Alshareef et al., J Child Adolesc Behav 2015, 3:4
DOI: 10.4172/2375-4494.1000230

Open Access

Violent Behavioral Characteristics among Schooling Adolescents in Dubai

Alshareef N1, Hussein H1*, Al Faisal W1, El Sawaf E2, Wasfy A2, AlBehandy NS1 and Altheeb AAS1

¹Department of Health Affairs, School and Educational Institutions Health Unit, Primary Health Care Services Sector, Dubai Health Authority, United Arab Emirates

²Department of Health Centers Staff Development, Primary Health Care Services Sector, Dubai Health Authority, United Arab Emirates

*Corresponding author: Hamid Hussain, Department of Health Affairs, School and Educational Institutions Health Unit, Primary Health Care Services Sector, Dubai Health Authority, United Arab Emirates, Tel: 00971552282576; Fax: +39 02-5503-2642; E-mail: hyhussain@dha.gov.ae

Received date: June 20, 2015, Accepted date: July 28, 2015, Published date: Aug 03, 2015

Copyright: 2015 © Alshareef N, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

Abstract

Commentary

Background: Violence is affecting every community and every country in the world. It has become a global problem that threatens the lives and security of people everywhere. Because of its widespread, violence is considered now a human fact that cannot be avoided. No country or community is untouched by violence.

Objectives: To study the epidemiological distributions of violence among adolescent in Dubai.

Methods: This is a cross sectional study. The study was conducted among students in preparatory and secondary schools "Governmental and Private" in Dubai, U.A.E. A sample of 1054 students was randomly selected from preparatory and secondary schools in Dubai. A structured interview questionnaire was used to collect data from the students. Reliability of the questionnaire using: Cronbach's alpha with Guttman split half reliability coefficient was carried out

Results: The majority of study sample live with both parents (84.9%). Those who feel love toward mother constituted 89.9%, 82% love father, 65.3% love older brother/sister, while only 23.2% like housemaid. The highest percentage of students reported punishment at home by preventing something he/she loves whether from mother (52.7%), father (47.9%), older brother/sister (31.8%), or housemaid (57.4%). Beating by mother, father, older brother/sister, or housemaid was reported by 10.2%, 15.4%, 21.3% and 2.9% respectively. About 41% of reported that they like school while 23.3% don't like school either due to being afraid of teachers (10.6%) or afraid of one colleague (8.9%) or for other reasons (80.5%). About 17.0% of students reported absenteeism from school due to feeling unsafe at school or on the way to school for at least one day. Carrying sharp tools at school by student always or sometimes was reported in 13.3% of cases and by colleagues in 32.9%.

Conclusion: It has been concluded that violent adolescents always have special behavioral characteristics on personality level, family level or social affiliations (groups, friends). Applying earlier preventive measures and handling adolescents at these stages will have very long term cost affective outcomes in relation to violence.

Keywords Behavior; Patterns; Violent adolescents; Preparatory schools; Dubai

Introductions

Violence is affecting every community and every country in the world. It has become a global problem that threatens the lives and security of people everywhere. Because of its widespread, violence is considered now a human fact that cannot be avoided [1-5]. No country or community is untouched by violence. Because it is so pervasive, violence is often seen as an inevitable part of the human condition, a fact of life to respond to, rather than to prevent. Furthermore a substantial proportion of the costs of violence results from its impact on victims' health and the burden it places in health institutions. This gives the health sector both a special interest in prevention and a key role to play [6].

Every year, more than 1.6 million people die because of violence. Of these deaths, 90% occur in low- and middle income countries. Self-directed and interpersonal violence, account for 54% and 35% of the global death toll due to violence respectively. A review of development

agency web sites and documents suggests that, while interpersonal violence is clearly on their agenda, it is given a lower priority than collective violence and self-directed violence. Recent WHO projections show the trend of interpersonal violence, that deaths due to it will rank among the 20 leading causes of death, going from the 22nd leading cause of death in 2004 to the 16th in 2030. During the same time period, self-inflicted injuries will rise from the 16th to the 12th leading cause of death [7].

Research on youth violence has increased our understanding of factors that make some populations more vulnerable to victimization and perpetration. These include individual risk factors, family risk factors, peer and school risk factors and community risk factors [8].

Special programs are needed to help to identify violent behaviors at schools, to educate school personnel about these behaviors, educate adolescents about risks they face when they engage in these behaviors [9]. School based programs that intend to prevent violent behavior should be used at all grade levels from pre-kindergarten through high school [10].

Youth violence is becoming a major unresolved public health problem and media exposure to violence is a synergistic source of this problem. The public health approach to violence is based on scientific method. In moving from problem to solution, there are four key steps. First, systematic collection of data on the magnitude, scope, characteristics and consequences of violence at local, national and international levels. Second, investigating why violence occurs. Third, exploring ways to prevent violence. Fourthly, implementing interventions and determining cost effectiveness of the programs [11,12].

