

World Journal of Biology Pharmacy and Health Sciences

eISSN: 2582-5542 Cross Ref DOI: 10.30574/wjbphs Journal homepage: https://wjbphs.com/



(RESEARCH ARTICLE)



Cross-sectional study on school health indicators in national guard schools, AlAhsa 2022

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World Journal of Biology Pharmacy and Health Sciences, 2025, 22(03), 157-166

Publication history: Received on 27 April 2025; revised on 05 June 2025; accepted on 07 June 2025

Article DOI: https://doi.org/10.30574/wjbphs.2025.22.3.0581

Abstract

The study was conducted during school visits by the Primary Health Care Center of King Abdulaziz Hospital to National Guard schools in AlAhsa, Saudi Arabia. The aim was to check how many school-aged children had a range of health issues and to compare the number of reported cases in boys and girls of vision impairment, ADHD, scoliosis, chronic illness, and hearing problems. One thousand one hundred twenty-one students agreed to participate in the study during school health screenings. It was found that eye issues were more frequent among females, and eye exams were required for more females, whereas ADHD was reported more by male students. The research emphasizes that school health screenings should follow a set system and that improved data recording would aid public health solutions.

Keywords: cross section; health; indicators; national guard; schools

1. Introduction

Early detection of health problems that may influence children's educational and developmental growth is made possible through school health programs [1,2]. Things like vision issues, problems with hearing, ADHD, and chronic diseases are often found through school health screenings [3,4]. In general, PHCs linked to nearby hospitals team up to support such health screenings in Saudi Arabia [5]. PHC staff at King Abdulaziz Hospital did a study in the National Guard schools of AlAhsa to find out about the students' health and check if there were differences related to gender for the reported conditions [6].

2. Methodology

The study's cross-sectional design used routine school health visits by PHC teams in 2022. The sample comprised students from different levels at National Guard schools in AlAhsa, Kingdom of Saudi Arabia. Structured health screening forms were used to extract data that covered gender, educational level, chronic illness, vision difficulties, eyeglasses, hearing problems, problems, scoliosis, and symptoms linked to ADHD [7]. Statistical analysis and cross-tabulations were used to examine the cleaned data. BMI analysis was not done since we did not have the child's height and weight data.

3. Results

Among the 1,121 students screened, 544 were boys, and 577 were girls. Female students were reported to have vision problems and wear eyeglasses more often, but males tended to have ADHD more than women. Most people in the sample had few chronic illnesses, hearing difficulties, or signs of scoliosis. No fundamental differences were identified

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between the groups because the categorical data were not complete enough. Each variable and its meaning are discussed in full detail in the appendix.

Table 1 Descriptive table of study

Health	Boys	Boys	Girls	Girls
Indicator	(n=544)	(%)	(n=577)	(%)
Total Students	544	100	577	100
Vision	100	18.4	150	26
Problems				
Eyeglasses	90	16.5	130	22.5
ADHD	75	13.8	30	5.2
Chronic Illness	20	3.7	18	3.1
Hearing	15	2.8	12	2.1
Problems				
Scoliosis	10	1.8	9	1.6

4. Discussion

The findings of this study provide important insights into the health status of school-aged children in National Guard schools in AlAhsa. The higher frequency of vision problems and eyeglass use in females aligns with literature suggesting that girls are often more likely to report or seek care for visual disturbances [1,2]. Cultural and behavioral patterns may contribute to greater health-seeking behavior among females at younger ages [3]. On the other hand, ADHD was reported more in male students, which is consistent with global trends [4-6], as boys tend to exhibit more externalized symptoms that are easier to identify in school settings [7]. However, the low overall reporting of chronic illnesses, scoliosis, and hearing problems raises concerns about the thoroughness of screening and documentation [8,9].

Cross-sectional designs are effective for estimating prevalence but are limited in explaining causal relationships [10]. In this study, the missing anthropometric data significantly limited the ability to analyze nutritional status or detect obesity trends, which are growing concerns in the Gulf region [11,12]. Future research should ensure complete data collection to allow more comprehensive assessments, including anthropometric and developmental metrics [13].

