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A Six-Step Process to Reduce Bullying in Schools; The Content of a Health Promotion Intervention to Reduce Bullying Among Early Adolescents in a Rural School in Sri Lanka

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ABSTRACT

Bullying is a form of aggression which has negative impacts on health. Bullying acts are reported to be common among early adolescents in rural schools in Sri Lanka. It is timely to design and implement interventions aiming to reduce bullying in schools in Sri Lanka. In this article, we aim to describe the process and the content of a health promotion intervention carried out aiming to reduce bullying among early adolescents in a rural school in Sri Lanka. The intervention is comprised of a six-step process. A logical framework developed based on Samarasinghe et al (2011) was used to guide the intervention. The content of the intervention was designed following health promotion principles. Health promotion aims for empowering people- to take collective community actions aiming to achieve desired health outcomes. The intervention for bullying was designed aiming for empowering early adolescents -to generate collective actions to reduce bullying in their school. In the intervention, adolescents not merely participated but also engaged and involved in modifying the planned intervention. Different activities, brainstorming sessions, facilitated discussions, role plays, etc. were carried out in the process. In this intervention, the health promotion approach we employed enabled engagement and involvement of adolescents beyond mere participation in the intervention.

Keywords- adolescents, bullying, health promotion, school

I. INTRODUCTION

Bullying is a form of aggression. It occurs when a person (bully) performs negative actions towards the other person (victim), with an intention to hurt. Often there is a power imbalance between the bully and the victim and the victim is in a difficult position to defend him or herself [1]. Bullying has been identified as a major risk factor for the health and wellbeing of adolescents worldwide [2,3,4]. It has serious implications on health - not limited to the victim, but also to the bully and the bystanders (people who support the bully or are involved with bullying) and observers (people who see, and witness bullying occurs, but not involved with bullying) of a bullying incidence. To mention few negative impacts of bullying on victims, psychological distress [5], unhappiness [6], low self-esteem [7], depression [8, 9], suicide ideation [9, 10], poor performance in education [11] can be given. As a result of bullying, bullies also experience negative consequences on health such as unhappiness [6], depression, suicide ideation, and suicide attempts [9], etc.

Bullying in schools among adolescents has been reported to be prevalent throughout the world [2]. It has been observed as a common behavior among adolescents [2]. The prevalence of bullying in schools among adolescents is high in Sri Lanka. According to the Global School-based Student Health survey 2016 (GSHS), the prevalence of bullying among adolescents in Sri Lanka was reported to be around 39.4% (34.5-44.7) among students in the 13-15 age group [12]. A cross-sectional study carried in rural schools in Anuradhapura district showed that bullying acts are prevalent among early adolescents in schools [13]. Considered the reported high prevalence of bullying among early adolescents in the Anuradhapura district, it was necessary to design and pilot an intervention aiming to reduce bullying in schools.

A wide variety of interventions has been developed and tested throughout the world aiming to reduce bullying in schools among adolescents [14, 15, 16]. Such interventions are mostly aimed at enforcing disciplinary actions and rules against bullying in schools, educational interventions such as training teachers and students, curriculum works targeting increasing awareness, and interventions employing whole school-based approaches. Whole school-based interventions commonly consist of a package of interventions that complement each other such as establishing anti-bullying policies in schools, increasing awareness and skills of students and teachers, creating a supportive environment for anti-bullying efforts in school, etc. [14]. The effectiveness of bullying interventions is in a wide range from no or little impact to significant improvements in bullying reduction in schools. Whole school-based interventions are proven to be effective more than curriculum works aimed at increasing the awareness and skills of students [17]. However, it is

important to note that, not all whole school-based interventions are effective in reducing bullying. Even programs that have proven to be effective such as the Olweus bullying program failed to show equal success in different settings [14], arguably due to differences in contexts. One size doesn't fit for all- any of the bullying program works in all settings. Bullying interventions should be designed to give special attention to the social context of a particular school.

Health promotion is defined as "the process of enabling people to increase control over, and to improve, their health" [18]. Health promotion targets the empowerment of people - to initiate collective community actions to achieve desired health outcomes. In health promotion, it is necessary to adopt any strategy or program to address local needs and tailor-made to the cultural and social contexts [18].

The health promotion approach developed by Samarasinghe et al [19] has proven to be effective in addressing health issues such as child abuse, violence, etc. in Sri Lanka [20,21]. Currently available local literature does not provide evidence for any comprehensive intervention designed to reduce bullying among adolescents in the Sri Lankan context using a health promotion approach. We developed a school-based health promotion intervention with the participation of school-going adolescents aiming to reduce bullying. In this article, we aim to describe the process and the content of the health promotion intervention carried out.

