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Health awareness in light of educational level and family income

(A field study on a sample of middle school students)

Nora Mazouzi; University of Batna 1, Algeria
nora.mazouzi@univ-batna.dz
https://orcid.org/0009-0009-9200-7907
Rachda Mazouzi; University Hospital Bichat- Claude Bernard, France
Mazouzi.Rachda@yahoo.fr
https://orcid.org/0009-0009-9294-9152

Abstract:

The aim of this study is to determine the differences in social health awareness among pupils according to education level (average first year and average fourth year) and family income variables (high/low) in Middle School in Chetma municipality, Biskra Province in Algeria. To achieve the aim of the study, the descriptive-comparative approach was used. The study also used a questionnaire that included (20) items.

The questionnaire was applied to a sample of pupils composed of (162) was distributed as follows: (81) pupils from the fourth middle school and (81) pupils from the first middle school; (87) pupils from low-income families; and (75) pupils from high-income families. The sample of pupils was selected through a simple random method from an initial community of (700) pupils. The results showed the following:

- There are statistically significant differences in social health awareness attributed to educational level.
- There are statistically significant differences in social health awareness attributed to family income.

* Mazouzi Nora

1. Introduction

Countries attach great importance to public health as one of the signs of their development and the security of their human resources, through the use of all material and human capacities, public health, and awareness programs. It is not possible for countries and societies to rely on people being wiped out by diseases and epidemics that spread among them. Improving the health of society depends mainly on the extent to which health culture is disseminated among its members and practiced in their lives and the extent to which they are aware of and respond to the health conditions surrounding them. Awareness and responsibility play a central role in establishing healthy knowledge, behaviors, and attitudes, on the basis that the control and treatment of many health problems depends mainly on the adoption of special measures based on the awareness of individuals, behaviors, and practices that need to be learned and acquired from childhood to become behavioral habits that fall under so-called proactive prevention measures, especially in the face of the spread of disease resulting from lifestyle changes it.

The Al-Emami study (2008) points out that the low level of health in some countries is not due to a lack of preventive and curative health services but rather to individuals' lack of knowledge about how to maintain their health and their responsibility for it; Protecting the health of others and making them aware of the circumstances around them and how to respond to them highlights the importance of health awareness here. "Health awareness strongly helps in maintaining health and solving its problems and guarantees a stable, evolving, and innovative community" (Raj et all, 2019, p 135).

Health awareness is the process of self-learning to gain better knowledge about oneself, diseases and conditions that lead to disease, the possibility of exposure to diseases in the future, and how to deal with them. (Mawila, 2022)

Social health awareness is linked to the extent of individuals' awareness of the importance of avoiding conditions that threaten their health and protecting them from all diseases that affect them, as well as their healthy behavioral tendencies and habits that help them manage health conditions positively, individually and collectively, which leads to the formation of collective awareness about security heath for the community.

Social health awareness has become one of the concepts that have recently attracted the attention of local, regional, and international bodies and institutions, particularly in African countries. However despite the initiative of the World Health Organization during its conference on March 30, 2008 in Wagadougou,

which integrated the concept of promoting health awareness and attempted to embody it on the African continent, the reality shows that the health awareness of the individual is impaired, as this leads to weak health indicators, the deterioration of health systems, and the spread of folk medicine (Kipré, 2020), and may be related to historical and economic factors, in particular the low standard of living of families.

Dedy (2016) claims that the level of health awareness can be objectively measured in time and space through behaviors associated with the low standard of living and the scientific and health culture widespread among members of society **(Dedy , 2016, pp 90-102)**.

The degree of income in a family defines its economic status. It is also regarded as a standard to determine the average cost of living as well as a measure of a country's residents' health. It enables the measurement of individual and family financial status.

