

## Commentary

**BULLYING PREVENTION PROGRAMS IN THE DEVELOPING WORLD: WAY FORWARD FOR PAKISTAN****Ummara Ashfaq<sup>1</sup>, Ahmed Waqas<sup>2</sup>, Sadiq Naveed<sup>3</sup>**<sup>1</sup>Undergraduate student, University of Calgary, Calgary, Canada<sup>2</sup>Research fellow, Human Development Research Foundation, Rawalpindi, Pakistan<sup>3</sup>Associate medical director, KVC Health Systems, Kansas, USA**Correspondence:** ahmedwaqas1990@hotmail.com

Bullying among children and adolescents is an issue of great concerns but is frequently overlooked and sparsely researched in Pakistan. Bullying is defined as repeated acts or behaviors that are performed intentionally to harm another individual physically, verbally, or by social means (1). A recent study conducted in Pakistan estimated that approximately 33.7% of adolescents report being physically abused while 57% are verbally abused (1). Another study suggested that 90.8% of boys and 75.3% of girls have been a victim of peer violence on more than one occasion while 46.4% of girls and 72.6% of boys have been involved in acts of both perpetration and victimization (2).

Continued bullying and victimization to have serious short term and long term psychosocial consequences (3). Bullies tend to have poorer academic performance, externalizing behaviors including fighting and possession of weapons, and a high risk of suicidal ideation (3). Bullies are likely to exhibit antisocial and criminal behavior as an adult (3). Victims also tend to have poor academic performance and a significantly higher risk for suicidal ideation but further experience depression, anxiety, insomnia and psychosomatic symptoms including headaches and abdominal pain leading to decreased attendance rates (3).

In Pakistan, a higher prevalence of bullying behaviors may be attributed to the maintenance of patriarchy, traditional gender norms and inequality (4). Evidently, one recent study found that patriarchal gender attitudes were significantly correlated with increased peer violence against girls in schools (4). For instance, 25.7% of boys and 17.7% of girls had witnessed their father fighting at home of which, 9.1% and 6% respectively, had witnessed violence against their mother (5). Overall, this study depicted that violence at home, having experienced physical punishment and witnessing violence against their mother greatly influenced perpetration among boys. The same study also demonstrated that acceptance of patriarchy, corporal punishment and hunger was associated with bullying behavior among women.

Most of the children and adolescents spend majority of their time in educational institutes such as schools and tuition centers. Schools thereby provide a suitable avenue not only for employing behavioral interventions addressing bullying behaviors but also life skills in general. Such comprehensive interventions are crucial as they enhance the core attributes required to effectively overcome the challenges of everyday life. In other words, life skills and other holistic interventions have higher success rates when implemented as they equip adolescents with coping resources and competencies for demands extending beyond the classroom. Thus, improving the school environment and the wider community. Evidently, a previous study indicated that multidimensional interventions that address life skills and involve various social frameworks reduce bullying more significantly than interventions that only target social and behavioral skills among adolescents (8).

A study conducted among adolescents (12-18 years) of government and private schools further illustrated that a positive school environment with healthy student-teacher and student-peer relationships was significantly associated with decreased acts of bullying (6). Educational opportunities and implementation of strong anti-bullying policies in schools also depicted a significant negative correlation to bullying (6). For example, implementation of strong anti-bullying school interventions was found to decrease bullying by 25% among adolescents in Netherlands (7). Victimization scores (-1.06 vs 0.28;  $p < .01$ ), active bullying behaviors (?0.47 vs 0.12,  $P < .05$ ), and depression (?0.33 vs ?0.10;  $p < .10$ ) also showed a significant decline (7).

One particular violence prevention program that has delivered promising results internationally and can be adopted by low-resourced public-school systems is Right to Play's Positive Child and Youth Development program (4). Right to Play is an international organization that has worked with a number of schools globally and aims to prevent violence among children through the power of play (4). It aims to empower

children and adolescents by introducing a structured curriculum that incorporates games and activities designed to enhance confidence and critical thinking skills. A number of such anti-bullying interventions and multidimensional life skill programs have been tested and implemented, albeit, disproportionately in context of the developed world. There has been minimal research exploring the effectiveness and public health benefits of these intervention in developing countries like Pakistan. Overall, there is minimal research being done to evaluate potential cost-effective school-based interventions to counter this phenomenon. And it is crucial to investigate further into this problem, so that suitable policies and interventions can be adopted by schools to recognize and prevent acts of bullying. Often the cost of programs and lack of funds can deter schools in adopting effective anti-bullying interventions. However, the extensive societal and economic savings are dramatically outweighed by the initial implementation costs. For instance, one foundation conducted a cost analysis of its associated Olweus Bullying Prevention Program (OBPP) across 49 Pennsylvania counties and reported significant savings in the costs of health care utilization, school cost savings, and social-ecological impact (9). This economic benefit stems from an overall decreased cost of health care utilization, reduced juvenile delinquency and better employment rates.

In our opinion, a developing country like Pakistan should take following actions to curb this issue:

- a) Develop culture sensitive, cost-effective and multi-dimension life-skill based intervention programs that can be scaled up in Pakistani schools. These intervention programs should target clusters of child behaviors including psychiatric symptomatology such as depression, anxiety and aggression, and promotion of physical health and pro-social skills.
- b) Training of teachers using lay person based psychiatric checklists such as the strengths and difficulties questionnaires to effectively screen pediatric behavioral problems.
- c) Effective process of screening behavioral problems using tablet based technology can be employed, to formulate geo-mapping of high risk schools. Identification of high risk schools can help minimize associated costs.
- d) Formulation of non-specialist based interventions that are delivered by peers, teachers and parents instead of utilizing high cost and sparsely available healthcare resources.
- e) Adoption of effective policies that involve all stakeholders within the wider community, will allow children and adolescents the opportunity to attain their optimal social and emotional potential in a safe and healthy environment.

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