The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomised controlled trial in Uganda



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Summary

Background Violence against children from school staff is widespread in various settings, but few interventions address this. We tested whether the Good School Toolkit—a complex behavioural intervention designed by Ugandan not-for-profit organisation Raising Voices—could reduce physical violence from school staff to Ugandan primary school children.

Methods We randomly selected 42 primary schools (clusters) from 151 schools in Luwero District, Uganda, with more than 40 primary 5 students and no existing governance interventions. All schools agreed to be enrolled. All students in primary 5, 6, and 7 (approximate ages 11–14 years) and all staff members who spoke either English or Luganda and could provide informed consent were eligible for participation in cross-sectional baseline and endline surveys in June–July 2012 and 2014, respectively. We randomly assigned 21 schools to receive the Good School Toolkit and 21 to a waitlisted control group in September, 2012. The intervention was implemented from September, 2012, to April, 2014. Owing to the nature of the intervention, it was not possible to mask assignment. The primary outcome, assessed in 2014, was past week physical violence from school staff, measured by students' self-reports using the International Society for the Prevention of Child Abuse and Neglect Child Abuse Screening Tool—Child Institutional. Analyses were by intention to treat, and are adjusted for clustering within schools and for baseline school-level means of continuous outcomes. The trial is registered at clinicaltrials.gov, NCT01678846.

Findings No schools left the study. At 18-month follow-up, 3820 (92·4%) of 4138 randomly sampled students participated in a cross-sectional survey. Prevalence of past week physical violence was lower in the intervention schools (595/1921, 31·0%) than in the control schools (924/1899, 48·7%; odds ratio $0\cdot40$, 95% CI $0\cdot26-0\cdot64$, p<0·0001). No adverse events related to the intervention were detected, but 434 children were referred to child protective services because of what they disclosed in the follow-up survey.

Interpretation The Good School Toolkit is an effective intervention to reduce violence against children from school staff in Ugandan primary schools.

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Introduction

Exposure to physical violence in childhood is widespread and associated with increased risk of depressive disorders and suicide attempts,1 poor educational attainment,2 and increased risk of perpetrating or experiencing intimate partner violence in later relationships.34 Recent national surveys suggest that, at least in some settings, violence from school staff could be an important but overlooked contributor to the overall health burden associated with violence against children. More than 50% of men and women reported physical violence from teachers when they were aged 0-18 years in Tanzania,5 and in Kenya more than 40% of 13-17-year-olds reported being punched, kicked, or whipped by a teacher in the past 12 months; 13-15% had experienced the same from a parent.6 There are no nationally representative data in Uganda, but our own work in one district shows that more than 90% of children aged about 11–14 years report lifetime physical violence from school staff, with 88% reporting caning, and 8% reporting extreme physical violence such as ever being choked, burned, stabbed, or severely beaten up.⁷ 4% had ever sought medical treatment for an injury inflicted by a staff member.⁷ In Uganda, corporal punishment has been banned by the Ministry of Education and Sports since 1997, although it is not fully illegal.

Assessments of interventions to reduce physical violence from school staff in low-income and middle-income settings are almost entirely absent from the literature. One study in Jamaica that tested the Incredible Years intervention in preschools showed a large reduction in negative teacher behaviours and improvements in child conduct disorder, suggesting that it is possible to change teachers' violent behaviour; we are not aware of any other trials on the topic.

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Research in context

Evidence before this study

We are not aware of any other trials of interventions which seek to reduce physical violence from school staff towards primary school children. Existing interventions to prevent violence in schools come mainly from high-income countries and have largely focused on childhood sexual abuse, bullying, and other violence between students, with less emphasis on violence from school staff. A large global systematic review of school and school environment interventions on a range of health outcomes found no studies that addressed physical violence from school staff to students (searches to 2010). We did a systematic search of Medline, Embase, and ERIC from first record until January, 2013, and searched websites of various non-governmental organisations working on child protection (Unicef, Save the Children), and found no trials. We have done updated searches in Medline from Jan 1, 2013, to Jan 13, 2015, with MeSH terms and keyword searches using the terms "corporal punishment", "physical violence", "school", and the

clinical trial filter options, and have found no trials. Despite this lack of tested interventions, prevalence data indicate an unmet need. Where national surveys have been done in Kenya and Tanzania, they suggest that more than 50% of adolescents have experienced of physical violence from school staff.

Added value of this study

To our knowledge, this is the first trial of an intervention to reduce physical violence from school staff to primary school children. We therefore provide the first rigorous evidence that reducing this form of child maltreatment is possible.

Implications of all the available evidence

Our results suggest that the Good School Toolkit can reduce physical violence from school staff to primary school children in Uganda. Further research is needed to explore the effectiveness of this intervention over longer time periods, at scale, and to explore other types of interventions to reduce this common form of child maltreatment.

We report results of the Good Schools Study, which assessed the Good School Toolkit developed by the Ugandan not-for-profit organisation Raising Voices. Our main objective was to determine whether the Toolkit could reduce physical violence from school staff to students.

Methods

Setting

The Good Schools Study took place in 42 primary schools in Luwero District, Uganda, from January, 2012, to September, 2014. Luwero District is demographically similar to the rest of Uganda, according to the last Ugandan census in 2002. The intervention was implemented over 18 months, between September or October, 2012, and April or May, 2014. The study consisted of a cluster-randomised controlled trial, a qualitative study, an economic evaluation, and a process evaluation. The study was approved by the London School of Hygiene and Tropical Medicine Ethics Committee (6183) and the Uganda National Council for Science and Technology (SS2520). Our protocol is registered at clinicaltrials.gov (NCT01678846) and is published elsewhere, and we present our main trial results here.

Design and participants

We did a two-arm cluster-randomised controlled trial with parallel assignment. A cluster design was chosen because the intervention operates at the school level. Using the official 2010 list of all 268 primary schools in Luwero as our sampling frame, we excluded 105 schools with fewer than 40 registered Primary (P) 5 students (aged around 10 years) and 20 schools with existing governance interventions implemented by Plan International. The remaining 151 schools were stratified into those with more than 60% girls, between 40 and

60% girls and boys, or more than 60% boys. 42 schools were randomly selected using a random number generator in Stata, proportional to size of the stratum. 42 was chosen on the basis of the number of schools in which Raising Voices could implement the intervention that would also give us power to detect a reasonably sized intervention effect. Stratified block randomisation was then used to allocate the schools to the two groups of the trial. Allowing for a loss to follow-up of two schools per group, and conservatively assuming interviews with 60 students per school, with a prevalence of past week physical violence of 50%7 and an intracluster correlation coefficient of 0.06 (from our baseline survey),7 we had 80% power to detect a 13% difference in the prevalence of reported violence between the intervention and control groups with 5% statistical significance. All headteachers agreed for their schools to participate in the study and schools were enrolled by Raising Voices staff and JC.

Cross-sectional baseline and endline surveys were conducted at schools in June or July, 2012, and June or July, 2014, respectively. We chose this design rather than a cohort design to avoid problems related to attrition of individual students, and because our main aim was to measure prevalence at follow-up. Parents were notified and could opt children out, but children themselves provided consent. Up-to-date lists of all P5, 6, and 7 students (aged about 11-14 years) were obtained from each school, and a simple random sample of up to 130 P5, 6, and 7 students (selected using a random number generator in Stata) were invited for individual interviews where surveys were administered. If there were fewer than 130 P5-7 students in a school, all were invited for interview. Implementation of the intervention was schoolwide, but data was collected from P5-7 students only, because they were able to respond to questions in survey

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