This assumption can be justified by the health history of the world, characterized by the spread of epidemics and deadly viruses that have killed millions of people. The total number of infections with the coronavirus COVID-19, according to the British Medical Scientific Journal “The Lancet”," is more than three times the official figures, noting that the epidemic has killed more than eighteen million people worldwide between the beginning of 2020 and the end of 2021, the number of deaths has reached 5 million people (France 24,2022), and the swine flu virus that has spread between the years 2009 and 2010, according to the World Health Organization (WHO, 2020), caused eighteen thousand deaths worldwide, as well as other diseases and epidemics that claimed many victims, led to the collapse of many health systems in the world and exposed the weakness of other systems. In this context, Johnson & Hariharan's (2016) study, which aimed to identify public health awareness among the general public about health risks during the H1N1 influenza pandemic in Tobago, India, showed that people's level of knowledge about the H1N1 disease was acceptable, while their level of knowledge about the causes of the disease and the health behaviors that must be followed for prevention was low.

Faced with these challenges, Algeria, like countries in the world, has focused on preventive measures for individuals that would contribute to ensuring health security and preventing health insecurity, especially in non-urban areas such as

villages and rural areas, due to the peculiarity of the prevailing socialization, surrounded by beliefs that focus on the fact that health is in the hands of God and is not tied to causes or the collective health awareness of the individual.

Social health awareness is one of the strategic options that the state relies on to address health crises and achieve health security, since it represents an essential aspect of the proactive and preventive measures that must be developed and consolidated together with the individual to maintain their health, preserve and protect the health of others, prevent them before they occur, or act wisely and responsibly towards them. Therefore, children should acquire knowledge and values that will help them improve their health, protect themselves, and lead a good, healthy life. Health awareness helps in choosing healthy habits and practices that make the lifestyle free from various physical and mental illnesses. According to the consensus of researchers, health awareness refers to a solid knowledge of health problems and health issues, as well as awareness and understanding of them, which helps to take the right position and adopt behavior towards the current or temporary health situation.

Individuals cannot continue to believe that health and its promotion and prevention are only linked to state health promotion but that there are social, economic, and educational determinants that contribute to shaping health awareness. According to the World Health Organization, social and economic conditions cause the illness of others because they determine the health of individuals and societies. (WHO, 2003), whereby the social, economic, and educational environment plays a very important role in forming the health awareness of individuals in general and children in particular, by teaching them good health habits and developing their scientific awareness and health experiences to anchor in their minds and, on the other hand, to create the material conditions and standard of living that are necessary for a healthy life. In this context Laborde and all. (2021) confirms that low income in both rich and poor countries, compared to the high cost of food, is one of the most serious impediments to obtaining healthy food for a healthy life. Global reports showed that more than 3 billion people cannot afford the cheapest healthy diet. Also, the level of education of the individual is one of the factors and variables that help determine the level of health awareness and its development, since it is the high level of education that allows the individual to understand diseases, their causes,

and the means of contrast. People with little education or illiteracy find it difficult to perceive and deal with the health problems of those around them.

The consolidation of the concept of health awareness and health care must occur through collaboration and harmony between the institutions of society, first of all the family, with the material, social, and psychological conditions it offers, in order to create a healthy health awareness, especially among children. Research by Abdul Hamza and Hani (2018) indicates that the social environment is one of the causes of the spread of chronic and non-chronic diseases, both physical and psychological, and that there is a close connection between social factors and health awareness. Therefore, the many social factors that cause disease lead to high rates of disease among individuals, and the social causes the person to whom the individual belongs has a great influence on the formation of their health awareness through the information and experiences available in their environment. Family income and individual living standards are closely linked to health and health awareness through information, experiences, and one's environment.

Health practices include several variables related to beliefs, habits, traditions, education level, quality of life, and family income. In this context, Patrick and Erickson (1993) put forward the idea that good health is linked to quality of life life (Laurel, 2007, p 4), and Chabni, for his part, also points out that the health awareness and health status of the individual depend on the socio-economic factors that determine to whom he belongs. Marmot (2002) also confirms that income is related to health in three ways: through the gross national product of countries, the income of individuals

Since the individual is sick or in good health, his care and his awareness of his health depend on his material circumstances and his income. The latter affects the satisfaction of their health needs and requirements as well as their practices and behavior.

