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## Sexual and physical violence victimization among senior high school students in Ghana: Risk and protective factors



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#### ABSTRACT

Violence in all forms poses a concern because of associations with multiple adverse effects including injuries and mental health problems. There is however limited data on violence in general and youth violence in particular in Ghana. To explore the nature and scope of youth violence in Ghana, we used the nationwide Global School-based Health Survey, conducted among senior high school students in Ghana, to explore risk and protective factors at the individual, family, and environmental levels associated with sexual and physical violence victimization. A fifth of these students reported being forced to have sex in their lifetime while two out of five had been a victim of a physical attack in the year preceding the survey. In final multivariate analysis, for sexual violence victimization, history of sexual activity with or without condom use at last sex, feeling sad or hopeless, and being a victim of bullying and electronic bullying were identified as risk factors, while having friends who were not sexually active was protective. Independent risk factors for physical violence victimization were attempting suicide in the last year, alcohol use in the past month, and bullying other students in the past month. Parent respect for privacy just reached significance as a protective factor for physical violence victimization in the final model. Recognition of the magnitude of violence victimization among Ghanaian students and associated factors must be used to guide development and implementation of appropriate concrete measures to prevent and address the problem.

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#### 1. Introduction

Violence in all forms poses a concern because of associations with multiple adverse effects, including injuries, mortality, and psychosocial and economic costs (WHO, 2002, 2014a). It is estimated that interpersonal violence contributed to 479,000 deaths worldwide in 2011 (WHO, 2014b). Physical and sexual violence among young people is particularly worrying given the link to mortality, health risk behaviors, and negative reproductive health outcomes (WHO, 2002; Blum and Nelson-Mmari, 2004; CDC, 2009; Patton et al., 2009). Multiple studies demonstrate the association of

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youth violence with school, social, mental, and physical health problems (Resnick et al., 1997; Blum et al., 2003; Juvonen et al., 2003; Borowsky et al., 2004; Resnick, 2004). These studies have contributed to recommendations and strategies aimed at preventing youth violence. Relative to high income countries, studies on the various dimensions and mechanisms of vouth violence in low middle income countries, including many in sub-Saharan Africa (SSA) such as Ghana, are limited. Yet evidence from a number of reports points to a significant level of violence among youth in the African sub-region, including Ghana (RB MOH, 2009; Swahn et al., 2013; WHO, 2013a, 2013b). In a study reviewing Global Schoolbased Health Survey (GSHS) data from 4 sub-regions, SSA had the second highest mean prevalence of any physical fighting among adolescents (Swahn et al., 2013). Ghana ranked third after Djibouti and Egypt among the 27 countries and cities studied, with 53.5% of adolescents reporting a history of physical fighting (Swahn et al., 2013). The 2008 GSHS data from Ghana also showed that 40.1% of

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senior high school students (SHS) reported being bullied in the 30 days preceding the survey (Owusu et al., 2011). In the 2008 nationwide Ghana Demographic Health Survey (GSS et al., 2009) about 41% of female teenagers 15–19 years indicated that they had been victims of sexual or physical violence. Among the women who reported that they had been victims of sexual violence, 63% indicated that they were 19 years old or younger at their first experience of sexual violence. Different prevention strategies work in different contexts; thus it is key that appropriate approaches are tailored to relevant settings (WHO, 2002). Very few studies have assessed factors associated with physical and sexual violence among youth in Ghana. The purpose of this study was therefore to examine risk and protective factors associated with physical and sexual victimization using a national school based survey of Ghanaian high school students.

# 1.1. Conceptual framework of youth violence using the social ecological model

To better understand violence and how it can be prevented, it is useful to conceptualize the multiple factors that affect behavior using the ecological model, a theoretical framework which has been used to help understand the multiple dimensions of violence (Bronfenbrenner, 1979) The model highlights the point that multiple linkages and interactions are at play between individual and other contextual factors related to the family, peers, school and other dimensions which contribute to risk and protective factors for violence perpetration and victimization. At the individual level. biological and personal factors such as substance use and prior exposure to abuse are some characteristics of a person that might put him or her at risk for violence involvement. Beyond the individual are the factors related to other people with whom the youth associates on a regular basis such as family and peers. For example a youth's engagement in violence may be fanned by the endorsement and similar behaviors of peers with whom he or she hangs out. The next tier in the ecological model explores the effect on violence by the environment in which youth find themselves such as the school setting and neighbourhood. For example unbridled violence in schools may be a risk factor for violence victimization among the students. Considering the interaction of the factors at the respective levels of the ecological model and the association with violence, effective violence prevention programs stand to benefit from evidence-based studies that explore various risk and protective factors across the levels.

