

Impact of School Violence upon Health Behaviors among High School Students

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Abstract

Objectives: Upgrading healthy behavior has become a requirement for healthy growth, and it is generally one of the social problems due to its impact on the safety and security of society. This study aimed to assess school violence and its effect of health behavior among high school students.

Methods: A descriptive correlational study conducted in Diyala Governorate during the period from October 1st 2022 to March 10th 2023. The study sample consist of 400 students in high schools is selected according to simple random sample. The validity of the questionnaire was verified by experts and its reliability was verified through a pilot study. The total number of items included in the questionnaire was 48 items to assess school violence and 49 items to assess health behavior. Data were collected through the interview and analyzed by applying descriptive and inferential statistical analysis.

Results: The study results indicate that the most of respondents are female students at mean age 17.1 residents in urban areas within lower middle class. Over than half (58.5%) of the study participants were found to low level of school violence and (44.8%) were average adopt health behavior. The students school violence is predicted health behavior ($p = .000$).

Conclusions: The results showed that school violence of respondents was within low level and the health behavior was within average level. School violence was found predicted of health behavior. The study adds knowledge regarding health education for all segments of society towards school violence and its influences of health behavior. Further study is needed to explore strategies to adopt health behavior and factors contributing to school violence among different school's stages.

Keywords: School Violence • Health Behaviors • High School Students

Introduction

Violence results in more than 1 million fatalities and numerous nonfatal injuries each year. Violence also has a negative impact on one's quality of life in addition to causing illness, death, and disability. Violence is a risk factor for lifetime health issues and social issues because it has a long-term impact on the lives of millions of people [1]. Over 486,400 nonfatal violent victimizations of children aged 12 to 18 occurred in schools around the world in 2014. Around 9% of teachers indicate that a student from their school has made a physical threat against them, and 5% of teachers claim that a student from their school has physically assaulted them [2]. The number of deaths brought on by school violence is merely a portion of the issue. Non-fatal injuries are common among young individuals. Cuts, bruises, and broken bones are some of these relatively minor wounds. Certain injuries, such as head trauma and gunshot wounds, are more serious and may result in permanent impairment [3]. The connection between school violence and other factors has been the subject of numerous research. Impulsivity, attitudes, empathy, depression, anxiety, substance misuse, or effective parenting and harmonious family relationships are a few of them [4,5]. Although all have been linked to the prevalence of school violence and its impact on health behavior, one factor is particularly significant from the

standpoints of conflict prevention and reduction in schools [6]. Due to its great prevalence—up to three out of ten children experience it—and the negative effects it has on both victims and offenders, school violence is a societal issue that has been researched globally. Despite the fact that some authors claim that these behaviors are more frequent in boys and in the 13–18 age range. There is conflicting evidence about prevalence by sex and age. Both the community and the educational setting are susceptible to these practices, which can be repeated over time [7]. Health behavior and school violence are two associated issues. According to the study's findings, adolescents with insufficient sleep were more likely than those with adequate sleep to engage in the bulk of the school violence-related behaviors investigated. Insufficient sleep was found to increase the probability of carrying a weapon at school for males but not for females, showing that health behavior might serve as a catalyst for school violence and vice versa [8]. Dissocial behavior and health indicators were found to significantly correlate with the relationship between school violence and health behavior. Victims and bully-victims have the highest health issues, whilst innocent bystanders exhibit the least. In contrast to earlier research, bullies exhibit a more upbeat general mood. Given the connections between violence and health that have been discovered, it makes sense to combine violence prevention and health promotion strategies in order to achieve long-lasting preventative effects. Because school violence has a significant impact on healthy habits, measures to prevent school violence must be implemented in order to ensure long-term health [9]. The health behavior (HB) of adolescents develops in the school or family setting and plays an important role in their future health status. Prevention of school violence has been identified as an important factor in modifying health behavior in addition to socioeconomic factors. Health-Promoting School (HPS) programs also have a significant role in providing students with the means of learning the importance of knowledge, behavior, and skills for a healthy lifestyle. Therefore, thus interested to investigate the effect of school violence on health behaviors among high school students.