A low-income or poor person consumes fewer healthy foods and is less likely to seek medical advice compared to a high-income person. Therefore, there is a close relationship between family income and health behavior, which is confirmed by the study by Messani (2018). On the other hand, doctors and nutritionists believe that healthy food is not necessarily and inevitably linked to food that is expensive or difficult to obtain. Healthy food may be as simple as its ingredients and basic elements (vegetables, grains, milk, eggs) which are often available in families with middle and low incomes. From this standpoint, which describes the

difference in viewpoints, the current study has determined the level of family income into two levels: the high level and the low level, where the family income is calculated using a basic accounting method that combines the financial resources of both spouses, and in some cases the children. (Belleau & Proulx, 2011, p 79-80)

As mentioned earlier, the level of education is one of the factors that, in turn determines the level of health awareness of the individual and his behavior towards the surrounding health conditions. It provides the necessary knowledge, experiences, and information to help individuals maintain their health awareness. The level of education allows individuals to have resources and strategies to cope with health consequences, and there is a positive relationship between the level of education and health, as Ben Nacir (2016) mentioned in his study.

Health awareness is a social health behavior through which the individual interacts with society and expresses his belonging to that society. It is expressed through the healthy behaviors he practices. The individual acquires and develops this awareness since childhood through education and upbringing in various socialization institutions, of which the family and school are the most important. The family and its members are associated with variables, for example, the parents' income level, education level, and cultural level. The school community includes the health rules that students follow here, through the curriculum that includes the social health awareness concepts contained in it, in addition to health awareness campaigns implemented by the school.

In light of the above, this study aims to answer the following questions:

- Are there differences in social health awareness between students according to the variable of the educational level (average first year and average fourth year) ?
- Are there differences in social health awareness between students according to the family income variable (high or low)?

Many studies have examined on the topic of health awareness and how it relates to different variables, including a family's economic, social, and cultural situation, and its connection to health instruction, and found there are actually beneficial connections between these variables. Given the lack of studies addressing the differences in social health awareness among individuals, especially in the context of school community education and health education among students based on various variables, the current study aimed to explore the differences in social health awareness among students to identify students according to the family

income variable and educational level in the school community in Chetma Municipality, Biskra province.

What distinguishes this current study is that it addresses the issue of differences in social health awareness in the school community, which belongs to a rural community where the awareness of its members varies due to several variables that differentiate them, such as poverty, illiteracy, and the spread of collective habits of mind that are anything but scientific.

2. Previous studies

- A study of (Kikuchi 1999), which aimed to identify the extent of young people's knowledge of health information, and their assessment of their health in Japan, where the exploratory descriptive approach was used on a sample of young people, and one tool was applied to them, which was a questionnaire. The results of the study showed the following:
- Most males and females are in good health, and do not have health problems. Also, (69%) of males have diseases, and (30%) of them do not know how to prevent disease in the future, and (69%) of females have diseases, including (20%) do not know how to prevent disease in the future, and television is considered the primary media outlet in providing them with health information.
- A study by the World Health Organization, UNESCO, and the American Center for Disease Control (2004), which aimed to identify the health patterns and behaviors of schoolchildren in Jordan, in the field of nutrition, personal hygiene, mental health, physical activity, violence, and smoking. The study sample included (2613) students from the eighth, ninth, and tenth grades of the basic age group, who were selected by a simple random method from (26) public and private schools, military culture schools, and UNRWA schools. The results showed that male students lack awareness of the problem of obesity, and do not try to lose weight as females do. In the field of personal hygiene, it was found that females take better care of themselves than males. As for the field of physical activity, it was found that most students of both sexes are not physically active. It was found that cigarette smoking and tobacco use are more prevalent among male students than among female students.
- Study of Goel, & Singh **(2012)**, which aimed to identify health awareness among secondary school students to manage diseases. The study sample included (76) students from the ninth and tenth grades from the Science Department of the Rural Health Training Center in Haryana, who were selected through a comprehensive survey, and a health awareness questionnaire was applied to them. The results showed that students do not have sufficient awareness of disease management.

