



Exploring connections between violence against children, mental health and the potential for integrated programming in Ugandan schools

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A vicious cycle . . .

A clear
bi-directional
relationship
exists
between
violence &
poor mental
health

Exposure to childhood
violence (all forms)
increases the risk for
several mental
disorders including
depression, anxiety,
and PTSD.

(Sachs- Ericsson et al., 2005;
Finkelhor et al., 2007)

Children and
adolescents with
mental health problems
are at increased risk of
experiencing physical,
sexual, and emotional
violence.

(Jones et al., 2012)

As such, it is
critical that
mental
health
interventions
are
considered
alongside
violence
prevention
programming

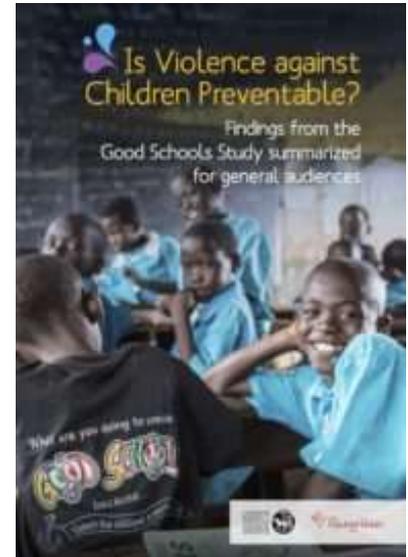


Existing Research in Uganda

Mental health:
There exists limited research on children's mental health in Uganda— and almost no qualitative studies including children's own perspectives.

VAC : An RCT of the Good School Toolkit (GST) examined both violence prevention & mental health outcomes. While risk of physical VAC reduced by 42%, there was no significant change in children's mental health

(Devries KM, et al., 2015)





Current Study

Aim: Exploratory qualitative study exploring child, caregiver, and teacher views on child mental health and perceived connections to violence

Motivation: To inform the development of an integrated intervention, combining mental health programming with an existing, evidence-based violence prevention methodology in schools (the Good School Toolkit)



Methods

- Qualitative research by trained researchers in two primary schools in Kampala, Uganda.
- 4 Focus Group Discussions with teachers (n=25)
- 4 Focus Group Discussions with caregivers (n=22)
- 12 In-depth interviews with primary school students
- Ethical guidelines for protecting safety and confidentiality of participants were strictly observed, as well as rapport building techniques to promote openness and candid reflections.



Discussion guides included probing questions about:

Perceptions
of the
characteristics
of positive
and poor
mental health
in students

Beliefs about
the potential
reasons for
student
mental health
challenges

Ideas for
existing and
potential
resources to
improve student
mental health in
schools

****No direct probing about the links between violence and mental health***



Data Analysis

Data were transcribed verbatim and then translated
(Luganda to English)

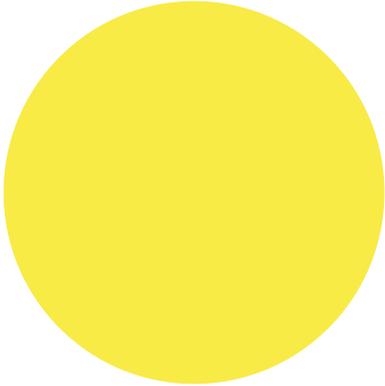
Preparation of several thematic matrices to facilitate
comparing/contrasting key themes across respondent groups



What causes poor mental health for children?

Findings emphasized aspects of the home & school environment and underscored violence as a central theme





Findings:

Violence at home

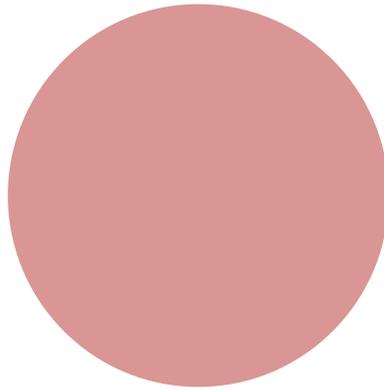
Experiencing and witnessing violence both at home and school were the most commonly raised explanations for why children suffer mental health difficulties



“...Mother and father are having a serious fight...you are exchanging verbal insults...this child’s mental health will have a picture that comes to him from all that has happened in his presence, the words that you have exchanged, and the way that you have treated each other will affect his mental health... In the morning, to get up and go to school, this child will be very weak, reason being that he is not happy. Instead [of] thinking, ‘I am going to school, let me look for my shoes and polish them,’ he is thinking about what his mother said last night, he is thinking about how his father slapped his mother...” (woman caregiver)

Findings:

Violence at school



“...If the teacher keeps on telling you that ‘I will beat you!’ -- it is difficult for you to understand his lesson. You fear the teacher, and you cannot even ask him a question if you have not understood.” (boy)

Perspectives on violence perpetrated by teachers aligned with descriptions of VAC in the home, underscoring how violence causes anxiety, fear, feelings of worthlessness, and difficulties concentrating among children



Findings:

What are the linkages?

