

# Youths' Knowledge About Risk Factors That Contribute To Violence

## معارف الشباب حول عوامل الخطورة المساهمة في العنف

**Dr. Kareem Ghadban Sajem/ PhD/Instructor/ Medical Technical Institute/Al-Mansur**  
**Dr.kareemg@yahoo.com**

### الخلاصة:

**الهدف:** تهدف الدراسة الى التعرف على معارف الشباب حول عوامل الخطورة المساهمة في العنف وإيجاد الفروقات الإحصائية بين معلوماتهم الديموغرافية طبقاً لمعارفهم ومصادر تلك المعرفة.

**المنهجية:** تم بناء استمارة الاستبانة لغرض تحقيق أهداف الدراسة من خلال مراجعة المصادر، إذ تكونت من ثلاثة أجزاء: الجزء الأول يتضمن المعلومات الديموغرافية للعينة، والجزء الثاني تضمن فقرات من عوامل الخطورة المساهمة في العنف وبعض ممن لها علاقة بمعلومات الوقاية، والجزء الثالث تعلق بمصادر المعلومات. أجريت الدراسة في المدارس، متوسطة ابن خلدون، ثانوية بشار ابن برد، المعهد الطبي التقني/المنصور، كلية التمريض/بغداد. وجمعت المعلومات من خلال المقابلة الشخصية مع الباحث للفترة من 2011/7/3 لغاية 2012/3/18. وتم استعمال أسلوب الإحصاء الوصفي والاستدلالي في تحليل المعلومات (التكرارات والنسب المئوية والوسط الحسابي ومربع كاي).

**النتائج:** بينت الدراسة ان معظم الشباب لديهم ضعف معرفة حول عوامل الخطورة المساهمة في العنف بمستويات متفاوتة، كذلك ان نسبة كبيرة منهم لديهم معارف جيدة حول معلومات الوقاية من عوامل الخطورة المساهمة في العنف (83.8%)، الأكثر منهم كانوا من الأولاد ضمن الفئة العمرية (20-25 سنة) ممن هم طلبة. بالإضافة إلى عدم وجود علاقات ذات دلالة إحصائية مهمة بين معارف الشباب والمعلومات الديموغرافية خصوصاً فيما يتعلق مع النوع والعمر. كذلك أوجدت الدراسة أن أعلى نسبة سجلت لديهم لمصادر المعلومات عن طريق استخدام وسائل الإعلام المختلفة (37.65%).

**الاستنتاجات:** استنتجت الدراسة بأن معظم الشباب لديهم ضعف معرفي حول عوامل الخطورة المساهمة في العنف لبعض فقرات الاستمارة، كذلك ان أعلى نسبة مئوية من المعارف سجلت لديهم حول معلومات الوقاية منها. واستخدام وسائل الاعلام المختلفة كمصدر سجل لديهم أعلى نسبة في الحصول على هذه المعارف.

**التوصيات:** بناءً على هذه النتائج أوصت الدراسة على ضرورة التخطيط لبرامج واعي للطلبة والشباب، بالإضافة إلى تصميم ورش عمل من أجل زيادة معارفهم للوقاية من العنف وتقليل عوامل الخطورة المساهمة في العنف للارتقاء بمستوى الصحة في كل المستويات بين أعمار الشباب.

### Abstract:

**Objectives:** The study aims to identify youths' knowledge about risk factors that contribute in violence and statistical differences between demographic data of youths regarding to their knowledge and sources of such knowledge.

**Methodology:** A questionnaire was constructed for purposes of the study through review of literature. It was consisted of 3 parts. First part included demographic data of sample. Second part included items of risk factors that contribute in violence and some of them related to preventive information. Third part concerned to sources of information. The study was conducted on student and youths in intermediate school of Ibn Khaldon, secondary school of Bashar Ibn Burd, medical technical institute of al- Mansour, and college of Nursing / Baghdad. Data was collected through the personal interview with the researcher from 3/7/2011 to 18/3/2012. A descriptive and inferential statistical approach was used to the data analysis (frequencies, percentages, mean of score and chi-square).

**Results:** The results of the study revealed that the majority of youths have lack of knowledge about risk factors that contribute in violence with different levels, as well as high percentage of them was reported as high knowledge to preventive information of risk factors that contribute in violence (83.8%), majority of them between youths who boys, age group (20-25) years, and the most who was students. In addition, there was non significant association between youth's knowledge and demographic data, especially related to gender and age. Also, the higher percentage of source of information was reported by using of different mass media sources (37.65%).