- Study of Johnson & Hariharan **(2016)**, which aimed to identify public health awareness among the general public about health risks during the H1N1 influenza pandemic in Tobago, India. The study sample consisted of (120) adult individuals who were selected through simple random sampling and an awareness questionnaire was applied to them. The health questionnaire included (14) items. The results of the study showed the following:
- Sample members have acceptable knowledge of H1N1 disease
The sample members have a low level of knowledge about the causes of the disease
The sample members have a low level of healthy behaviors that must be followed.
-Study of Krishna & Rekha (2018**)**, which aimed to identify the level of health awareness among secondary school students in Malayalam Province, where an exploratory descriptive approach was used, and a health awareness questionnaire was applied to a sample that included (132) students who were selected by a simple random method. The results showed the following:
The level of health awareness among high school students is low.
- There are no statistically significant differences in health awareness between males and females.

After reviewing previous studies, it became clear that they are completely different from the current study in terms of objective. Previous studies aimed to identify the level of health awareness among sample members and their knowledge of healthy behavioral patterns that achieve prevention, with the exception of the study by Iqbal et al (2020), which aimed to identify differences in health awareness between public and private high school students, while the current study aims to Identifying the differences in social health awareness according to the educational leveland family income level of students. The current study focuses on the variable of health awareness as a social health behavior linked to others and not only to oneself, through which students demonstrate their interaction with the school community and society as a whole, whether in health crises or as conscious and responsible behavior to achieve health security in society. On the other hand, determining the characteristics of the sample (school level and family income level) in this study is linked to the characteristics of the place where the study was conducted, as the study was conducted in a village that includes a large segment of low-income families, and it cannot in any case be neglected from studies and research. While the current study agreed with previous studies in the sample, as a sample of schoolchildren who were studying in educational institutions was used, with the exception of the Johnson & Hariharan (2016) study, which used a sample of adults. As for the research method used, the current study differed from previous studies that used the exploratory descriptive

approach, which suits its objectives, while it agreed with the study of Iqbal et al (2020), as the latter used the comparative descriptive approach to research differences in health awareness according to some variables. The current study also agreed with previous studies in the data collection tool, which was the health awareness scale. The current study benefited from previous studies in preparing the health awareness scale used to collect data, and determining the study sample.

3. Hypotheses of study

To answer these inquiries, the current study adopted the following hypotheses:

- There are statistical significant differences in health awareness among the participants based on the degree of study variables (average first year versus average fourthyear).
- There are statistical significant differences in health awareness among the participants according to their family's financial status (high or poor).

3. Methodology

The present study aims to identify the differences in health awareness among pupils according to the family income variable and the level of study, and to achieve this objective, the study relied on the comparative descriptive methodology because it is appropriate to the nature of the study.

The researcher can define social health awareness by the extent to which individuals are aware of the importance of avoiding conditions that threaten their health and protecting them from all diseases that afflict them, and their tendencies and healthy behavioral habits that help them positively manage the health conditions around them.

3.1.Study participants

The study sample included (162) randomly selected pupils from an original community of (700) at Gouand Mohammed Middle School in Chetma, Biskra Province. The sample's characteristics, including family income and level of education, were obtained by reviewing the pupils' school records.

In choosing the sample size, the study relied on the Herbert Arkin equation. However, the researcher resorted to increasing the sample size to the current and indicated size based on two important matters, the first of which is the research method used and the second is the degree of accuracy required, and thus the need for a larger number of sample members to give the necessary confidence to generalize the results.

3. 2. Study tools

To answer the study questions. The researcher used the theoretical heritage of awareness, health, social awareness, and health awareness in preparing the

questionnaire that contained (20) items. The answers to this questionnaire consist of three alternatives: (3) a score for agreeing, (2) a score for neutral and (1) a score for disagreeing.

