving cultural identity and serve as a facility for the psychological and intellectual development of youth. Schools must fulfill their roles in fostering values, cultivating emotions, promoting thought, nurturing awareness, refining

behavior, and shaping tastes, rather than limiting themselves to mere knowledge transmission (Akssa, 2022, p. 8). As Abdelkader Fadhel (2013) noted in his book *The School in Algeria: Realities and Problems*, it is therefore necessary to raise adolescents' awareness by implementing school health education programs. These aim to positively modify behaviors by providing them with accurate health facts, information, and experiences, ultimately promoting physical and mental health. Such programs should address topics including smoking, drugs, sexuality, and physical exercise (Al-Sharbini & Al-Tanawi, 2011, p. 316).

Based on the foregoing, this study seeks to shed light on the role of health education in reducing risky behaviors among adolescents, which negatively impact both their academic performance and the achievement of educational quality. Indeed, no educational system can achieve quality if learners do not enjoy physical, psychological, and social well-being.

In general, our study is summarized in the following research questions:

- What is the concept of health education, its objectives, and its fields?
- What are the most prominent risky behaviors prevalent among adolescents, and what are their negative impacts?
- What is the role of health education as an awareness strategy in reducing risky behaviors among adolescents and their negative impact on academic performance?

## **2. Significance of the Study:**

The present study addresses an alarming phenomenon that has become widespread in the school environment, namely risky behaviors among adolescents. Through this research, we aimed to focus on the role of health education in reducing these risks, which have manifested in various forms such as smoking, drug use, sexual deviance, unhealthy eating habits and eating disorders, violence, and internet addiction. These risks were identified because they have taken a dangerous turn in the educational system, especially in recent times, and have negatively affected the academic performance of adolescents.

- Accordingly, the significance of this study lies in the following points:
- Drawing the attention of educational stakeholders to the most prevalent risky behaviors among adolescents, which may negatively affect their academic performance.
- Assisting parents in dealing with these types of risky behaviors, while coordinating their efforts with schools as well as with specialists in public health and psychology.
- Opening the door for other researchers to address the topic by highlighting each risky behavior individually in order to cover all its aspects and relate it to other variables connected to preventive education, as well as sexual education.

## **3. Objectives of the Study:**

This study aims to:

- Define the concept of health education, its objectives, fields, and domains.
- Identify the most prevalent risky behaviors among adolescents and highlight their negative impacts on adolescents.
- Determine the role of health education as an awareness strategy in reducing risky behaviors among adolescents and their negative impact on academic performance.

## **4. Theoretical Concepts Related to the Study Topic**

### **4.1 The Nature, Objectives, and Fields of Health Education**

Health education constitutes a meeting point between two broad domains: education and health. This has driven researchers to give it significant attention and to propose several

terminological definitions in order to clarify its meaning. However, before presenting these definitions, it is necessary to define each concept separately in order to arrive at a comprehensive and integrated understanding of what health education entails.

### **First: Education**

Al-Jaafari (2010, p. 81) defined education as “the process of building the human being in a way that ensures his full and comprehensive growth—mentally, physically, spiritually, psychologically, and socially so as to qualify him to behave ethically with himself, his society, and the environment.”

### **Second: Health**

The World Health Organization defined health as “a state of complete physical, mental, psychological, and social well-being and not merely the absence of disease or infirmity” (Jabr, 2012, p. 11).

This definition indicates that the absence of illness is not sufficient evidence of health. Rather, health is the integration of multiple dimensions (physical, psychological, mental, and social), and the absence of any of these components indicates incomplete health.

### **Third: Health Education**

Numerous researchers and specialists in health education have proposed different definitions, which despite their variations converge on many points. Two definitions in particular provide a clear picture:

➤ Othman (2019, p. 89) defined it as “one of the branches of comprehensive education that focuses on providing the individual with health facts and necessary experiences, aiming to positively influence his behavior, attitudes, and habits in ways that help maintain and enhance his health and protect himself and his community from all diseases and health problems.”

➤ Hegazi & Ghoneim (2021, p. 15) defined it as “an educational process that enables the individual to enjoy health and well-being, which is achieved through the soundness and integration of the human personality components: physical, mental, social, and moral.” This educational process has three dimensions: a cognitive dimension (to acquire correct information), an affective dimension (to shape positive attitudes conducive to healthy living), and a behavioral dimension (to acquire desirable health behaviors).