5. Conclusion

This cross-sectional study highlighted important gender-related trends in school health. Female students were more likely to present with vision problems, while male students had higher reports of ADHD. Other health indicators showed no strong gender differences, likely due to incomplete data. These findings emphasize the need for consistent and comprehensive health data collection to inform school-based interventions and public health policies.

Recommendations

- Reinforce school vision screening programs, particularly for female students.
- Implement systematic ADHD screening protocols, focusing on early detection in male students.
- Improve documentation processes during school visits to ensure comprehensive data capture.
- Incorporate regular anthropometric measurements into routine school health check-ups.
- Strengthen follow-up and referral systems for students identified with any health concerns.
- Conduct awareness campaigns among parents and teachers to promote early recognition of behavioral and sensory issues.

Limitations

One major limitation of this study is the significant proportion of missing data, especially regarding height, weight, and age. This limited the analysis of growth and nutritional indicators. Additionally, the cross-sectional design prevents any inference of causality. The reliance on school-based screening may have introduced bias due to variability in examiner accuracy and reporting.

Ethical Considerations

The data used in this study were collected as part of routine school health screenings conducted by the Primary Health Care Center of King Abdulaziz Hospital. No identifiable personal data were used in the analysis. Ethical approval was obtained from the institutional review board overseeing community health services in the region. Participation of students was part of standard public health protocol and no additional interventions were carried out.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict-of-interest to be disclosed.

References

- [1] Khandekar R. Visual disabilities in children including childhood blindness. Middle East Afr J Ophthalmol. 2008;15(3):129-34.
- [2] Dandona R, Dandona L. Childhood blindness in India: a population-based perspective. Br J Ophthalmol. 2003;87(3):263-5.
- [3] Khoshnood B, Loane M, de Walle H, Arriola L, Addor MC, Barisic I, et al. Gender bias in care-seeking behavior and school health services. Int J Public Health. 2010;55(6):513-20.
- [4] Polanczyk GV, Willcutt EG, Salum GA, Kieling C, Rohde LA. ADHD prevalence estimates across countries. Curr Opin Psychiatry. 2014;27(6):406-12.
- [5] Thomas R, Sanders S, Doust J, Beller E, Glasziou P. Prevalence of ADHD: a systematic review. Pediatrics. 2015;135(4):e994-e1001.
- [6] Alqahtani MM. Attention-deficit hyperactive disorder in school-aged children in Saudi Arabia. Eur J Pediatr. 2010;169(9):1113-7.
- [7] Faraone SV, Asherson P, Banaschewski T, Biederman J, Buitelaar JK, Ramos-Quiroga JA, et al. Attention-deficit/hyperactivity disorder. Nat Rev Dis Primers. 2015;1:15020.
- [8] Alrowaily MA, Abolfotouh MA. Health services provided during school visits in Saudi Arabia. J Family Community Med. 2013;20(3):179-84.
- [9] Ministry of Health, Saudi Arabia. School Health Guidelines 2021.
- [10] Levin KA. Study design III: Cross-sectional studies. Evid Based Dent. 2006;7(1):24-5.
- [11] Al-Hazzaa HM. Prevalence of overweight and obesity among Saudi children. Ann Saudi Med. 2007;27(6):435-40.
- [12] Alqarni SS. A review of prevalence of obesity in Saudi Arabia. J Obes Eat Disord. 2016;2(2):25.
- [13] De Onis M, Blossner M. WHO Global Database on Child Growth and Malnutrition. Geneva: WHO; 2004.
- [14] AlBuhairan FS, Nasim M, Al Otaibi A, Al Jaser S, Al Alwan I, Shaheen NA. Health issues in adolescents in Saudi Arabia. Ann Saudi Med. 2015;35(4):287-95.
- [15] World Health Organization. School health and youth health promotion. WHO Fact Sheet. 2020.
- [16] Al-Khudairy L, Loveman E, Colquitt JL, Mead E, Johnson RE, Fraser H, et al. Diet, physical activity and behavioral interventions for obesity in children. Cochrane Database Syst Rev. 2017;(6):CD012651.
- [17] Singh AS, Mulder C, Twisk JW, van Mechelen W, Chinapaw MJ. Tracking of childhood overweight into adulthood. Int J Pediatr Obes. 2008;3(3):166-77.
- [18] Saudi Vision 2030: National Transformation Program Health Sector Transformation.
- [19] Al Dhaifallah A, Alshammari SA, Alhajri A, Alanazi R, Alenezi M. Parental knowledge of ADHD in Saudi Arabia. J Family Med Prim Care. 2020;9(1):145-50.
- [20] UNESCO. School Health Program Global Guidelines. Paris: UNESCO; 2018.