3. 3. Psychometric properties of the study tools

The validity of the tool was checked by calculating its psychometric properties after applying it to an exploratory sample of **(40)** students. The statistical package for the social sciences (SPSS 23) was used.

3.3.1. Validity

Construct validity was calculated to ensure that the study tool measures what it was designed to do.

- Construct validity:

In order to verify the consistency and homogeneity of the items of the study tool, the correlation coefficient was calculated between the total score of the tool and the score of each item. (Table 1):

Table (1) shows the construct validity of the health awareness questionnaire

Sig	Pearson correlation	Item	Sig	Pearson correlation	Item
0,001	0,528	**11**	0,084	0,280	**1**
0,000	0,606	**12**	0,008	0,280	**2**
0,015	0,257	**13**	0,008	0,963	**3**
0, 163	0,228	**14**	0,124	0,251	**4**
0,157	0,231	**15**	0,028	0,352	**5**
0,000	0,540	**16**	0,000	0,565	**6**
0,000	0,548	**17**	0,000	0,533	**7**
0,001	0,507	**18**	0,000	0,680	**8**
0,003	0,470	**19**	0,011	0,947	**9**
0152	0,234	**20**	0,003	0,983	**10**

The Pearson correlation coefficients between the total score and the score of each of the items, it appears that the correlation coefficients, which varied between (0.228 and 0.983) are statistically significant at the significance level ($\propto = 0.01$). Consequently, all the items which numbered (32) were retained. The table (1) shows the values of correlation coefficients between the total score and the score for each item.

3.3.2. Reliability

The spill-half method is used for questionnaire realiability. (Table 2) :

Table 2. shows the reliability coefficient by th Spilt-half method

Alpha Cronbach	Partie 1	Valeur	,771
		Nombre d'éléments	10[a]
	Partie 2	Valeur	,809
		Nombre d'éléments	10[b]
	Nombre total d'éléments		20
Corrélation entre les sous-échelles			,738
Coefficient de Spearman-Brown	Longueur égale		,849
	Longueur inégale		,849
Coefficient de Guttman			,815

The correlation coefficient between the two halves of the questionnaire ensures the internal consistency of the questionnaire. The Pearson coefficient is applied, and it was corrected for the effect of length by the Spearman-Brown coefficient to ensure the internal consistency of the questionnaire. The results present the correlation coefficients by the bipartition method, and it is clear that the reliability coefficient was estimated at (0.849), which means that the test is stable and has consistency internal between its items, and that it has a high reliability.

4. Results

4.1. Results of the first hypothesis

To assess the validity of the first hypothesis, which claims that there are no differences in the levels of health awareness among the participants based on their education level. The (T) test for two independent samples was utilized, as indicated in (Table 3).

Table 3. shows the test value (T) to indicate the differences between pupils in health awareness according to the educational level variable

N		Mean	Standard deviation	Mean difference	Df	(T)	Sig	(∝=0,01)
fourth middle year	81	77,580	2,867	9,320	160	15,454	0 ,000	
first middle year	81	68,259	4,609					

The result shows the test value (T) to indicate the differences between students in health awareness according to the educational levelvariable. The difference between the means of the sample members was estimated at (9,320). After calculating the value of T, which has been estimated at (15,454), and comparing the value of (sig = 0.00), which we find below the significance level (**α** = 0.01), it was found that there are differences between the means of the sample members on health awareness. Accordingly, we accept the hypothesis, which states that there are differences between the means of the members of the sample in health awareness according to the variable of the level of study

4. Results of the second hypothesis

To evaluate the validity of the second hypothesis, which asserts that there are no statistically significant variations between the means of students' health awareness ratings based on the family income variable, the (T) test for two independent samples was utilized, as shown in (Table 4) :

Table 4. shows the value of (T) to indicate the differences between pupils in health awareness according to the family income variable

	N	Mean	Standard deviation	Mean difference	Df	(T)	Sig	(∝= 0,01)
high family income	75	71,666	5,911	2,706	160	2,909	0,486	