From the above, we conclude that health education is one of the strategies that work to instill health awareness in the individual by providing knowledge, skills, and positive attitudes that are directly reflected in health behaviors, prompting them to avoid harmful practices such as drug abuse, smoking, internet addiction, and unhealthy eating.

### **Fourth: The Relationship between Health Education and Health Awareness**

According to Jabr (2012), health education is a process that contributes to the development of health awareness by imparting or modifying knowledge, attitudes, and skills to produce a positive impact on the individual’s life during daily practices. It also provides health-related experiences to raise awareness, prevent disease, and promote health by making individuals aware of sound health behaviors and by spreading health awareness in society. This process fosters responsibility toward oneself, encourages positive attitudes toward health, and deters harmful practices such as smoking, drugs, and alcohol. This strategy contributes to building a healthy society capable of effectively facing health challenges, as it equips individuals with information and guidance to make informed health decisions and adopt positive behaviors

(Boulahbal, 2024). In short, health education is a process, while health awareness is its primary goal to limit risky behaviors.

### **Fifth: The Objectives of Health Education**

Several studies have identified the objectives of health education. Al-Ruwaithi (2016, p. 31) outlined its primary objectives as follows:

- Acquiring basic health information, including knowledge about the human body, common diseases, health services, and balanced nutrition.
- Acquiring sound health attitudes and abandoning harmful ones, such as maintaining public health, protecting the environment, preventing pollution, addressing health problems scientifically, and rejecting superstitions as non-scientific approaches to health problems.
- Acquiring correct health practices and skills and avoiding harmful ones, such as following a healthy diet, practicing personal hygiene, preserving the environment, avoiding drugs and smoking, and performing necessary first aid.

Othman (2019, p. 93) added further objectives of health education, including:

- Contributing to the intellectual, physical, and social development of students.
- Raising the level of health education by accustoming students to healthy behaviors.
- Providing health assistance and creating suitable conditions for students to benefit from school programs.
- Preventing diseases before they occur and maintaining student health records in the school health registry.

In general, the objectives of health education in schools revolve around equipping learners with diverse knowledge, skills, and attitudes that directly reflect in their healthy behaviors.

### **Sixth: The Fields and Domains of Health Education**

Health education operates through several interrelated fields that complement one another to achieve its objectives, with a primary focus on fostering awareness. Saïl (2021, p. 34) and Debla & Sdarati (2013, pp. 109–110) identified these domains as follows:

- **Personal health:** raising awareness about hygiene, nutrition, sleep, rest, exercise, and recreational activities. Individuals should consistently maintain their personal cleanliness.
- **Home and family environment:** encompassing many educational factors, such as adults serving as role models, family interactions, attitudes toward health, household sanitation, waste management, food preservation, ventilation, recreation, and leisure activities.
- **School environment:** whether at the primary, middle, secondary, or university level, the school provides many opportunities for health education through environmental conditions, sanitary facilities, physical education, sports, community service projects, the health behavior of teachers as role models, and interpersonal relationships among school members. Debla & Sdarati (2013) emphasized that school health education should not be limited to imparting health facts, but should also focus on shaping students' personalities, interests, habits, attitudes, and values. This includes initiatives such as school nutrition and curriculum content related to health.
- **Community:** encompassing opportunities that influence public health behaviors, such as medical services, advice from healthcare professionals, and workplace experiences. Health education is thus a shared responsibility involving schools, families, and the community. Latrech (2022) also identified major domains of health education: nutritional health education, environmental health education, psychological health education, consumer health education, first-aid education, and behavioral education. He stressed the importance of giving attention

to each domain individually, as they complement one another, helping individuals to assimilate concepts and transform them into conscious and deliberate daily practices.

#### **4.2 The Nature of Risk Behaviors**

Before addressing the nature of risk behaviors, it is necessary to highlight the following:

##### **First: Health Behavior**

According to Ahmed (2023, p. 91), quoting Sarafino, health behavior is defined as “any activity performed by an individual with the aim of preventing disease, or for the purpose of identifying or diagnosing it at an early stage.” Akssa (2022) added an important point, noting that positive behaviors are not limited to avoiding harmful behaviors (e.g., quitting smoking), but also include preventive practices such as brushing teeth, washing hands, and similar actions.

##### **Second: Risk Behavior (Unhealthy Behavior)**

Ahmed (2023, p. 91), quoting Allanic (2008, p. 12), defined risk behavior as “a behavior that puts the self in danger whether physiological danger to the body or health (injury, illness, or death), or psychological risk.” These risks vary in severity, ranging from mild to potentially fatal.