Objective

To study the epidemiological distributions of violence among adolescent in Dubai.

Methods

A cross sectional study was designed to investigate the problem of violence where it aimed to determine the prevalence and some of its predictors among students of preparatory and secondary schools in Dubai 2010-2011. EPI-Info software version "6.04" was used for calculation of the minimum sample size required. The study included a sample of 1054 students who were randomly selected from preparatory and secondary governmental and private schools in Dubai. A stratified random sample was used. The strata were based upon geographical districts (Bur Dubai and Diera), type of schools (governmental and private), educational grade (7th, 8th, 9th, 10th, 11th and 12th) and sex (males and females. A structured interview questionnaire sheet was used to collect data from the students. Reliability of the questionnaire using: Cronbach's alpha with Guttman split half reliability coefficient was carried out.

Results

The age of the study students ranged from 11 to 21 years with a mean age of 14.81 + 1.79 years. Just over half of the selected students were males; about two thirds were secondary school pupils while the rest were in preparatory schools, with a preponderance of private school students over governmental. More than half of students were

The majority of study sample live with both parents (84.9%). Those who feel love toward mother constituted 89.9%, 82% love father, 65.3% love older brother/sister, while only 23.2% love baby sitter (Table 1).

Family background		No.	%
Live with	Both parents	895	84.9
	One parent due to separation	77	7.3
	One parent due to death	82	7.8
Feelings toward mother	Love	939	89.9
	Fear	23	2.2
	Normal	83	7.9
Feelings toward father	Love	804	82.0
	Fear	42	4.3
	Normal	135	13.8
Feelings toward older brother/sister	Love	510	65.3
	Fear	29	3.7
	Normal	242	31.0
Feelings toward baby sitter	Love	161	23.2
	Fear	15	2.2
	Normal	519	74.7

Table 1: Family background of preparatory and secondary school students in Dubai, 2010.

Note: 9 students with dead mother, 73 with dead father, 273 without older brother/sister, 359 without baby sitter.

The highest percentage of students reported punishment at home by preventing something he/she loves whether from mother (52.7%), father (47.9%), older brother/sister (31.8%), or baby sitter (57.4%).

Beating by mother, father, older brother/sister, or baby sitter was reported by 10.2%, 15.4%, 21.3% and 2.9% respectively (Table 2).

J Child Adolesc Behav, an open access journal ISSN: 2375-4494

Punishment at home		No.	%
Pattern of punishment by mother	No	15	1.4
	Beating	107	10.2
	Insulting	81	7.8
	Quarrel	291	27.8
	Preventing something he/she loves	551	52.7
Pattern of punishment by father	No	14	1.4
	Beating	151	15.4
	Insulting	96	9.8
	Quarrel	250	25.5
	Preventing something he/she loves	470	47.9
Pattern of punishment by older brother/sister	No	15	1.9
	Beating	166	21.3
	Insulting	118	15.1
	Quarrel	234	30.0
	Preventing something he/she loves	248	31.8
Pattern of punishment by baby sitter	No	23	3.3
	Beating	20	2.9
	Insulting	51	7.3
	Quarrel	202	29.1
	Preventing something he/she loves	399	57.4

Table 2: Punishment at home among students of preparatory and secondary schools in Dubai, 2010.

About 41% of students (Table 3) reported that they like school while 23.3% don't like school either due to being afraid of teachers (10.6%) or afraid of one colleague (8.9%) or for other reasons (80.5%). About 17.0% of students reported absenteeism from school due to feeling

unsafe at school or on the way to school for at least one day. Carrying sharp tools at school by student always or sometimes was reported in 13.3% of cases and by colleagues in 32.9% (Table 3).

School environment		No.	%
Like school	No	246	23.3
	Sometimes	378	35.9
	Yes	430	40.8
If not like school the reason is	Afraid of teachers	26	10.6
	Afraid of my colleagues	22	8.9
	Other causes	198	80.5
Days of school absenteeism due to feeling unsafe at or on the way to school	Not at all	874	82.9
	1	121	11.5

	2-	45	4.3
	4+	14	1.4
Student carry sharp tools in school	No	914	86.7
	Sometimes	60	5.7
	Yes	80	7.6
Colleagues carry sharp tools at school	No	708	67.2
	Sometimes	144	13.7
	Yes	202	19.2
Number of students = 1054		,	

Table 3: Some feelings and behaviors among students in preparatory and secondary schools in Dubai, 2010.

Considering habits and physical exercise (Table 4), 16.6% of students watch TV programs for 4 hours or more per day, boxing was the favorite program for 13.2%, football for 14.1% and the least percentage of students reported cartoon as the favorite TV program (11.6%). One third of the students reported playing computer games

for four hours or more per day and the favorite computer programs were mainly care racing (43.5%) and football (23.7%). About 56.4% of the students practice exercise for at least one hour per week and the favorite game is football (33.4%). Smoking was reported by 7.1% of students (Table 4).

