

PEER YOUTH PHYSICAL VIOLENCE AMONG SECONDARY SCHOOL STUDENTS IN SOUTH WEST NIGERIA

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Background

- Violence among youths is a global public health problem which is associated with injuries and other health risk behaviours.
- Fighting and bullying are the commonest forms
- Bullying has been defined as an act of aggression with malicious intent that is characterized by an imbalance of power which is carried out repeatedly over time.
- Bullying has been associated with other violent behaviours e.g. frequent fighting, verbal and physical abuse, and coercion.
- Bullying has also been linked with increased likelihood of physical and psychosomatic health problems, cigarette smoking and substance use.



Introduction

- Previous research indicates that adolescent violence has been associated with adverse health behaviours and health outcomes in developed countries.
- However, there is limited information on the prevalence and factors associated with bullying and fighting among in-school-youths in Africa including Nigeria.
- Therefore we estimated the prevalence of fighting and bullying and associated factors among secondary school students.







Methods

- A cross sectional survey of 516 adolescents aged 13 -15 years in six public secondary schools was conducted in Odo Ota Local Government Area in Ogun State located in south west Nigeria.
- The Local Government is divided into 15 Wards and 5 school zones with 89 Secondary Schools (61 private and 28 Government-owned).
- Total school enrolment for the 2007/2008 session was 64,776 (47,988 in public and 16,788 in private schools respectively).



Methods

- A three-stage cluster sample design was utilized to obtain a representative sample of students aged 13-15 years in Junior Secondary three and Senior Secondary one and two classes.
- The first stage consisted of randomly selecting three out of the five zones of the LGA .
- In the second stage, two public secondary schools were selected from each zone.
- The third stage involved the random selection of the respective classes. All the students in the selected classes were interviewed.



Methods

- The Global School Health Survey (GSHS) is a self-administered school based survey developed by the WHO in collaboration with UNICEF, UNESCO and UNAIDS with technical and financial assistance from the United States Centres for Disease Control and Prevention (CDC) was used to collect data
- The questionnaire consists of multiple core questionnaire modules addressing various health and behavioural issues.
- Information obtained included; the respondents' socio-demographic characteristics, history of physical fights and bullying, mental health, tobacco use, alcohol and other drug use.



Data Analysis

- Data were analyzed using SPSS version 15.
- The questions from the questionnaire used were :
- During the past 12 months how many times have you been in a physical fight? The options ranged from 0-12times.
- During the last 30 days, how many days were you bullied? Respondents were given options of 0-30 days.
- During the last 30 days, how many days did you have a drink containing alcohol?
- During the last 30 days, how often did your parents really know what you were doing with your free time? Options were; Never; rarely; sometimes; most of the time; always

Data Analysis

- During your life, how many times have you used drugs like marijuana, cocaine etc? Options available were 0 times to more than 10 times.
- If a student reported any number of times greater than 0 or days of exposed to the behaviour greater than 0 to the behaviour, the behaviour was recoded as yes; otherwise as “no” or missing
- Bivariate and multivariate logistic regression was conducted =.