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Methods

Study Design

The descriptive correlational study design technique was carried out during the period from October 1st 2022 to March 5th 2023.

Study Setting

The study was carried out in Diyala Education Directorate at high school. Diyala Education Directorate includes 48 high schools. A total of 12 high schools were selected for the purpose of the study by probability sampling approach (systematic sample)

Study Sample

The study sample included in present study are high school students which approximately 10% from the total population of selected high schools with a total of 400 is selected according to probability sampling approach (simple random sample). These sample was chosen based on a set of criteria include: 1) Those who were selected by lottery, 2) who are different of selected school, and 3) volunteer to participate in the study after his consent

Study Instrument

This questionnaire consists of two part include the followings.

Part I: Students age, gender, grade, residents, residents and family monthly income.

Part II: A total of (48) items of school violence measured on 3-level type of Likert Scale (3=Never, 2=Sometime and 1=Always). Accordingly, points can be taken range from 48-144. The higher average defined as low school violence. Cronbach alpha in current = 0.92 which indicated acceptable level.

Part III: A total of (49) items of school violence measured on 3-level type of Likert Scale (1=Never, 2=rarely, 3=mostly and 4=always). Accordingly, points can be taken range from 49-196. The higher average defined as good health behaviour. Cronbach alpha in current = 0.87 which indicated acceptable level.

Data Collection

The researcher distributed study questionnaire to the participants (Students), explained the instructions, answered their questions regarding the form, urged them to participate and thanked them for the cooperation. The self-report techniques were used on individual bases, and each report (15-20) minutes after taking the important steps that must be included in the study design.

Statistical Analysis

The IBM SPSS 20.0 program was used for all the analyses that follow. Numbers and percentages (No. and %) were used to categorize the variables, while the mean and standard deviation were used to characterize the continuous variables (mean and SD). Simple liner regression test to predict study variables. Statistical significance was defined as a two-tailed p .05.

Results

Finding in Table 1, show participants characteristics, the mean age is 17.1 (± 1.073), the age 16 years old were recorded the highest percentages (34.3%). In regard with gender, most of participants were female (53.2%). Respect to the grade, the sixth grade were predominated (41.3%). Residents related findings, the urban residents were predominated (81%). Socioeconomic status associated findings, one-third of participants from lower middle class (43%).

The results demonstrated that (58.5%) of high school students expressed a low level of school violence and (44.8%) average level of health behavior (Table 2).

Findings confirmed that the linear regression test indicates that the school violence ($p = .000$) are predicted health behavior among high school students (Table 3).

Table 1. Socio-Demographic Characteristics

Socio-Demographic Variables	Classification	No.	%
Age/years	15 years old	8	2
	16 years old	137	34.3
	17 years old	113	28.3
	18 years old	91	22.8
	>18 years old	51	12.8
	17.1 \pm 1.073		
Gender	Male	187	46.8
	Female	213	53.2
Grade	Fourth	144	36
	Fifth	91	22.8
	Sixth	165	41.3
Residents	Urban	324	81
	Rural	76	19
Socioeconomic Status (SES)	Upper lower class	135	33.8
	Lower middle class	172	43
	Upper middle class	93	23.3

Table 2. Health Behaviour among High School Students

Variables	Rating	No.	%	M (\pm SD)
School Violence	High	13	3.3	113.97 \pm 16.43
	Moderate	153	38.3	
	Low	234	58.5	
Health Behaviour	Poor	155	38.8	111.25 \pm 34.82
	Moderate	179	44.8	
	Good	66	16.5	

Table 3. Liner Regression among the Study Variables in Predict the Health Behavior

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
School Violence (SV)	0.285	0.055	0.225	5.164	0

Dependent Variable: Health Behavior

Discussion

In current study findings, the most of participants were female at mean age equal to 17.1 (± 1.073). These findings are supported by findings from Secondary Schools in Third Al-Rusafa Education Directorate [10, 11, 12] and preparatory school students in Baghdad [13], the mean age 17.2 years, 16.7 years, 17.81 years and 17 years respectively due to those age group are common in Iraq high schools [14]. Respect to the grade, the sixth grade were predominated (41.3%), and residents in the urban areas. These findings in line with findings from Baghdad city, the most of participants were urban residents due to [15- 18]. Because most of the schools included in the study were located in urban areas. Socioeconomic status associated findings, one-third of participants from lower middle class (43%). These findings in agreement with findings from Al-Resafa district schools in Baghdad [19].