“Overthinking”

Violence creates a fearful, worried state and leads to (or exacerbates) rumination and children’s isolation

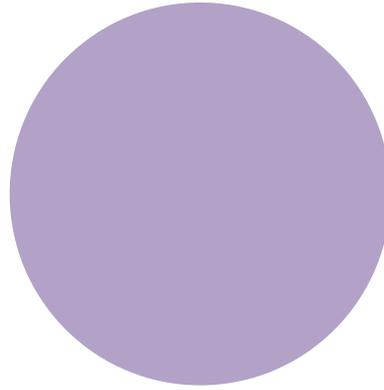


“...You might be at school, and yet you have to walk a long way back home. You are going to arrive home late, and then they abuse you ... As you are walking home, you are thinking that when I get home they will abuse me, so you become so worried.” (boy).

“... they get a problem with their mind, because in their minds is always limited to the harsh treatment and they are always scared... Let me use an example of school, you may look at a child when he is attentive, but the mind is focused on what has happened or what will happen after school, that means that he loses focus on what the teacher is teaching.” (male caregiver)

Findings:

Shaming (school)



“Common” school practices
(e.g., school fees & shaming) perceived
as stressful and discussed as reasons
for sadness & isolation

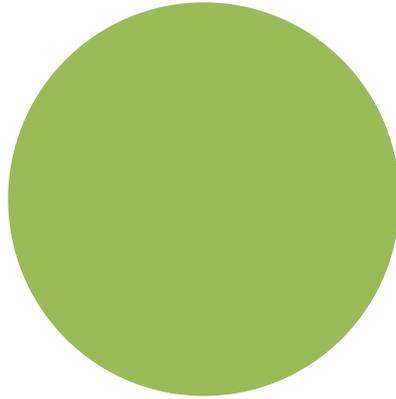


“But most times I “mpulira ennyiike” [feel so sad] in my heart, every time it’s me that they chase away from school for not having school fees...I feel so sad that I am sent away from school all the time... I know I am not alone, but I know even other students experience [this] and feel the same.” (girl)

“When the teacher asks you to give an answer, that is trouble. You do not raise up your hand even if you know the answer, for fear that you will have to stand up, and everyone will see you [menstrual stains]... you have not got any help and you have not asked anyone, and [you] wonder whether they will not laugh you when you ask questions about what you are going through.” (girl)

Findings:

Neglect (home)



Participants consistently described how a family environment that fails to address children's physical *and* emotional needs causes children to be anxious and feel undervalued



“Poverty and failure for parents to provide for their children hurts their feelings and makes them to feel out of place and isolated [...] When a child gets to school, she finds that at school, her friends have packed juice, another one has money and will buy at the canteen. But for her she says, ‘Mummy I am hungry,’ so when the teacher is teaching, this child is thinking about lunch time ... so she will be thinking too much and will not concentrate on the blackboard, on what the teacher is teaching because she is hungry.” (woman caregiver)



Key Takeaways

- ❖ Violence against children (at school & home) was the most commonly cited reason for children's mental health problems (19 out of 20 transcripts)
- ❖ Participants also center other stressful experiences at school and school-based practices in influencing their mental health



Programming Implications

Content:

Build on existing awareness about how violence (home & school) affects children's mental health – and address the resulting emotions (+ a focus on prevention)

Feasibility:

When non-stigmatizing and appropriate language is used, children & adults can (and want to) talk about students' mental health

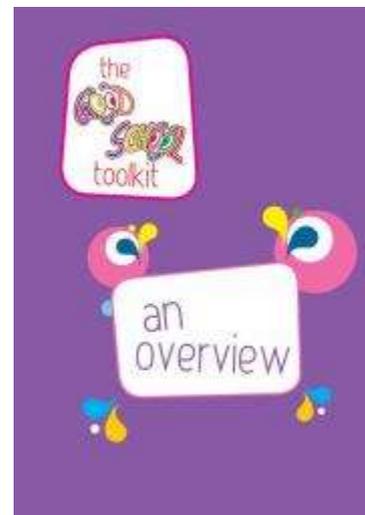


Programming Next Steps

Developing easy-to-integrate materials into the Good School Toolkit (comic book & poster)

3 core aims:

- De-stigmatize mental health problems (normal, everyone experiences highs & lows, etc.)
- Build shared language/vocabulary to discuss these issues
- Develop life skills to manage mental health & support others





Thank You!