Findings

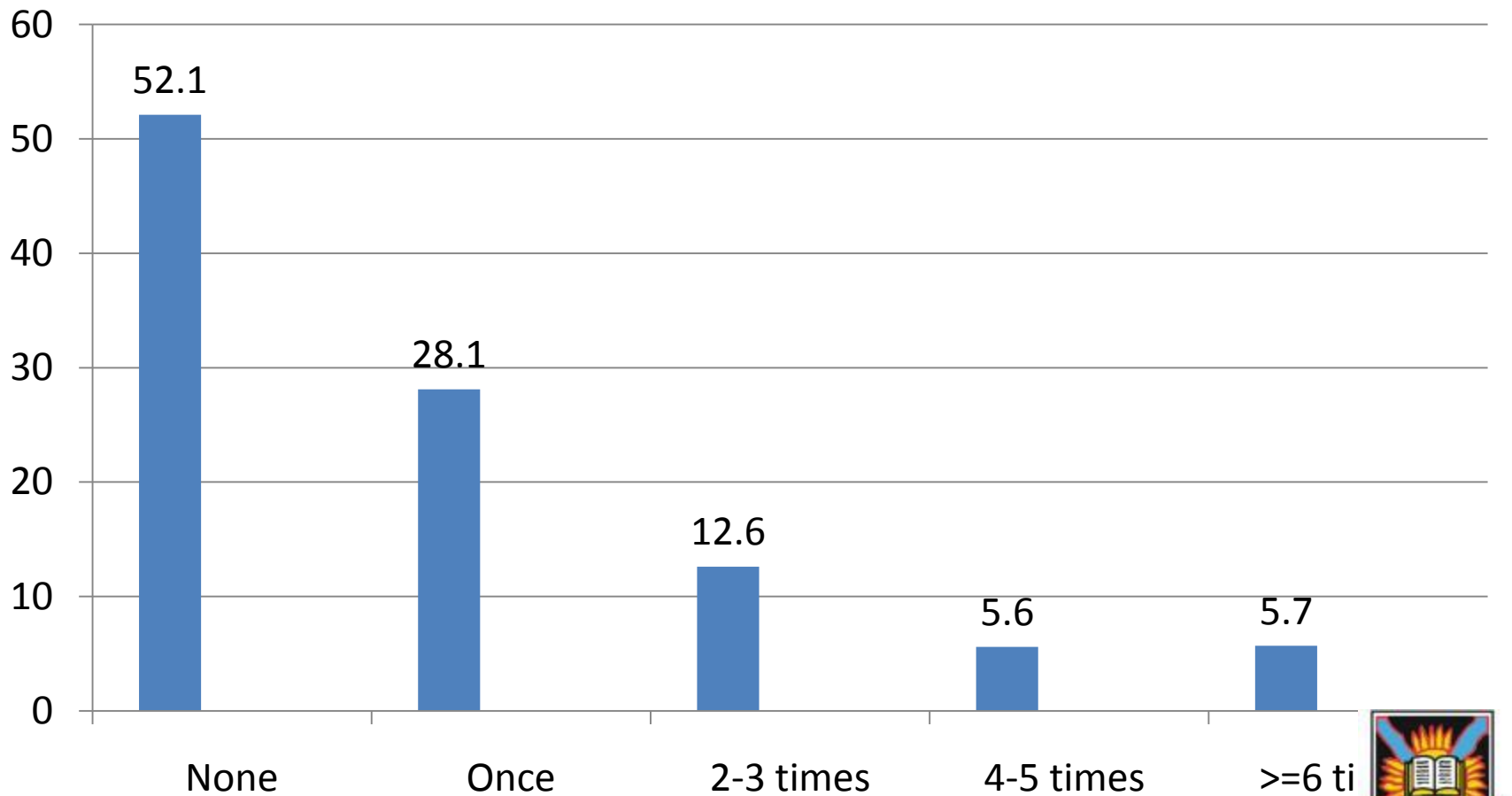
Variables	n	%
Gender		
Male	288	55.8
Female	228	44.2
Age (years):		
13	134	26
14	161	31.2
15	221	42.8
Parental supervision		
Never/rarely	101	19.6
Sometimes	109	21.1
Most of the time/Always	306	59.3

Findings

Variables	n	%
Alcohol use	106	20.5
Lifetime substance use	41	7.9
Involved in fighting	247	47.9
Numbers of days bullied		
None	269	52.1
1-2	152	29.5
3-5	47	9.1
6-9	26	5.0
10-30	22	4.3