II. METHODS

Designing & planning the intervention:

The intervention was designed based on health promotion principles [18,19]. According to health promotion principles, interventions are necessary to be planned as a process and should aim to generate collective community actions to improve health and wellbeing of participants. In the process, identification of underlying determinants in a societal, environmental, cultural context beyond the individual level is essential. People should take collective community actions to address the prioritized determinants by themselves. Participants involved in the process should be involved in measuring changes through indicators developed or decided by themselves. Empowerment of the community is the core concept. Health promotor is expected only to generate and facilitate the process.

A 6 step - logical framework was developed for the intervention by adapting a logical framework for health promotion interventions by Samarasinghe et al [18]. According to this framework, the first step is to create a vision and to generate enthusiasm among participants towards the expected change. The second is setting targets and managing expectations corresponding to mutual understanding between the health promotor and the participants. The third is to identify underlying factors or the determinants by the participants. Forth, the participants collectively decide on what to prioritize when addressing determinants. In the fifth step, the community decides on actions and activities to be carried out to address determinants. As the sixth step, the community decides on indicators to measure the progress.

Intervention setting:

The intervention was carried out in Ranpathvila Maha Vidyalaya, a Sinhala medium type 1C school in Anuradhapura district.

Participants of the intervention:

All students (n= 240) from grades 7, 8, and 9 were invited to participate in the study. All school attending students in respective grades participated in the intervention.

Administrative permission to carry out the intervention:

The intervention was carried out following the grant of permission of relevant school authorities. Administrative permission was sought from the provincial director of education – North central province, zonal director of education – Galenbindunuwewa, the principal of the school, and the class teachers. Informed written proxy consent from parents or guardians of the students and assent from students have been obtained prior to the intervention. All students in their respective grades were volunteered in the study.

Implementation of the intervention:

The intervention was carried out by the primary researcher with the guidance and supervision of the secondary and the tertiary authors. The intervention was carried out for six months in 2014.

III. RESULTS

The six- steps process of the health promotion intervention (figure1):

Step 1- creating a vision and generating enthusiasm among participants towards the expected change: In this step, we aimed at generating enthusiasm among participants towards the expected change- reducing bullying among the students in the school. The logical flow of this step was to nudge students to think critically and deeply about their future ambitions and to question what kind of school should be there to facilitate them to achieve their personal goals. A concept notes on 'Dream school' – 'the school they would love to go, kind of a school they mostly desired to go' was prepared with the participation of students. Characteristics of such a school were deconstructed with students. The health promotor facilitated them to focus on social and relational aspects rather than focusing on physical characteristics which are not feasible to change by themselves. Group discussions, activities, and visual aids were cooperated to facilitate the discussions in this stage.

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Step 2- setting targets and managing expectations corresponding to mutual understanding between the health promotor and the participants: In this step, the findings of the prevalence of bullying acts in the school [13] were shared with students to broaden their understanding of how common bullying is in their school. Negative consequences of bullying were discussed using their lived experiences. The health promotor facilitated these discussions with visual aids prepared for the purpose. In the process, students prioritized bullying as one of the main issues that needed to be addressed to make their school a happy place for everyone. Part of the reasoning behind this decision was the feasibility of taking immediate actions by themselves without any cost. In this step, students' understanding of bullying broadened.

Step 3- identify underlying factors or determinants by the participants: This step aimed to identify underlying factors or determinants of bullying in the school. Determinants identified in the literature by the research team were communicated from time to time and where necessary as suggestions to be considered in the process. A visual aid of an iceberg (based on iceberg phenomena of determinants of health) was developed with students specifically for context-specific determinants of bullying in their school. Questioning students' current understanding and stimulating brainstorming to dig deeper into underlying factors were used to facilitate. In the facilitation process, some video clips, group discussions, and group activities were used.

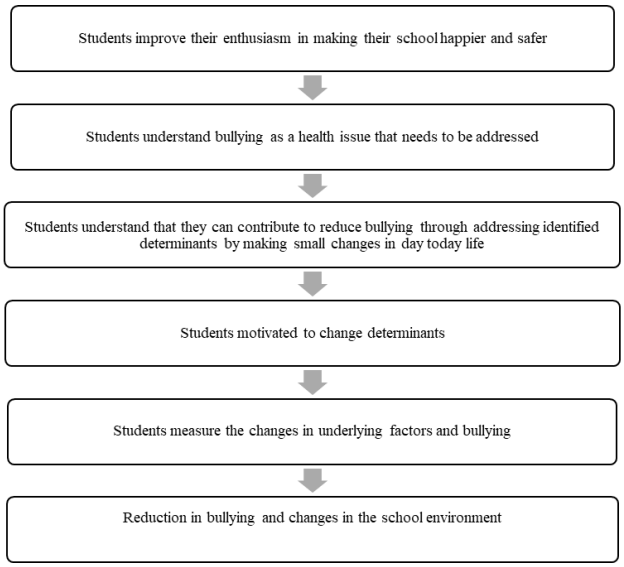

Figure 1: Logical framework of the intervention

Step 4- the participants collectively decide on what to prioritize when addressing determinants: The identified determinants were prioritized with students based on feasibility of addressing and relative weight and importance.