Similarly, Boulahbal (2023, p. 259) noted that risk behavior refers to patterns and practices that increase the likelihood of disease and negatively affect an individual’s health, including behaviors such as smoking, drug use, and unsafe sexual activity.

Thus, it is essential for individuals to avoid all unhealthy behaviors that lead to disease and expose them to multiple risks that may develop into harmful habits, while at the same time committing to healthy behaviors to promote and maintain their well-being.

##### **Third: Risk Behaviors in Adolescents**

Adolescence is described as a sensitive and critical stage, as adolescents undergo various physical, psychological, and social changes. It is also a stage marked by increased likelihood of engaging in risky behaviors. The Centers for Disease Control and Prevention identified six main domains of risk behaviors: unhealthy dietary habits, insufficient physical activity, sexual behaviors contributing to sexually transmitted diseases and unwanted pregnancies, and violent or self-harming behaviors (Al-Zayadat, 2018, p. 312), in addition to suicidal thoughts and smoking. Smoking is particularly significant, as it is considered the “gateway” to drug use, often preceding alcohol and other substance abuse (Al-Zayadat, 2018, p. 312).

Based on this, we can identify the most prominent risk behaviors among adolescents and their impacts as follows:

##### **1. Smoking and Drug Use**

Smoking is considered a major problem of modern times and a leading cause of death, with widespread prevalence among adolescents. Pierce & Giblin (1996) estimated that around 80% of smokers began smoking before the age of 18 (Akssa, 2020, p. 79).

Akssa (2022) further pointed out that smoking is often associated with other risk behaviors such as alcohol consumption and drug use. Drug abuse has become increasingly widespread among adolescents, as confirmed by a school-based investigation by the National Office for Combating Drugs and Drug Addiction, which reported that approximately 54,000 students use drugs in schools (primarily cannabis), with 1.97% using hallucinogens, 0.42% cocaine, and 0.33% heroin (Jeradi, Saoudi, & Merzouki, 2022, pp. 381–382).

### Negative Impacts on Adolescents:

- **Health:** weakened immune system, respiratory disorders, hepatitis, high blood pressure, anemia, increased blood sugar, brain inflammation, and sleep disorders.
- **Psychological:** fatigue, mental breakdown, mood disorders, withdrawal, nervous tension, anxiety, depression, phobias, mood swings, distraction, excessive irritability, and hypersensitivity.
- **Social:** isolation, poor adaptation and maladjustment, risk of suicide, rebellion against values, tendency toward crime and immoral practices.

## 2. Unhealthy Eating Habits

Unhealthy eating refers to food that lacks nutritional value, vitamins, and minerals, while containing high levels of saturated fats, hydrogenated oils, sugars, and salts, leading to serious diseases (Akssa, 2022, p. 92). Adolescents are particularly prone to unhealthy eating, especially fast food, which has become widespread due to modern lifestyles, women's increased workforce participation, lack of time for home cooking, and peer influence.

Adolescents, especially girls, are often concerned with body image, which drives them to adopt risky behaviors such as extreme diets, consuming herbal mixtures promoted online, or taking supplements and medications without medical supervision (e.g., antihistamines for weight gain). Eating disorders such as anorexia nervosa (prevalent among adolescent girls aged 12–18) and bulimia are also common, leading to dangerous practices like induced vomiting, use of laxatives, fasting, and excessive exercise (Akssa, 2022).

### Negative Impacts on Adolescents:

- **Health:** high cholesterol, sudden strokes, heart, kidney, and liver diseases, diabetes, cancer, and food poisoning.
- **Psychological:** low self-esteem, depression.
- **Social:** isolation due to body dissatisfaction, normalization of unhealthy eating within society, and the spread of food-related diseases.

## 3. School Violence

Adolescence is a critical stage marked by heightened instinctive drives (sexual and aggressive) and external/internal constraints (Akssa, 2022). To release aggression, adolescents may turn to harmful behaviors such as smoking, drugs, reckless driving, or violence against others. Violence may manifest directly (physical or verbal abuse) or indirectly (school rebellion, extremism).

One academic study reported that 80% of Algerian high school students engage in violence against their teachers (ranging from disobedience to insults and assault), 72% watch violent films online without supervision, and 36% of parents received disciplinary warnings regarding their children's behavior (Wakli & Jnan, 2019, p. 35).

### Negative Impacts on Adolescents:

- **Health:** injuries, potentially permanent disabilities from fights.
- **Psychological:** depression, chronic tension.
- **Social:** isolation, severed relationships, extreme aggression toward others.

