Violence against children perpetrated by peers: A cross-sectional school-based survey in Uganda

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A B S T R A C T

Violence against children by peers is a global public health problem. We aimed to assess factors associated with peer violence victimization among primary school children in Uganda. We conducted multilevel multivariable logistic regression analyses of cross-sectional data from 3706 primary students in 42 Ugandan primary schools. Among primary school students, 29% and 34% had ever experienced physical and emotional violence perpetrated by their peers, respectively. Factors strongly associated with both physical and emotional violence were similar and overlapping, and included exposure to interparental violence, having an attitude supportive of violence against children from school staff, not living with biological parents, working for payment, and higher SDQ score. However, we found that younger age, sharing sleeping area with an adult and achieving a higher educational performance score, were specifically associated with physical violence. On the other hand, being female, walking to school, reporting disability and eating one meal on the previous day, were particularly associated with emotional violence. Interventions to reduce peer violence should focus on family contexts, school environments and those with poor socio-economic status may need extra support.

1. Background

Violence against children, including physical, sexual and emotional violence, has devastating effects on health, including injuries, sexually transmitted infections, depression, substance misuse, self-harm and non-communicable diseases (Felitti et al., 1998; Lim et al., 2012; Norman et al., 2012; Norton & Kobusingye, 2013). Peer victimization is a key risk factor for child and adolescent mental health problems and suicide, with psychological manifestations extending into adulthood (Copeland, Wolke, Angold, & Costello, 2013; Fergusson & Lynskey, 1997; van Geel, Vedder, & Tanilon, 2014).

Research suggests that over half the world’s children – 1 billion aged 2–17 years – experienced some form of violence in the past...
year, of whom, 230 million live in Africa (Hillis, Mercy, Amobi, & Kress, 2016). Perpetrators of violence against children include school staff, family members and peers. Violence against children by their peers can include both “bullying”, where the power dynamics between a perpetrator and victim are important, and “peer victimization”, which can include any violence between peers (Devries, Child et al., 2014).

Studies, mainly from high-income settings, indicate that children who are maltreated (abused or neglected physically, emotionally or sexually), exposed to domestic violence, or from socio-economically disadvantaged households and communities may be more vulnerable to violence from school peers (Cluver, Bowes, & Gardner, 2010; U.S. Department of Education, 2002; Shields & Cicchetti, 2001; Wolkes, Woods, Stanford, & Schulz, 2001).

In sub-Saharan Africa, high levels of violence against peers have been reported. Data from the Global School-Based Health Survey showed that the prevalence of being bullied on at least one day during the past month ranged from 25% in Tanzania to 63% in Zambia, and that bullying was associated with school absence or dropout, sleep problems, and having multiple sexual partners, as well as mental health problems (Brown, Riley, Butchart, & Kann, 2008; Siziya, Muula, & Rudatsikira, 2007).

Little is known about the prevalence and factors associated with different types of violence against peers, particularly in sub-Saharan African settings where violence against children is common. In Uganda, a recent study showed that more than 90% of primary school-aged children had ever experienced physical violence, more than 50% reported emotional abuse, and 4% and 13% of boys and girls respectively reported sexual abuse from a school staff member (Devries, Child et al., 2014). In this study, we examine the prevalence and factors associated with physical, sexual and emotional peer victimization among children in Uganda.

2. Methods

We used data from the baseline survey of the Good Schools Study (GSS), a cluster-randomized controlled trial, which evaluated an intervention to reduce violence against children by school staff. The study was conducted by Raising Voices (a Ugandan non-governmental organization), Makerere University, University College London (UCL) Institute for Education and the London School of Hygiene and Tropical Medicine. The study took place in rural and urban areas of Luwero district. The protocol and main trial results are published elsewhere (Devries et al., 2013; Devries et al., 2015b).

2.1. Sampling

The Good Schools Study baseline survey was conducted in primary schools during June and July 2012. From 268 schools in Luwero, 97 schools were excluded due to having fewer than 40 registered students in Primary 5, and 20 schools were left out because they had existing government interventions. The remaining 151 schools contained 80% of Primary (P) 5, 6, and 7 students in the district (aged about 11–14 years). These schools were stratified according to the gender ratio of students (> 60% girls, > 60% boys or an approximately equal ratio) (Devries et al., 2013; Devries, Child et al., 2014).

Forty-two schools were randomly selected proportional to strata size. All selected schools agreed to participate. In each school, up to 130 students across P5-7 were randomly sampled. In schools with fewer than 130 students in P5-7, all students were invited to participate. Data was obtained from 77% of sampled students; 19% were absent from school during the week of data collection; and 4% refused, were ineligible or had a parent who opted them out (Devries et al., 2013; Devries, Child et al., 2014).

2.2. Procedure

Head teachers gave consent for their school’s participation and notified staff, students and parents. Individual children provided written consent to participate however, parents could choose to opt their child out of the study. Data were collected through private face-to-face interviews conducted by trained interviewers. The three-week intensive training as well as debriefs and supervision that focused on data quality during the data collection supported production of reliable data.

A child protection plan was developed by liaising with local services to support children who were at risk, or needed any services related to violence. In addition, a trained counsellor was available to any child who requested counseling during or after the interview process (Child, Naker, Horton, Walakira, & Devries, 2014). Ethical approval for the study was obtained from the London School of Hygiene and Tropical Medicine and the Uganda National Council of Science and Technology.

2.3. Instruments and measures

2.3.1. Exposure variables

Socio-demographic data including age of the child, whether the child ate three meals versus less than three meals in the past day and if the child did paid or unpaid work were collected.

Educational performance was measured by word recognition tests in English and Luganda (scoring 1–40), timed reading tests in English and Luganda (scoring 1–62) and reading comprehension tests in English and Luganda (scoring 1–5). Tests administered in groups were silly sentences (testing reading and cognitive ability, scoring 1–20), spelling in English (scoring 1–20) and basic mathematics (scoring 1–40). Educational performance score relative to peers was computed by adding up the number of times a student scored in the bottom third of the overall distribution for each individual educational test, divided by the number of completed tests. Those in the bottom 10% of students from this distribution were coded as “low performers” and those in the top 90% as “not low performers.” (Devries, Child et al., 2014).
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