In the last decade, researchers have explored factors associated with physical and sexual violence among youth in several African countries (Erulkar, 2004; Rudatsikira et al., 2007; Brown et al., 2009; Brieding et al., 2011; Swahn et al., 2012; Ybarra et al., 2012; Sommera et al., 2013; Celedonia et al., 2013). Some of these studies corroborate the risk and protective factors associated with youth violence reported from other parts of the world. It is useful to look at the factors associated with violence along the lines of the ecological model levels. At the individual level, a study pooling data from Namibia, Swaziland, Uganda, Zambia, and Zimbabwe, showed that exposure to sexual or physical violence among 13-15 year old students was associated with mental health problems, suicidal ideation, current alcohol use, lifetime drug use, multiple sex partners, and a history of sexually transmitted infection. With respect to cigarette use, the more fights the adolescent had been involved in, the higher the odds of current smoking (Brown et al., 2009). Sexual violence victimization among female youth in Swaziland was found to be associated with not attending school at the time of survey completion and a history of emotional abuse as a child (Breiding et al., 2011). Familywise, factors associated with a history of sexual violence victimization among female youth in Swaziland

included a report of not being close to their biological mother and a history of living with multiple caregivers (Breiding et al., 2011). A study conducted among secondary school students in Uganda showed that those who were victims of coercive and violent sex were more likely to report lower levels of social support from their families (Ybarra et al., 2012). Swahn and colleagues revealed that parental neglect due to alcohol use was significantly associated with violence victimization among youth living in the slums of Kampala, Uganda (Swahn et al., 2012). School-level factors found to be associated with forced sex among female students in 10 southern African countries included attendance in a school where higher proportions of students reported drinking alcohol and perpetrating forced sex (Andersson et al., 2012). On a broader societal perspective, in some sub-Saharan Africa settings community and societal factors including gender inequality, cultural norms that endorse males' perception that they cannot reign in their sexual desires and socialization of females to think they are not in charge of their sexuality facilitate coercive sexual experiences (Ybarra et al., 2012).

#### 1.2. The context of youth violence in Ghana

Ghana is a West African country with a population of about 25 million people, including 51% women and 11% youth ages 15-19 years. (GSS, 2012) More males than females are literate (80.2% versus 68.5%) and economically active (54.7% versus 53.7%). The country has a democratic government with a constitution that entitles equal rights and safety for all. On a broad level, the legislative framework in Ghana denounces violence, as shown by the development and enactment of a number of policies and laws intended to reduce violence. (GDHS, GSS et al., 2009) These include the flagship Domestic Violence (DV) Act 732, establishment of a unit within the Ghana Police Service for violence prevention and support of victims, and laws restricting access and use of weapons. (Pool et al., 2014; WHO, 2014b) Notwithstanding this legal backdrop, socio-economic and gender inequalities and cultural norms in the socialization of males and females continue to create an atmosphere conducive to violence, with the scale usually tipped against women and children (Morris, 2012). Cultural norms are such that victims of sexual violence may be portrayed as deserving of the attack because of behavior or dress, while the perpetrator may be seen as a jealous partner showing love (Morris, 2012). These cultural perspectives persist; a study among youth in Ghana showed that respondents leaned towards acceptance of violence towards women (Glover et al., 2003). Even though Ghana Education Service has taken several actions to abolish corporal punishment in schools, including revision of the teachers' handbook and making teachers aware of the negative consequences, corporal punishment is still widely used as a disciplinary measure. It is estimated that more than 80% of children in Ghana have experienced caning in school. (UNICEF, 2014a) Factors contributing to this practice include traditional beliefs, poverty, and personal challenges faced by students as well as teachers. (UNICEF, 2014b) Some surveys report an attitude of tolerance of the practice among parents, teachers, and even students, with some studies drawing attention to the use of physical punishment to make boys tougher, while enforcing female submission (Dunne et al., 2006; EPC, 2013). Studies show that corporal punishment and its acceptance increase the risk of further violence and adverse socio-economic outcomes. (Dunne et al., 2006; Pickett et al., 2015; UNICEF, 2014b).

In the present study, we used the nationwide Global Schoolbased Health Survey, conducted among senior high school students in Ghana, to explore risk and protective factors associated with sexual and physical violence victimization. We assessed multiple risk and protective factors at the individual, family, peer

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