**Conclusion:** The study concluded that the majority of youths have lack of knowledge about risk factors that contribute in violence for many of items. Also, high percentage was reported about its preventive information, and using of different mass media as a source was indicated high percentage for such knowledge.

**Recommendations:** Based on these results, the present study recommended on the planning of awareness programs to the students and youths. In addition, workshops should be designed to increase their knowledge for violence prevention, and decrease risk factors that contribute in violence for health promotion in all of levels upon youth's ages.

**Key Words:** Youths' Knowledge, Risk Factors, Violence

## **INTRODUCTION:**

Society today is full of evidence of violence behavior. Everywhere we look there is on television, at our homes, school and community (1). For many nations' youth, violence is a way of life, away of coping with challenging and difficult situations (2).

Center of Diseases Control and Prevention (CDC) define violence as the threatened or actual use of physical force or power against another person, against oneself, or against a group or community (3).

Youths' violence is a serious problem that can have lasting harmful effects on victims and their families, friends and communities (4).

Numerous factors can contribute to and influence the range of behaviors that are defined as youth violence. It is important to consider these factors in order to develop a comprehensive understanding of the nature of problem (5). Such factors could have risk factors; it is personal characteristics or environment conditions that predict the onset, continuity, or escalation of violence (6).

Risk factors contributing to youth violence cover all levels of the ecological model (7). Many risk factors are the same, in part, because of the overlap among victims and perpetrators of violence. Risk factors increase the likelihood that a young person will become violent. However, risk factors are not direct causes of youth violence (8).

The principle aims of community-based violence prevention activities are to raise public awareness of and debate about many of issues (7).

Community Health Nurses (CHNs) can use their experience and inside knowledge of youths health barriers to educate others (2).

## **OBJECTIVES OF THE STUDY:**

- 1- To assess students and youths' knowledge about risk factors that contributes violence.
- 2- To identify the source of information for their knowledge.
- 3- To determine statistical differences of preventive information of risk factors between youths' knowledge regarding to their demographic data.

## **METHODOLOGY:**

Design of the study: A descriptive study which used an assessment tool.

Setting of the study:.. The present study was conducted on students and youths in Intermediate School of Ibn Khaldon, Secondary School of Bashar Ibn Burd, Medical Technical Institute of Al- Mansour, and College of Nursing / Baghdad.

Sample of the study: A probability sample of 100 students and youths.

Data collection: The data was collected through the personal interview with the researcher from 3/7/2011 to 18/3/2012.

Study instrument: The study instrument was constructed by the researcher for purposes of the study which included 3 items concerned with the demographic data, 20 items concerned with risk factors that contribute in violence, scoring is on 3 points Likert scale (3 for I know, 2 for uncertain, and 1 for I don't know), 5 items concerned with preventive information of risk factors and 4 items concerned to sources of information.

Statistical analysis approach: frequencies, percentage, mean of scores and chi-square

## RESULTS:

**Table 1: Distribution of youths regarding to their demographic data**

No.	Variables	Frequencies (F)	Percentage (%)
1-	Gender :		
	Boy	<b>62</b>	<b>62</b>
	Girl	38	38
	Total	100	100
2-	Age group (years):		
	15-20	<b>56</b>	<b>56</b>
	20-25	44	44
	Total	100	100
3-	Occupation:		
	Student	<b>63</b>	<b>63</b>
	Employed	25	25
	Unemployed	12	12
	Total	100	100

This table indicated that majority of youths were boys (62%), most of them were age group 15 to 20 years (56%), while the highest percentage of youths were students (63%).