## 4. Deviant Sexual Behavior

Deviant sexual behavior involves practices that are socially unacceptable and harmful to moral and social standards. Ben Essayah (2017, p. 87) identified forms such as masturbation,

sexual harassment, rape, incest, homosexuality, hypersexuality, voyeurism, pornography addiction, and online sexual dependency, all of which expose adolescents to negative health consequences, including sexually transmitted infections. Masturbation, though widespread among adolescents, also carries psychological harms such as guilt and shame.

**Negative Impacts on Adolescents:**

- **Psychological:** fear, anxiety, mistrust, jealousy, lack of positive emotions, and loss of moral values such as modesty and honor.
- **Health:** gonorrhea, syphilis, hepatitis, urinary infections, pelvic infections (in females), HIV/AIDS.
- **Social:** spread of immoral crimes and deviant behaviors such as effeminacy.

**5. Internet Addiction**

Internet addiction is prevalent among adolescents and youth. D. Tory (2000) described it as *“a pathological and maladaptive use of the internet that leads to behavioral disorders,”* marked by steadily increasing usage that exceeds initial limits (Hammouda, 2015, p. 216).

Forms of internet addiction include chat rooms, pornography, online games, forums, online shopping, gambling, and excessive browsing (Ourari, 2024). Even when used for research, excessive reliance on the internet leads to information overload, confusion, and wasted time.

**Negative Impacts on Adolescents:**

- **Health:** back and spinal pain, carpal tunnel syndrome, poor circulation (leading to strokes and heart attacks), impaired organ function, and decreased attention due to cortical overstimulation.
- **Psychological:** irritability, aggression, psychological and mental disorders, sometimes described as “psychological mania.”
- **Social:** withdrawal from social relations, deepened loneliness, neglect of family duties, and weakened communication with others.

**4.3 The Role of Health Education as an Awareness Strategy to Reduce Risk Behaviors among Adolescents and Their Negative Impact on Academic Performance**

Several studies, including Hammouda (2015), have confirmed that the internet is considered an ideal research tool. However, since many individuals use it for purposes unrelated to study—such as spending long hours in chat rooms and online games—this often leads to absenteeism, disorganization in seeking and using information, and a decline in academic achievement.

Marhbawi & Fentazi (2021, p. 313), citing the results reported by Kimberly Young on university students, indicated that 58% of students admitted to a decline in their academic level due to excessive internet use, while 43% failed in their studies as a result of falling into the cycle of cyber addiction.

Similarly, Akssa (2022) noted that violent behavior also reduces academic performance due to absences caused by physical or sexual violence, leading to higher dropout and failure rates as well as a lack of motivation to learn.

Therefore, the activation of health education in schools has a significant impact on reducing the spread of risky health behaviors that negatively affect students' academic performance. This has been confirmed by several studies, including Saleh Al-Hajj (2015, p. 29), who cited Dent, Sussman, Stacy, Graig, Burton, and Flay (1995). Their study showed that health education programs focused on smoking prevention reduced the percentage of students who initiated smoking between seventh and ninth grade by 26%.

Likewise, Coleman, Tiller, Sanchez, Heath, Milliken, and Dzewaltowski (2005) found that schools implementing health education programs in Seattle and Washington—areas with high crime rates—experienced lower crime levels, improved student commitment to school, reduced misbehavior, improved academic achievement, and decreased rates of violence and alcohol consumption. Moreover, the prevalence of overweight children in Texas elementary schools declined as a result of adopting health education curricula.

Overall, these results reflect the positive role of health education as an awareness tool that fosters adolescents' health awareness, enabling them to overcome risky behaviors and focus on enhancing their academic achievement, which in turn contributes significantly to achieving quality standards in the Algerian educational system.

### **Conclusion:**

Health education in the school environment is considered one of the most important strategies relied upon to instill awareness among adolescents by enabling them to acquire correct health information, attitudes, practices, and skills that help them confront risk behaviors. This begins with the integration of health education concepts and topics into educational curricula, the organization of interactive workshops led by specialists in medicine and mental health, as well as the arrangement of open health days that provide practical advice, particularly in the field of healthy nutrition, in addition to awareness campaigns about the dangers of smoking, drug use, and traffic accidents. However, these efforts remain insufficient unless coordinated with the family and civil society, since health education is a field that requires the concerted efforts of all those surrounding the adolescent (family, school, and community).

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