The result displays (T- test) values indicating differences in health awareness among students based on their household income. It appears that the arithmetic mean of the scores of pupils from high-income families was estimated at (71,666) and the standard deviation was (5,911), while the mean arithmetic scores of students from low-income families were estimated at (74,373) and the standard deviation was (5,899). The difference between the means of the sample members was estimated at (2,706). The value of T is estimated at (2,909), and comparing the value of sig = 0,486, which we found below the significance level (**α** = 0.05), it was found that there are no differences between the means of the sample members on health awareness. As a result, the study rejects the hypothesis, which states that there are statistically significant differences between the means of sample members in health awareness according to the family income variable (high or low), and accepts the null hypothesis, which states that there are no statistically significant differences between the means of sample members in health awareness according to the family income variable (high or low).

5. Discussion

5.1. Discuss the first hypothesis:

It states that there are statistically significant differences between the means of sample members in health awareness according to the educational levelvariable (average first year and average fourth year). This result is attributed to the fact that consciousness in general is closely related to the stages of a child's cognitive growth. In social terms, it is the product of the interaction of acquired knowledge with the brain and its functions. Thus, consciousness is generally a state of perception that combines the role of mind and feelings to understand what is happening around the individual; awareness is complete if it is continuously developed through the development of the child's intellectual capacities and by relating them to the experiences that make up his life. This result differs from the result reached by the study of Larbi and Hariti (2018), which indicated that there were no differences in the level of health awareness between first- and third-year undergraduate students, although the sample of the current study differs from the sample of this study in terms of educational level. Here, the factor of mental and behavioral maturity is an important factor in the absence of differences. From this perspective, average fourth graders have more experiences and knowledge related to health, health education and health awareness than average first graders, who range in age from ten to eleven years old; as middle fourth graders become more aware of the health conditions around them, they acquire knowledge about health in its physical and nutritional aspect, and how to prevent diseases and their causes, through a program education in the natural sciences, which focus on the human

body, balanced nutrition, immunity and healthy eating. While the freshman curriculum, only one part includes human nutrition and energy, while the rest of the curriculum is plant-focused.
Fourth-grade middle students address health-related topics throughout the school year, emphasizing healthy habits and behaviors that ensure required and appropriate treatment for the various health conditions facing students.
On the other hand, the age stage that characterizes middle fourth graders represents the beginning of the stage of adolescence where independence begins to appear, as it is a manifestation of the growth of self-consciousness, as the adolescent becomes more capable and inclined towards personal attention and more willing to take responsibility and success. In addition, Liu He and all's study also confirmed that teachers' average health awareness and positive health attitudes were positively related to their students' healthy eating behaviors.
Health awareness is created among pupils by providing them with sufficient information. Knowledge about health care and ways to prevent and acquire diseases spread in the environment skills for practicing healthy behavior through developing environmental awareness of food and its impact on physical and mental health. Health education and adopting sound health trends are among the methods of creating health awareness. In comparison with the study by Krishna & Rekha (2018), which aimed to identify the level of health awareness among secondary school students in Malayalam Province ; It showed that the level of health awareness among high school students was low, while the level of social health awareness among the current study sample, which consisted of students, was high.

The school also has the mission of establishing knowledge and information about health education, which primarily includes health awareness through curricula and the content of educational materials, as it can play a fundamental role in the process of greatly reducing many causes of death and health problems by avoiding unhealthy behavioral patterns. (Karmoush, Bahri, 2024, p. 129)

5.2. Discuss the second hypothesis:

The second hypothesis states that there are statistically significant differences between the means of sample members in health awareness according to the family income variable (high or low).
This result agreed with the results of the study of Fang and all (2012)), the latter showed that lower income families always obtained higher health knowledge level than the rich families, The main way to receive health knowledge for low-income families is through traditional methods.

In the process of health education, different means of education should be adopted for different groups so as to achieve ideal effect. Potential interventions may be different from education process which should be adapted to different income level families.

