PREVENTING DRUG ABUSE AND VIOLENCE/BULLYING IN URBAN AND RURAL SECONDARY SCHOOLS IN SOUTHERN, NIGERIA

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INTRODUCTION

• Drug abuse is a global issue and has serious public health implications (Adamu and Lawal, 2013).

• Globalization rides on the crest of technological and information revolution which has numerous advantages.

• This revolution also brings about some disadvantages especially in youths, who tend to watch films on crime and violence, with resultant violent behaviours like bullying and conflict.
INTRODUCTION Cont.

• These violent behaviours are rampant in secondary schools and result in injuries and death.

• Violent behaviours can also be exhibited by the teachers which can be copied by the students.

• Furthermore, it is a recognized fact that drug and alcohol abuse affect health, schooling and educational achievement of students such as lower grades, higher truancy and dropout rates, delayed or damaged physical, cognitive, and emotional development, violence and a variety of other costly consequences (Atoyebi & Atoyebi, 2013).
INTRODUCTION Cont.

• When these youths combine watching violence films and taking mood and behaviour altering substances, it is no wonder, therefore, to find increase in the rate of bullying and violence in our secondary institutions.

• However, the World Health Organization posits that effective school health programme can be one of the most cost-effective investments a nation can make to concurrently improve education and health.
• In Nigeria, National Health Promotion and National School Health Policies were launched in 2006 but there is no study to assess health promotion activities related to prevention of drugs abuse and violence/bullying in secondary schools.
OBJECTIVES OF THE STUDY

Therefore, the objectives of the study were:

• To ascertain health promotion activities to prevent violence/bullying and drug abuse in urban and rural secondary schools in Cross-River State, Nigeria.

• To compare health promotion activities carried out to prevent violence/bullying and drug abuse in urban and rural secondary schools in Cross-River State, Nigeria.
MATERIALS & METHODS

Design: Non experimental descriptive design

Sampling: Multi-stage sampling technique was used to select a sample of 4 Local Government Areas from each Educational Zone. Therefore, from 3 Educational Zones of Cross River State which is in Southern Nigeria, 12 Local Government Areas were chosen and from there 35 urban and 109 rural secondary schools selected.

Sampling: One hundred and fifty-six teachers who taught Health and Physical Education were purposively selected.
SETTING
DATA COLLECTION

• The instrument for data collection was a 20-items, self-developed, and validated questionnaire tagged “Health Promotion Analysis Questionnaire.”

• It was developed based on Health Promotion Analysis Model (HELSAM) by World Health Organization (Taylor, Haglund & Tillgren, 2000).

• The instrument had an internal consistency of 0.77 and 0.79 (Cronbach coefficient) for drug abuse and violence; and a reliability correlation coefficient of .96 and .98 for drug abuse and violence respectively.

• The respondents completed copies of the questionnaire on behalf of their schools.
DATA ANALYSIS

• Data were analysed using SPSS version 20.
• Data analysis also involved using descriptive statistics and independent t-test.
ETHICAL CONSIDERATION

• Ethical clearance was from the Cross River State Ministry of Health Research Ethics Committee.

• Permission was obtained from the State Ministry of Education and the School Principals.

• Informed consent was obtained from the participants who taught Physical and Health Education PHE in the school.

• Study processes adhered to ethical protocols (confidentiality and anonymity)
RESULTS/DISCUSSION
Socio-demographic characteristic

No of respondents based on gender
## Socio-demographic characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Frequencies</th>
<th>Percentages</th>
</tr>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-25</td>
<td>9</td>
<td>6.0</td>
</tr>
<tr>
<td>26-35</td>
<td>68</td>
<td>43.1</td>
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<tr>
<td>36-45</td>
<td>64</td>
<td>41.1</td>
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<tr>
<td>46-55</td>
<td>14</td>
<td>9.2</td>
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<tr>
<td>56+</td>
<td>1</td>
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<td><strong>Total</strong></td>
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<td>100</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
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<td></td>
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<tr>
<td>Single</td>
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<td>28.9</td>
</tr>
<tr>
<td>Married</td>
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<td>68.8</td>
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<tr>
<td>Separated</td>
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<td>2.3</td>
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<tr>
<td><strong>Total</strong></td>
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<td>100</td>
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<tr>
<td><strong>Religion</strong></td>
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<tr>
<td>Catholic</td>
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<td>27.5</td>
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<tr>
<td>Protestant</td>
<td>27</td>
<td>16.8</td>
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<tr>
<td>Pentecostal</td>
<td>84</td>
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<tr>
<td>Islam</td>
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<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>156</td>
<td>100</td>
</tr>
</tbody>
</table>
• The concentration of Physical and Health Education teachers in urban secondary schools enhanced health promotion activities in these urban schools than rural.

• Results also showed that all the schools did not have written policies or guidelines on prevention of violence and drug abuse 144(100%), and that majority of the urban and rural schools ‘always’ involved Parent Teachers’ Association in addressing violence and in disciplining students who were violent.
Discipline of students is not only the responsibility of the school; therefore, when parents are involved, it becomes more effective.

Majority of the respondents 65.7% (urban) and 73.4% (rural) reported that the curriculum covered discipline.

Many respondents 17 (48.60%) in the urban schools compared with 63 (57.80%) of the rural schools ‘never’ reported cases of teachers’ sexual misconduct to Ministry of Education or disciplined teachers who were violent 37.10% (urban) and 59.60%(rural).
• This revelation can breed students’ harassment and negative behavior from the students who are helpless.

• Majority of the respondents in urban 27(77.1%) and rural 64(58.7%) schools ‘always’ enforce anti-smoking/anti-alcohol policy.

• On having curriculum that covered health effects of substance abuse, majority of the respondents in urban and rural schools claimed that drug education was integral part of Health Education curriculum and schools’ curricula covered health effects of substance abuse.
• Respondents, 74.3% (urban) and 44.1% (rural) affirmed that both character and learning are 'always' recognized and rewarded in students who excel in academics and behaved well.

• These health promotion activities help to improve self-esteem which impact on positive emotional health. The respondents 62.80% in urban schools claimed that teachers were being trained in conflict management whereas 47.25% of respondents in rural schools affirmed that teachers were not being trained on this particular act.
• Training of teachers in conflict management is important so as to enable them nip conflict in the bud.
• This helps to enhance atmosphere of tranquility between students and teachers and among teachers.
• Further results also revealed that school location significantly influenced prevention of drug abuse and violence.
• This result is not surprising because of the concentration of Physical and Health Education Teachers (subject specialist) in urban schools.
CONCLUSION

• Location of schools can either enhance or hinder health promotion activities to prevent drug abuse and violence.
• Therefore, equity should be addressed in the provision of material and human resources for health promotion activities especially in rural secondary schools.
• The study also suggests the need to encourage schools to have written health promotion policy on prevention of drug abuse, violence and bullying in school.
• Furthermore, stakeholders in education should consider continuing education on training of teachers on conflict management.
REFERENCES


REFERENCES Contd.