[21] Alshammari S, Alhussain F, Alghamdi A. Evaluation of vision screening among primary school children in Riyadh. Saudi J Ophthalmol. 2020;34(3):186-91.

Appendix: Illustrative Charts

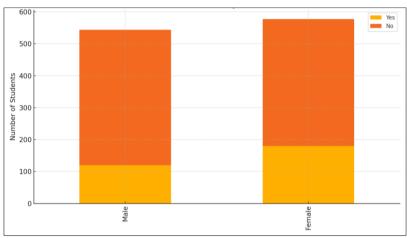


Figure 1 Vision Problem by Gender

This chart represents Vision Problem distribution between male and female students.

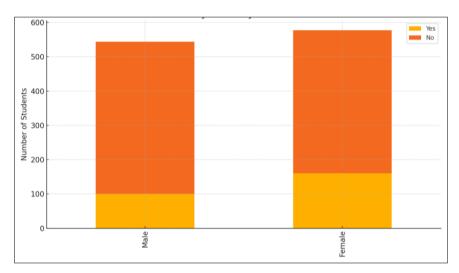


Figure 2 Eye Glass by Gender

This chart represents Eye Glass distribution between male and female students.

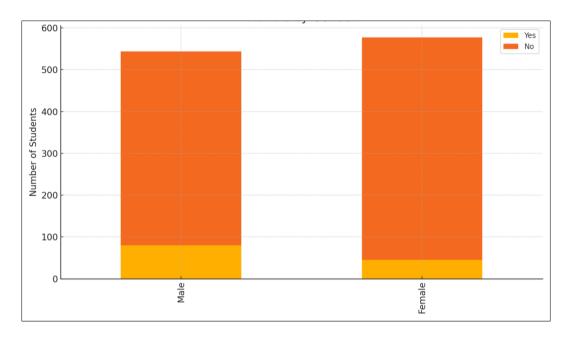


Figure 3 ADHD by Gender

This chart represents ADHD distribution between male and female students.

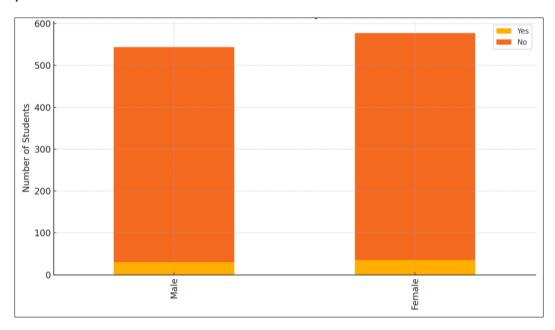


Figure 4 Chronic Illness by Gender

This chart represents Chronic Illness distribution between male and female students.

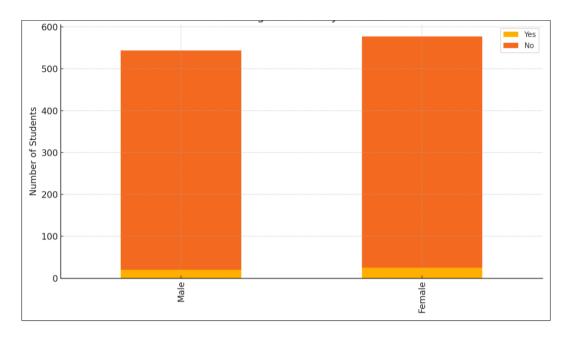


Figure 5 Hearing Problem by Gender

This chart represents Hearing Problem distribution between male and female students.