**Table 2: Distribution of youths according to their knowledge about risk factors that contribute in violence**

No.	Items	Total / 100 youths						
		I know		Uncertain		I don't know		MS
		F	%	F	%	F	%	
1.	Risk factors that contribute in violence are:							
1.1	Poverty	36	36	34	34	30	30	2.06
1.2	Anger factor	9	9	60	60	31	31	1.78
1.3	Psychopathy	33	33	42	42	25	25	2.08
1.4	Single-parenthood family	32	32	46	46	22	22	2.1
1.5	There are other of risk factors	13	13	55	55	32	32	1.81
2.	Risk factors cover all levels of:							
2.1	Individual	76	76	20	20	4	4	2.72
2.2	Family	16	16	69	69	15	15	2.01
2.3	Environment	36	36	55	55	9	9	2.27
2.4	School	16	16	82	82	2	2	2.14
2.5	Community	13	13	60	60	27	27	1.86
3.	Risk factors that contribute in violence considered as:							
3.1	Risk factors are personal or environmental conditions that predict the onset of violence.	47	47	41	41	12	12	2.35
3.2	Risk factors are not direct causes of youth violence.	18	18	61	61	21	21	1.97
3.3	Risk and protective factors on the opposite end of continuum	12	12	58	58	30	30	1.82
3.4	One of risk factor that contribute in violence is not lead to violence act, like (poverty)	18	18	60	60	22	22	1.96
3.5	Risk factors that contribute in violence are changing from level to other.	23	23	62	62	15	15	2.08
4.	Risk factors can be prevent or control like:							
4.1	Violence in media	24	24	44	44	32	32	1.74
4.2	Family violence	42	42	44	44	14	14	2.28
4.3	Drug use and alcohol	44	44	45	45	11	11	2.33
4.4	Carrying gun to school	9	9	70	70	21	21	1.88
4.5	Poor problem solving approach	21	21	62	62	17	17	2.28

This table indicated that there was low mean of scores in items of anger factor (1.78), other important of risk factors (1.81), community level (1.86), risk factors not causes of violence (1.97), risk and protective factors on the opposite end of continuum (1.82), one single of risk factor not lead to violence (1.96), violence in media (1.74) and carrying gun to school (1.88), while other items remaining high mean of scores.

**Table 3: Distribution of youths ' knowledge about preventive information of risk factors that contribute in violence**

No	Items	Yes	%	No	%	Total	%
1	Risk factors that contribute in violence are mostly common (not new phenomena).	85	85	15	15	100	100
2	Intervention measures to decrease risk factors that contribute in violence included individual, family and community.	78	78	22	22	100	100
3	Risk factors that contribute in violence can be treated with carefully, like (Anger factor).	84	84	16	16	100	100
4	Provide health education programs can assist to reduce risk factors contributing violence.	89	89	11	11	100	100
5	Risk factors that contribute in violence can be prevented, like (community crime).	83	83	17	17	100	100

This table indicated that the majority of youths was high knowledge about preventive information of risk factors that contribute in violence in items of (Provide health education programs can assist to reduce risk factors contributing violence 89% , Risk factors that contribute in violence are mostly common (not new phenomena) 85% , Risk factors that contribute in violence can be treated with carefully, like (Anger factor) 84% and Risk factors that contribute in violence can be prevented, like (community crime) 83%.

**Table 4: Statistical differences between youths ' knowledge of preventive information regarding to their gender**

No	Gender	Youths ' knowledge				Total	%
		True responses	%	False responses	%		
1	Boys	268	86,5	42	13,5	310	62
2	Girls	251	79,5	39	20,5	190	38
Total	100	419	83,8	81	16,2	500	100

This table indicated that the highest of youth's knowledge about preventive information of risk factors that contribute violence was (83, 8%), majority of them was boys (86, 5%).

**Table 5: Statistical differences between youths ' knowledge of preventive information regarding to their age groups**

No	Age groups	youths ' knowledge				Total	%
		True responses	%	False responses	%		
1	15-20 years	232	82,8	48	17,2	280	56
2	20-25 years	187	85	33	10	220	44
Total	100	419	83,8	81	16,2	500	100

This table indicated that the highest percentage of youths' knowledge about preventive information of risk factors that contribute violence was (83, 8%), most of them were 20-25 years old (85%).

**Table 6: Statistical differences between youths ' knowledge of preventive information regarding to their occupation**

No	Occupation	Youths ' knowledge				Total	%
		True responses	%	False responses	%		
1	Students	277	87,9	38	12,1	315	63
2	Employed	102	81,6	23	18,4	125	25
2	Un employed	40	66,7	20	33,3	60	12
Total	100	419	83,8	81	16,2	500	100

This table indicated that the highest percentage of youths' knowledge about preventive information of risk factors that contribute violence was (83, 8%), most of them was students (87,9%).