Habits and activities		No.	%
Hours/day watching TV	<1	472	44.8
	1-	407	38.6
	4+	175	16.6
Favorite TV programs	Boxing	137	13.2
	Cartoons	121	11.6
	Football	146	14.1
	Wrestling	128	12.3
	Others	507	48.8
Hours/day playing computer games	No	219	20.8
	<1	200	19.0
	1-	308	29.2
	4+	327	31.0
Favorite computer games	Boxing	62	7.4
	Football	198	23.7
	Tennis	38	4.6
	Car racing	363	43.5
	Others	174	20.8
Hours/week practice of exercise	No	227	21.5
	<1	232	22.0
	1-	324	30.7
	3+	271	25.7

Favorite exercise	Football	276	33.4
	Basketball	114	13.8
	Swimming	123	14.9
	Karate	27	3.3
	Others	287	34.7
Smoking	Yes	75	7.1
	No	979	92.9
Number of students = 1054			

Table 4: Some habits and physical exercise among students in preparatory and secondary schools in Dubai, 2010.

Discussion

School violence is widely held to have become a serious problem in recent decades in many countries, especially where weapons such as guns or knives are involved. Youth violence is becoming a major unresolved public health problem, risk factor of violence are anything that increases the probability that a young person will become violent; but no individual or group risk factors can be used to predict violence with any degree of certainty. Risk factors are only indicators that may precede youth violence, and a misunderstanding of their value may lead to profiling which can result in stereotyping and discrimination

The prevalence of violence either in the form of beating against study students, witnessed or committed by the study students were 27.8%, 49.3% and 39.4% respectively with almost same characters. Cloths pulling, boxing, slapping or kicking constituted the common forms of beating which were usually occurring at school with nearly same frequency of beating (times of beating). In a study done in KSA [9], to determine the prevalence of bullying among middle school male students in Riyadh city it was found that, the prevalence of being exposed to bullying (18.6%) was slightly higher, compared to committing bullying (14.4%). A small percentage (4.4%) of the students was both exposed to and committed bullying. The prevalence of bullying is widely variable, according to Craig et al. [10] exposure to bullying varied across countries, with estimates ranging from 8.6% to 45.2% among boys. Meanwhile, Analitis et al. [11] found the prevalence of bullying among children and adolescents in 11 European countries to be 20.6% for the whole sample, ranging from 10.5% in Hungary to 29.6% in the United Kingdom. Aricak et al. [12] highlighted that bullying is a serious problem.

Conclusion

It has been concluded that violent adolescents always have special behavioral characteristics on personality level, or family level or social

affiliations (groups, friends). Applying earlier preventive measures and handling adolescents at theses stages will have very long term cost affective outcomes in relation to violence.

References

- WHO (2007) A brief Report on violence and Health.
- Global consultation on violence and health (2003) A public health priority. Health and Human Rights 6: 112.
- Violence Prevention Alliance (2007) Violence and Injury Prevention. 3.
- Center of Disease Control (CDC) (2007): Youth violence.
- Bartlett R, Holditch-Davis D, Belyea M (2007) Problem behaviors in adolescents. Pediatr Nurs 33: 13-18.
- Hahn R, Fugua, Whitley D, Wethington H, Lowy J, et al. (2007) Task force on community preventive services: effectiveness of universal school based programs to prevent violent and aggressive behavior: A systematic review, Am J Prev Med 33: 115-129.
- Martin SL, Proescholdbell S, Norwood T, Kupper LL (2010) Suicide and homicide in North Carolina: Initial findings from the North Carolina Violent Death Reporting System, 2004-2007. N C Med J 71: 519-525.
- van der Wal MF, de Wit CA, Hirasing RA (2003) Psychosocial health among young victims and offenders of direct and indirect bullying. Pediatrics 111: 1312-1317.
- Altaiaibi A (2010) Prevelance of bullying and effects of anti-bullying program behavior and health complaints among middle school students in Rivadh city.
- Craig W, Harel-Fisch Y, Fogel-Grinvald H, Dostaler S, Hetland J, et al. (2009) HBSC Violence & Injuries Prevention Focus Group, and HBSC Bullying Writing Group: A cross-national profile of bullying and victimization among adolescents in 40 countries., Int J Public Health 54: 216-224.
- Analitis F, Velderman MK, Ravens-Sieberer U, Detmar S, Erhart M, et al. (2009) Being Bullied: Associated Factors in Children and Adolescents 8 to 18 Years Old in 11 European Countries; Pediatrics 123: 569-577.
- Aricak T, Siyahhan S, Uzunhasanoglu A, Saribeyoglu S, Ciplak S, et al. (2008) Cyberbullying among Turkish adolescents. Cyberpsychol Behav 11: 253-261.