The family is the first and most important source of health information for children and helps them learn healthy behaviors to maintain their health and prevent various diseases. The level of social health awareness is more related to the health education provided by the family than its financial resources, especially if the parents have a health culture. As much as this helps in imparting personal and collective health values to children, and developing their health awareness. What supports this result is the findings of West's study (1997), which indicated that the economic level of the family has no effect on acute illness, mental health, or the personal health of the individual. On the other hand, West and al (1990) stated that very little evidence was found of a class difference in health among 15-year-olds**.** The family with good income can provide a healthy environment for its children, as well as care and healthy food, while the family with low income is unable to ensure the economic security of her children, as well as meeting the needs for treatment and healthy food. However, it seeks to preserve the health of their children by means other than money. Parental health education plays a major role in the development of health awareness in children and in the transmission of healthy behaviors, and it is not necessarily linked to economic level or the level of family income.

Also The educational level of parents interferes in shaping children's health awareness. Liu He et al.'s study confirmed that a higher level of education among parents of students was positively associated with their children's healthy eating behaviors.

The child's health habits and culture are affected by the socialization he is exposed to during his stages of development, especially in the family. Parents may work to establish healthy behaviors that develop health awareness among children, such as washing hands before eating, brushing teeth regularly, eating full meals on time, and other healthy habits and behaviors.

It does not require a high economic level for parents to provide these practices, while what must be provided is an important amount of care and attention to children's health and a culture of establishing and monitoring healthy behaviors in children.

The child's health habits and culture are affected by the socialization he is exposed to during his stages of development, especially in the family. Parents may work to establish healthy behaviors that develop health awareness among children, such as washing hands before eating, brushing teeth regularly, eating full meals on

time, and other things. Healthy habits and behaviors, and what the school offers within the curriculum that includes health education programs. In contrast to the results of the current study, some researchers conclude that the economic status of a family includes characteristics of the quality of life lived as well as the opportunities and privileges granted to people within the society.
Moreover, family economic and financial status is a consistent and reliable indicator of a wide range of outcomes across the life course, including physical and mental health. (American psychological association)
The family plays the first role before school in teaching children the importance of health awareness in achieving health security at the individual level and at the community level to avoid health disasters that lead to societal health chaos.
Mawila (2022) believes that health awareness has several social goals that ensure health security for society
- Educating community members about the necessity of taking the necessary precautions for a healthy lifestyle in order to maintain the healthy structure of society.
The medical sector benefited from the emergence of organizations concerned with public health awareness.
- Increasing individuals' interest in their personal lives and health to achieve collective health security.
- Raising awareness of diseases, their causes and ways to prevent them.
- Changing the beliefs of community members about some diseases.

6. Conclusion:

This study shows that the level of health awareness among students is acceptable, but it is not enough to guarantee them protection and prevent diseases, identify them and treat them well. As it turned out that there are statistically significant differences between the average fourth graders and the average first graders, and on the other hand, there are no statistically significant differences between the students, depending on family income. Health awareness is not limited to obtaining or providing advice, but should go beyond learning the skills of understanding the health conditions surrounding the individual and the general health culture to the extent that makes him take responsibility for his life in all its dimensions.
The health security of society is one of the fundamental goals of health awareness through individuals who have a high degree of health awareness because they have healthy behavior that helps them to safeguard their families and society in against diseases. Health behavior is an educational process, it does not depend on the information that individuals possess, but on the extent to which they apply this

information in their life and their pursuit in the event of a health problem. The first educational establishment from which it begins to raise the level of health awareness is indeed the family and the conditions associated with it, especially economic conditions, there is a relationship between family income and the process of education in health that ultimately leads to health awareness, and some studies indicate in this regard that the more poverty and ignorance spread in society, the less there is health awareness. Good medical care often fails to improve the overall health status of community members if it is done in isolation from other influences and conditions, which often fall outside the scope of normal medical activities due to patterns of personal behavior in nutrition and socioeconomic status, which are determined Through a person's income level, education level, and the type of his job or profession.

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