**Table 7: Association of youths ' knowledge about preventive information of risk factors that contribute in violence relative to their gender**

No	Item	Boys (62)				Girls (38)				Total
		Yes	%	No	%	Yes	%	No	%	
1	Risk factors that contribute in violence are mostly common (not new phenomena).	54	87,1	8	12,9	31	81,6	7	18,4	100
2	Intervention measures to decrease risk factors that contribute in violence included individual, family and community.	49	79,1	13	20,9	29	76,4	9	23,6	100
3	Risk factors that contribute in violence can be treated with carefully, like (Anger factor).	52	83,9	10	16,1	32	84,2	6	15,8	100
4	Provide health education programs can assist to reduce risk factors contributing violence.	56	90,3	6	9,7	33	86,9	5	13,1	100
5	Risk factors that contribute in violence can be prevented, like (community crime).	51	82,2	11	17,8	32	84,2	6	15,8	100

Chi-Square 0.810

P value at 0.05

DF =2

This table indicated that there was no significant association between youths ' knowledge about preventive information of risk factors that contribute in violence relative to their gender.

**Table 8: Association of youths ' knowledge about preventive information of risk factors that contribute in violence relative to their ages**

No	Item	15-20 years (56)				20-25 years (44)				Total
		Yes	%	No	%	Yes	%	No	%	
1	Risk factors that contribute in violence are mostly common (not new phenomena).	47	83,9	9	16,1	38	86,4	6	13,6	100
2	Intervention measures to decrease risk factors that contribute in violence included individual, family and community.	42	75	14	25	36	81,8	8	18,2	100
3	Risk factors that contribute in violence can be treated with carefully, like (Anger factor).	48	85,7	8	14,3	36	81,8	8	18,2	100
4	Provide health education programs can assist to reduce risk factors contributing violence.	49	87,5	7	12,5	40	90,9	4	9,1	100
5	Risk factors that contribute in violence can be prevented, like (community crime).	46	82,1	10	17,9	37	84,1	7	10,9	100

Chi-Square 0.810

P value at 0.05

DF =2

This table indicated that there was no significant association between youths ' knowledge about preventive information of risk factors that contribute in violence relative to their ages.

**Table 9: Distribution of 100 youths' knowledge according to sources of information about risk factors that contribute in violence**

No.	Sources of information	F	%
1-	TV stations and radio programs	32	18.82
2-	Via the Internet	<b>51</b>	<b>30</b>
3-	Newspapers and magazines	23	13.53
4-	Using of different mass media	<b>64</b>	<b>37.65</b>
	Total	170	100%

Note: Youths can select more than one source according to their information.

This table indicated that the higher percentage of source of information was reported to using of different mass media (37.65%) and via the internet (30%), while the TV stations and radio programs (18.82%), newspapers and magazines (13.53%).

## DISCUSSION:

### Part 1. Discussion of the demographic data

The results of the study revealed that the majority of youths were boys (62%), most of them was age group 15 to 20 years (56%), while the highest percentage of youths was students (63%) (Table 1).

This finding was supported by Hahn and Payne (2003) who stated that students who are studying health and most other discipline need to be aware of issues that effect students of different backgrounds. Bringing cultural awareness into the health classroom introduce students to concepts they might not otherwise be exposed to (9).

### Part 2. Discussion of risk factors that contribute in violence

The present study had reported that there was a lack of knowledge upon youths about risk factors that contribute in violence. It has low mean of scores in items of anger factor (1.78) and identifies other important of risk factors (1.81) (Table 2).

These results were supported by Tolan and Guerra (2002) who reported that unfortunately, few studies have attempted to identify risk factors for adolescent violence, from its roles as part of a general pattern of separate serious antisocial behavior (10). As well as, it was supported by Rababi and Algdaa (2008) stated that it is important to know the risk factors associated with family violence to be aware of cultural attitudes towards violence in the home (11).

Regarding to risk factors that covered all levels of individual, family, environment, school, and community, the results of the study indicated high mean of scores in all items except in community level (1.86) (Table 2).

Such finding agreed with report of the independent expert of the United Nations (2006) reported that the community is a source of protection and solidarity for children, but it can also be a site of violence, including peer violence, violence related to guns, gang violence, police violence, physical and sexual violence, abductions and trafficking(12).

Concerning to risk factors that contribute in violence, the results indicated that there was low mean of scores in items of risk factors are not direct causes of youth violence (1-97), one of risk factor that contribute in violence is not lead to violence act, like (poverty) (1.96), and risk and protective factors on the opposite end of continuum (1.82) (Table 2).

