

EFFECTIVENESS OF A HEALTH PROMOTION INTERVENTION IN REDUCING VERBAL BULLYING AMONG ADOLESCENTS IN A RURAL VILLAGE IN ANURADHAPURA DISTRICT

V. P. K. K. Jayasinghe*, H. P. G. Niwarthana, M.G.S.P. Kumara,
A.N.F. Fazna, M. Fernando, G.G.N. Duminda

Health Promotion unit, Department of Biological Sciences, Rajarata University of Sri Lanka, SRI LANKA. *krishanijayasinghe@gmail.com

Key words: Adolescents, Health promotion, Verbal bullying

Introduction

Verbal bullying is one of the most common types of bullying among adolescents in Sri Lanka and other countries in the world (Dissanayake et al 2012; Kepenekci et al 2006). It occurs when an individual is bullied using verbal language by one or more peers. Name calling, teasing and insulting are bullying acts included in verbal bullying. Verbal bullying has negative health consequences like psychological distress, unhappiness, low of self esteem, development of psychosomatic symptoms and depression (Forero et al 1999; Fekkes et al 2004; Kepenekci et al 2006; Salmon et al 1998). It was identified as a priority health concern among adolescents in Velankulama, a rural village in Anuradhapura district in the needs assessment in this study.

The objective of this study was to evaluate the effectiveness of a health promotion intervention in reducing verbal bullying among adolescents in Velankulama village.

Methodology

Participatory action research design was used in conducting this health promotion intervention. A children society was formed as a setting to conduct the intervention with the engagement with the community. 38 children including 20 adolescents between 10 to 16 years of age were participated to the intervention conducted in the children society. During the 12 months of intervention period, perceived determinants of verbal bullying were identified, prioritized and addressed accordingly. Perceived determinants were poor knowledge, attitudes and lack of skills in dealing with verbal bullying situation and poor cohesion among adolescents. Interactive group discussions, different activities like puppet role play, innovative tools such as determinants identifying tool, case stories were used in the health promotion process to identify and address determinants. Levels of names calling among peers were measured by using measuring tool created by them

in each society meetings during the process.

Pre and post interventional measurements were used to assess the effectiveness of the intervention in terms of reduction in the verbal bullying. Improvement in knowledge and skills related to verbal bullying and improvement in cohesion among adolescents. Level of verbal bullying was measured using an innovative activity done with adolescents. Knowledge and skills were assessed using an interviewer administered questionnaire. Observations were used to assess the improvement in cohesion among adolescents.

Results

Level of verbal bullying in pre test with 76.5% was changed to 38.3% in the post test which shows 38.2% reduction in verbal bullying while admiring others were improved from 23.5% in pre test to 61.7% in the post test among adolescents. Their knowledge on health consequences and determinants were improved from 4.6% in the pre test to 87.6% in the post test. Adolescents improved their skills in handling name calling situations from 5.8% in the pre test to 96.8% in the post test. According to observations by the facilitators cohesion among children was improved throughout the process. Participating to several competitions outside the society, organizing various events like street drama, New Year festival, friendship camp, measuring weight and height of villagers once a month, health camp, poster campaign, etc by their own are impacts of the health promotion intervention in the children society.

Conclusions

Significant improvement in reduction in the level of verbal bullying, improvement in knowledge and skills related to verbal bullying, reduction in incidents of name calling in during the intervention period, improvement in admiring others and empowerment of adolescents and positive changes occurred as impacts of the intervention suggest that health promotion approach can be applicable in reducing verbal bullying among adolescents in a setting like a children society. Although generalisability of the intervention was limited due to the small sample size, this study can be used as a pilot study in designing health promotion interventions for future studies to reduce bullying in a setting like children society. Further studies with appropriate sample sizes are recommended prior to application of the results of this health promotion intervention in reducing verbal bullying among adolescents.

Acknowledgment: Authors would like to thank community leaders and parents of all participants in the village for their immense support and contribution in the health promotion process.

References

- Dissanayake, D. S., Weeratunge, W. M. M. W. N. C., Gaspe, G. M. N. S., & Gamage, A. G. O. N. A., 2012, Peer pressure and bullying among school going adolescents in the district of Kandy. *Journal of the College of Community Physicians of Sri Lanka*, 17(1), p.2-8.
- Forero, R., McLellan, L., Rissel, C., & Bauman, A., 1999, Bullying behaviour and psychosocial health

- among school students in New South Wales, Australia: cross sectional survey. *BMJ*, 319(7206), 344-348.
- Fekkes, M., Pijpers, F. I., & Verloove-Vanhorick, S. P ,2004, Bullying behavior and associations with psychosomatic complaints and depression in victims. *The Journal of pediatrics*, 144(1), p.17-22.
- Kepenekci, Y. K., & Çinkır, Ş. 2006, Bullying among Turkish high school students. *Child Abuse & Neglect*, 30(2), 193-204.
- Salmon, G., James, A., & Smith, D. M , 1998, Bullying in schools: self reported anxiety, depression, and self esteem in secondary school children, *BMj*, 317(7163), 924-925.