Step 5- the community decides on actions and activities to be carried out to address determinants: In this step, collective actions were taken by students to reduce bullying among themselves. Understanding of students about bullying was further broadened to facilitate changes, for example about the bullying circle.[1], how bullying operates in direct and indirect ways, etc. The bullying circle was roleplayed by volunteered students and discussions were generated on how to react in a bullying incident. This activity aimed to improve students' life skills. Values in the school culture that promotes bullying in schools were identified and discussed. Interactive discussions were held about 'who makes bullies heroes?'. Age-appropriate metaphors were used to facilitate discussions. Students started to deglamorize heroic tag attached bullying acts in school.

Normalization of bullying in the school setting was identified as an underlying determinant for high prevalence in school. Students started resisting acceptance of bullying acts on school premises. Students prepared banners to display in the school to demean bullying in schools and show that bullying is not further tolerated. These posters were around 6 key messages - 'students who bully others are people who have nothing to be proud about self', 'Bullying is not fun, it hurts the other', 'Although you try to show off by bullying, we do not care anymore', 'Bullying is not a heroin act, it is just

[1]students involved in a bullying incident can be categorized into four groups - pure bullies (those who bully other children only), pure victims (children who are victimized by bullies), bully-victims (children who are involved in bullying other children and who are also victims of bullying) and neutral (who are not involved in bullying) according to their behavior [1]. They may act in different roles in a bullying situation which is conceptually called a bullying circle [21]. Students have typical characteristics according to their behavior as a bully, a victim, or as a bully-victim [22].

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trying to show off', 'People bully others to hide own weaknesses'.

Discussions were generated around 6 negative attitudes identified in the health promotion process. As a result of this, students became more aware of and skillful in deciding what is morally right to follow. The six attitudes were 'fighting among boys is a natural thing', 'if someone fights a lot, everyone will look up to him', 'Sometimes you only have two choices, get punched or punch the other person first', 'If someone threatens you; it is okay to hit that person', 'If you are afraid to fight, you won't have many friends', 'Students who are bullied or teased mostly deserve it', 'Bullying is sometimes fun to do'.

Not respecting for differences of people was also identified as a determinant of bullying among students. Simple activities such as dividing students into groups and letting them speak about the uniqueness of the other were carried out.

Media influences on creating values favorable towards bullying were discussed by taking examples from cartoons and films they prefer. Significant changes occurred in students' attitudes and school culture as a result of the whole process.

Step 6- community decides on indicators to measure the progress: Indicators were devised with students to measure the progress of the intervention, even to measure small changes in day-to-day life at school. Students were further motivated to take actions when they notice changes happening in their lives and school. Changes in addressed determinants, level of bullying, level of happiness in student circles were noted. As a result of the health promotion process, positive changes occurred in the school environment. Bullying among students was reduced.

IV. DISCUSSION

It is worthy of understanding characteristics of this intervention contributed to achieving successful results. The entire health promotion intervention was implemented with the engagement and involvement of students. All the strategies used, and the activities carried out were decided with the consultation of, and in agreement with students. Students' views and lived experiences were taken into consideration in operationalizing each step in the process. This helped us to tailor-made the intervention to the need of the participants. It was identified that the success of any bullying prevention intervention depends on the selection of strategies and programs which are relevant to address the need of a particular school [24, 25]. Another characteristic that makes a bullying prevention program in schools successful is, ensuring that the program is 'developmentally appropriate' and 'be meaningful and enjoyable' for the students, which was evident in our intervention [24, 26]. Comprehensive Health Education Foundation stresses the need for any bullying prevention programs in schools to be culturally sensitive [26], which we correctly identified at the early stage of designing the intervention. In the health promotion approach, the focus was to empower people to gain increased control over determinants of their own health.

V. CONCLUSION & RECOMMANDATIONS

The six-step process described in the article was able to produce positive changes in students and the school climate gradually, which contributed to the reduction of bullying in accumulation.

The logical framework developed for the study can be adapted and use in other school settings, but the content of the intervention should be tailor-made to the need of the particular school and its social context. In addition, it is important to note that, to initiate a health promotion process, the facilitator (the health promotor) should have a set of skills to engage with students, create a vision, and mobilize them towards the desired goal.

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