Generally, these results indicated that the youths have lack of knowledge about such issues. The report of the Surgeon General (2001) reported that the public health approach to youth violence involves identifying risk and protective factors, determining how they work, and making the public aware of these findings. A risk factor is anything that increases the probability that a person will suffer harm. A protective factor is something that decreases that potential harmful effect of risk factor. One study, for example has found that a 10 years old exposed to 6 or more risk factors is 10 times as likely to be violent by age 18 as a 10 years old exposed to only one factor (6).

Concerning to the statement of the risk factors can be prevent or control. Results out from such analysis depicted that there was low mean of scores in items of violence in media (1.74) and carrying gun to school (1.88), (Table 2). Implement prevention strategies to reduce immediate risk factors in the community. Risk factors will differ from place to place, possession and carrying of guns, conflict resolution strategies and problem solving approaches (3 and 12).

World report on violence and health reported that violence is not investigable, we can do much to address and prevent it (7). For example, removing guns from the hands of children and violent individuals is also an important factor in reducing death from violence (13). Moreover, there is a general agreement that indicates a relationship between viewing violence on television and resulting violence behavior of the viewer (3). Reducing of violence in the media on the community services of violence between prevention in primary level (13).

Young people can be taught about the situations or actions that are likely to result in violence such as associating with violent peers, using alcohol drug and possessing a firearm (14).

### Part 3- Discussion of preventive information of risk factors

Result out of this study has reported as generally there was high knowledge upon youths about all items of table 3. The high percentage (89%) was reported in item4 (Provide health education programs can assist to reduce risk factors contributing violence). Such result agreed with the report of WHO that explain what can be done towards violence, many potential strategies and educational programs to reduced violence including



individual and relationship approaches to encourage healthy attitudes and behaviors, community based efforts to rise public awareness, societal approaches to change underlying cultural, social and economic factors(15). These trends was supported by Kneisl and Trigobolf (2009) stated that society in general, and in nursing in particular, increasingly recognize that violence is a significant health problem, self-awareness is process that helps any one to avoid personalizing client comment and behaviors(16).

Concerning of statistical differences between youths' knowledge of preventive information regarding to their gender, age group and occupation (Tables 4, 5 and 6). The results indicated that the high percentages were reported between youths who boys, age group (20-25 years) and most of them was students .So, there was no significant associations between youths' knowledge about preventive information of risk factors that contribute in violence relative to their gender and ages (Tables 7 and 8) These results was supported by Townsend (2007) reported that violence affects all populations equally. It occurs among all races, religious, economic classes, all ages and educational backgrounds (17). As well as, violence occurs in different environments and is due to multiple causes and risk factors and that women, boys, girls, adolescents, and older persons are among the most vulnerable, causes and factors involved in violence and injuries are multiple and to address them directly calls for participation of a variety of sectors such as education (18).

#### Part 4- Discussion of sources of knowledge

Regarding to the sources of information (Table 9), the results reported that the higher percentages was using of different mass media (37.65%). These findings supported by Hahn and Payne (2003) stated that at present, no single agency or profession regulates the quantity or quality of the health information you receive. Today more than ever, family and friends may provide health information as part of their involvement in the pyramid sales of health products (9). Client and significant others are important sources of information Interview question about the violent Client's history should be open and direct (16). The media too, can have a profound effect on improving children's and well-being for example; one positive use of the media is attempting to change the social norms towards violence (3).

Also, information via the internet was reported (30%), This result agreed with Hahn and Payne (2003) too, who indicated that the development of computer technology has created new sources of health information which was provided on-line has raised questions about the validity of some information offered via the internet (9). Such trends supported by the statement stated that "any one can gain access to the internet either through a local area network at university, most public libraries, commercial internet café or from home via a modem connected (19,20).

### **CONCLUSION:**

- 1- Majority of students and youths have lack of knowledge about risk factors that contribute in violence for many of items.
- 2- High percentage was reported by students and youths about preventive information of risk factors that contribute violence.
- 3- High percentage was reported by students and youths about using of different mass media for their knowledge.

### **RECOMMENDATIONS:**

Based on the results, the present study can recommend that:

- 1- Awareness programs can be designed and implemented on the students and youths in different settings.

- 2- Mass media and youths centers should be focuses on youths' knowledge and perception about problem of violence.
- 3- More studies on population should be designed, especially youths which centered of how prevent violence through strategies that dealing with the identification of risk and protective factors.

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