The overall results demonstrated that (58.5%) of high school students expressed a low level of school violence as described by higher average, which is equivalent to 113.97 (± 16.43). These findings come in the same line with findings from Bagdad city [20], the school violence were in low level. These results are positive because of the strict laws that hold violence accountable and must be maintained within the school [21]. Moreover, our findings in line with findings from Abepura city [22]. Additionally, most adolescents have already no seen violent scenes in several contexts, but the place where they observed most violent scenes was at out the school, according. The school environment has been set as the space where the students encounter, elaborate and experience violence, for coming with the premise that the school must help students building a good relationship with their classmates and have a good conduct [23]. These findings are higher than the findings of previous studies conducted in South Africa [24], and Turkey [25], reported a high level of school violence. The differences can be justified by the fact that the above studies were from the point of view of the teachers,

the difference in the study population as it was among middle school students, as well as the difference in geographical location and economic situation. As well as, the rates of exposure to violence were high among middle-grade high school students in Kars, Turkey. Preventive, protective and ameliorating intervention steps should be taken more seriously [26].

Current study results demonstrated that (44.8%) of high school students expressed a fair level of health behaviour. These results come due to the students' lack of awareness of healthy behaviors. This in agreement with findings from Indonesia [27], the health behaviors among high school students suboptimal due to lack of awareness campaigns in schools towards health aspects. Measures like health education and knowledge of puberty should exactly be provided to help them grow-up smoothly throughout their future life [28]. The psychological aspects were significant impact of health behaviors among student [29]. Public health administrators and schools have to be aware that students who suffer from mental health disorders are likely to indulge in risk behaviors.

Interestingly, there is a positive correlation between healthy behavior and school violence, as the low level of school violence (higher average), the healthy behavior increases (higher average). These results indicate that whenever there is school violence, it has negative effects on health behavior, because school violence is associated with many health aspects such as smoking, drug abuse, and various psychological aspects. There is a paucity of information on the relationship between healthy behavior and school violence. However, these findings are consistent with previous studies emphasized the effect of school violence on health behavior such as confirmation indicate that the bullying victimization emerged as a potentially important risk factor for insufficient physical activity. Schools should consider the role of violence in initiatives designed to promote physical activity [30]. Additionally, it is emphasized that the participation in physical exercises contributes to reducing the level of aggression among adolescents, as the results showed that participation in individual sports activities contributes to reducing aggressive behavior by two times than participation in group sports activities [31]. This logical decade, the exercise reduces the level of depression and psychological stress, and thus reduces aggressive behavior. Also, poor sleep is linked to a noticeably higher risk of hostility and incidents of school violence among high school students, according to yearly U.S. survey reports on juvenile risk behavior [32, 33]. Moreover, an improper diet and eating style can affect learning and focus, as well as cause periods of violent or aggressive behavior [34]. More specifically, it has been documented that there are links between school violence and increasing marijuana and illicit drug use, as well as consequences on healthy behavior and seeing violence in adolescence [35]. Also, a study done with Boston (United States) students found that teenagers who witnessed a violent death had a higher likelihood of smoking (9% higher for girls and 20% higher for boys) [36]. In a similar vein, adolescents who experience violence at school are more likely to believe that their friends are not as supportive of them, which in turn raises their risk of experiencing psychological distress. Therefore, it's possible that being exposed to violence at school affects adolescents' mental health through social support [37].

Conclusions

The results showed that school violence of respondents was within low level and the health behavior was within average level. School violence was found predicted of health behavior. The study adds knowledge regarding health education for all segments of society towards school violence and its influences of health behavior. Further study is needed to explore strategies to adopt health behavior and factors contributing to school violence among different school's stages.

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