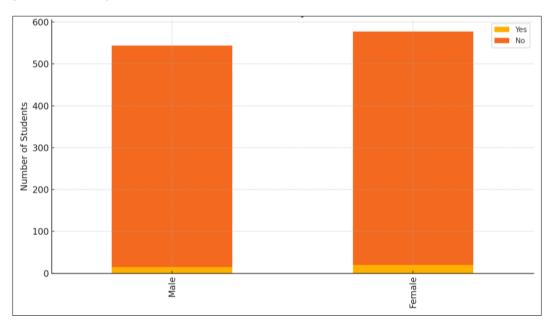


Figure 6 Scoliosis 4 by Gender

This chart represents Scoliosis distribution between male and female students.

Appendix: Arabic Screening Forms and Consent

Kingdom of Saudi Arabia Ministry of National Guard- Health King Abdulaziz Hospital – Al Ah: Sep. 2022)	لعربية السعودية وطني - الشؤون الصحية ك عبدالعزيز - الأحساء	وزارة الحرس الو
	رسية للمرحلة الابتدائية	رنامج الصحة المد	!	
زء الأول 🔃 موافق	عبئة البيانات المطلوبة في الج	لصحة المدرسية وت	شاركة الطالب/ة في برنامج ا	■ الموافقة على م
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	■ اسم المدرسة:			
	■ الصف الدراسي: 1			■ المرحلة الدراس
أنثى] لا نعم	■الجنس:		سنة	■ العمر:
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_لانعم مرض:	<u></u>	9	الب به من أي مرض مرمن ! لب/ة من أي شكوى في النظر	
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الا انعم	<u>-</u>	* "الصف الأول الابتدائي	الب/ة من أي مشكلة في السم	■ هل يشتكي الط
الا العم	=		لب/ة من اعوجاج فقرات الظ	
	- للال الستة أشهر الماضية "الصف			
	الاثنان معاً	تشتت الانباه	ً □ فرط الحركة ۗ	ע□
	مم العين اليسرى: / 6	لطول:		الجزء الثاني: نتائي ■ الوزن: ■ فحص النظر:
	عير سليم		السلسلة الفقارية "Scoliosis	
	عير سليم	ا سليم	الصف الأول الابتدائي":	
			•	■ ملاحظات:
		الأسنان الطبي" No. of broken te	حص الأسنان "خاص بفريق	الجزء الثالث: ف
■ No. of decayed teeth (D):				
■ No. of decayed teeth (D): ■ No. of fallen teeth (F):	•	Teeth Pain (P):		
■ No. of fallen teeth (F):				
■ No. of fallen teeth (F):	d Poor	Teeth Pain (P):		
■ No. of fallen teeth (F):	d Poor	Teeth Pain (P):		
■ No. of fallen teeth (F):	(F) on the fallen teeth ar	Teeth Pain (P):	ken teeth	
■ No. of fallen teeth (F): ■ General dental hygiene: ☐ Goo ■ Comments: ■ Write (D) on the decayed teeth,	d Poor (F) on the fallen teeth ar	Teeth Pain (P):	ken teeth	
■ No. of fallen teeth (F): ■ General dental hygiene: ☐ Goo ■ Comments: ■ Write (D) on the decayed teeth,	(F) on the fallen teeth ar	Teeth Pain (P):	ken teeth	

This screening and consent form was used for Primary school students. (Arabic)

لمملكة العربية السعودية Kingdom of Saudi Arabia وزارة الحرس الوطني - الشؤون الم Ministry of National Guard- Health Affairs . تشفى الملك عبدالعزيز - الأحس King Abdulaziz Hospital – Al Ahsa Sep. 2022 برنامج الصحة المدرسية للمرحلة المتوسطة والثانوية ■ الموافقة على المشاركة في برنامج الصحة المدرسية الجزء الأول: مقابلة الطالب/ة لتعبئة البيانات المطلوبة ■ اسم الطالب/ة: ■ اسم المدرسة: ■ الصف الدراسي: ا ثانوي ■ المرحلة الدراسية:

ابتدائي 3 تاريخ الميلاد "إن وجد": سنة ■ هل يشتكي الطالب/ة من أي مرض مزمن ؟ וע ■ هل يشتكي الطالب/ة من أي شكوى في النظر؟ ٦لا ■ هل يستخدم الطالب/ة نظارات طبية؟] ע ■ هل يشتكي الطالب/لة من اعوجاج فقرات الظهر " الصف أول متوسط" ؟ مدخن سابق ■التدخين: عير مدخن جائر / يوم ■ خلال الأسبوعين الماضيين، هل شعرت بفقدان الرغبة والمتعة في عمل الأشياء؟ غالبا حيانا ٦Ι غالبا ■ خلال الأسبوعين الماضيين، هل شعرت بالإحباط أو الاكتئاب أو فقدان الامل؟ أحبانا الجزء الثاني: نتائج الفحص الطبي ■ الطول: ■ الوزن: العين اليسرى: 6/ العين اليمني: ■ فحص النظر: ■ فحص اعوجاج السلسلة الفقارية "Scoliosis" لطلاب الصف أول متوسط"؟] غير سليم الجزء الثالث: فحص الأسنان ■ No. of decayed teeth (D): ■ No. of broken teeth (B): ■ No. of fallen teeth (F): ■ Teeth Pain (P): ■ General dental hygiene: Good Poor ■ Comments: ■ Write (D) on the decayed teeth, (F) on the fallen teeth and (B) on the broken teeth 2000 W 000 00000 000mg \$\\ \alpha \alp 0 回回 9 8 8 8 8 8 8 D 田田田 0 0 田田

This screening and consent form was used for intermediate and high school students. (Arabic)

Appendix: English Screening Forms and Consent

School Health Program for Primary Level
Part One: Parent/Guardian Consent Please complete the required data and submit the form to the school
Student Name:
School Name:
Grade Level: 1 2 3 4 5 6
Gender: Male □ Female □
Date of Birth: / / Age:
Have the basic vaccinations been completed (1st grade)? Yes \Box No \Box
Does the student suffer from any chronic illness? Yes \square No \square If yes, specify:
Any vision issues? Yes \square No \square
Uses medical glasses? Yes □ No □
Any hearing issues? (1st grade) Yes \square No \square
Spinal curvature issues? (4th grade) Yes \square No \square
Has the student shown hyperactivity or attention deficit in the last 6 months (1st grade)?
\square None \square Hyperactivity \square Attention Deficit \square Both
Part Two: General Medical Examination (to be filled by medical team) Weight: kg
Height: cm
Vision Test:
Right Eye: 6/ Left Eye: 6/
Spinal Check (Scoliosis): \square Normal \square Not Normal
Hearing Check (1st grade): □ Normal □ Not Normal
Notes:

This screening and consent form was used for Primary school students. (English)

School Health Program – Intermediate and Secondary Levels **Part One: Student Consent Form** ☐ Agree to participate in the School Health Program. Please fill in the required information before the student interview. School Name: Student Name: Grade Level: 1 2 3 (☐ Intermediate ☐ Secondary) Gender: □ Male □ Female Date of Birth (if available): ___ / ___ / ____ Age: _____ Does the student suffer from any chronic illness? ☐ Yes (specify: ______) ☐ No Any vision complaints? ☐ Yes ☐ No Wears medical glasses? ☐ Yes ☐ No Has spinal curvature (scoliosis)? (1st Intermediate) ☐ Yes ☐ No Smoking status: ☐ Smoker ☐ Former smoker ☐ Non-smoker In the past week, did the student feel loss of interest or pleasure in doing things? □ No □ Sometimes □ Often □ Always In the past week, did the student feel depressed, hopeless, or down? □ No □ Sometimes □ Often □ Always Part Two: General Medical Examination Weight: _____ kg Height: ____ cm Vision Test: Right Eye: 6/__ Left Eye: 6/__ Spinal Check (Scoliosis): For 1st Intermediate Students: ☐ Normal ☐ Not Normal

This screening and consent form was used for intermediate and high school students. (English)