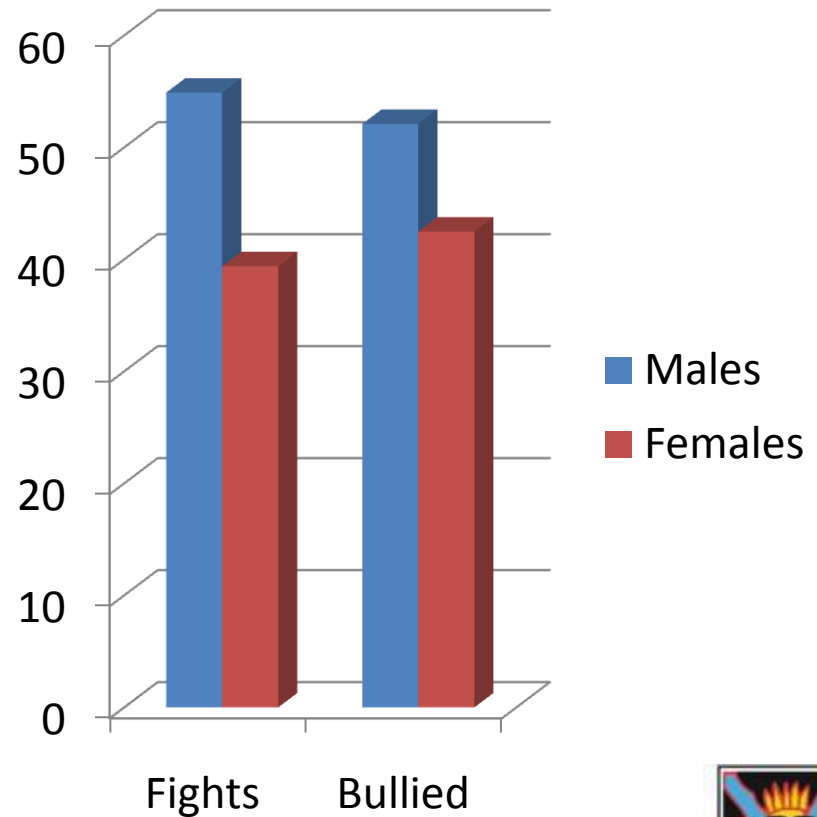


Number of fights in last year



Findings

- The reported exposure to both physical fights and bullying was 47.9%.
- More males (54.9%) had been involved in a physical fight compared to the females (39.4%), $p=0.00$. Similarly more males reported being bullied.



Associated factors with fighting

- On multivariate logistic regression, the following factors were associated with history of fighting:
 - being male (OR:1.56; 95% CI :1.07-2.28),
 - having a recent history of injury (OR:1.73, 95% CI :1.18 - 2.64),
 - being a gang member (OR:2.41; 95% CI: 1.06-5.48) and having been bullied (OR:1.78; 95% CI :1.22 -2.61)



Factors associated with bullying

- History of recent injury (OR:2.07; 95% CI: 1.42-3.02)
- Alcohol intake (OR:2.09; 95% CI: 1.29-3.36)
- Suicidal ideation 2.3(1.2-4.1) and
- Prolonged feelings of loneliness (OR:1.68; 95% CI: 1.04-2.21).



Conclusion

- Physical fights and bullying are common among these in-school adolescents and are associated with adverse health outcomes and behaviours.
- The prevalences of fighting and bullying observed are similar to those reported from the national GSHS of other African countries.
- Consistent with the reports of other researchers, this study also observed associations with certain adverse health risk behaviours and outcomes.
- These relationships are complex and require further research to clearly identify the roles of these factors



Limitations

- The GSHS survey method used is school based, therefore, the results obtained cannot be generalized for all adolescents in the area.
- Due to the cross sectional methodology utilized, the determination and identification of cause and effect are impossible.
- The time frames used differ for the questions with health behaviours or outcomes either referring to either 30 days preceding the study, 12 months preceding the survey or during the respondent's lifetime.



Limitations

- The data is self-reported, therefore it is possible that some respondents misreported their exposure to bullying and fighting.
- Furthermore participation in adverse health behaviours may not have been accurately reported because of embarrassment or the desire to provide a socially acceptable response.
- Despite the limitations highlighted there is no reason to believe that the students would consistently misreport in a manner that would deviate from the actual reality.



Recommendations

- Bullying and fighting should not be thought of as a “normal” part of childhood development
- Intervention programmes aimed at reducing youth violence should be designed and implemented.
- Further research and training are required to assist students, teachers, parents and health professional to effectively tackle these violent behaviours and the adverse outcomes.
- Increased awareness of their frequency and potential health consequences may lead to the development of related health promotion and disease prevention programmes .



Thank You

