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Epi-Monitor Updates & Reviews

Current Health Event

Bullying

Bullying amongst youth is a form of violence and a global public health concern with severe and often permanent impact on the person's physical, psychological, and social functioning.

Editorial note:

"Bullying (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children who are neither siblings nor in a romantic relationship with the child. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online" (*WHO*, 2016).

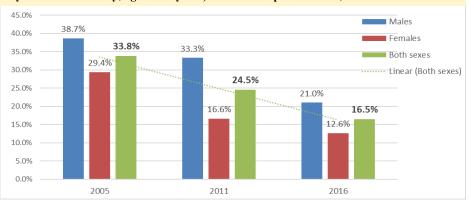
Bullying and physical fighting are common amongst youth as shown in a study of 40 developing countries where around 42% of boys and 37% of girls were exposed to bullying (*WHO*, 2016).

The prevalence of bullying in the Eastern Mediterranean Region ranges between 27.7% (Iraq, 2012) and 70% (Egypt–2011) (CDC).

Many risk factors lead to bullying (WHO, 2018). At the individual level, behavioural disorders, involvement in crime, alcohol, drugs, and tobacco, as well as exposure to violence in the family are some of the factors that could lead to bullying. At the interpersonal level, parental educational styles (harsh, lax, or inconsistent), poor supervision by parents, parental psychopathology (such as depression) or substance use disorders or involvement in crime, unemployment and low income, and others. At the macro level, access to and misuse of alcohol, drugs, and guns, as well as poverty and low quality governance in the country are all factors that contribute to bullying in the society.

The Global School-based Health Survey (GSHS) is a standardized tool used in all countries to monitor youth health-related trends including violence and bullying.

Figure 1: Percentage of students who were bullied (on one or more days during the 30 days before the survey, age 13-17 years) - GSHS comparison 2005, 2011 and 2016.



The GSHS was conducted in Lebanon in 2005, 2011, and the latest one in 2016, which surveyed a total of 5,708 students (grades 7-12) recruited from 56 schools, including public and private schools from all over Lebanon (<u>GSHS, 2016</u>). The survey showed that the prevalence of violence was high whether it is through being physically attacked or physically bullied.

Lebanese

Although the rates show a decrease in trend, in 2016 around 16.5% of students were still bullied on one or more days during the 30 days before the study, with more males reporting bullying than females (21% vs. 12.6%) (Figure 1). Physical bullying was the most observed form of violence such as hitting, kicking, pushing, shoving others, or locking them indoors" with also a higher percentage of males than females reporting physical bullying (32.8% vs. 13.1%). Being made fun of with sexual jokes, comments, or gestures were other forms of bullying reported by students who were bullied.

Bullying was observed more amongst 10th graders than 11th graders and more in the private schools than in the public ones. Compared with countries in the Region, bullying rates in Lebanon are lower.

Based on these figures, discussions are ongoing within the national school-health program (tripartite agreement between WHO, MOPH, & Ministry of Education and Higher Education on how best to address this issue.

WHO response:

Development of a Global action plan for strengthening the role of the health system in addressing violence (especially against children), as part of a national multi-sectoral response. Endorsed by the World Health Assembly in 2016 this plan encompasses the following commitments (amongst others):

- * Monitoring
- * Developing and implementing evidencebased prevention and response strategies (i.e. <u>INSPIRE</u>: Seven strategies for ending violence against children)
- * Collaborating with international agencies

| Notifiable Diseases in Lebanon [cumulative n° of cases among all Residents (among Syrians)] as of 14 December 2018 | | | | |
|---|------|-----------|---------|--------|
| Disease | 2017 | 2018 | Oct 18 | Nov 18 |
| Vaccine Preventable Diseases | | | | |
| Polio | 0 | 0 (0) | 0 (0) | 0 (0) |
| AFP | 77 | 86 (32) | 5 (0) | 9 (3) |
| Measles | 126 | 939 (166) | 20 (3) | 49 (1) |
| Mumps | 235 | 120 (40) | 20 (4) | 8 (3) |
| Pertussis | 92 | 58 (25) | 1 (0) | 4 (0) |
| Rabies | 1 | 3 (1) | 0 (0) | 0 (0) |
| Rubella | 10 | 9 (2) | 0 (0) | 0 (0) |
| Tetanus | 0 | 2(1) | 1 (1) | 0 (0) |
| Viral Hep. B | 321 | 248 (28) | 18(1) | 13 (1) |
| Water/Food Borne Diseases | | | | |
| Brucellosis | 460 | 237 (26) | 14(1) | 13 (0) |
| Cholera | 0 | 0 (0) | 0 (0) | 0 (0) |
| Hydatid cyst | 18 | 7(1) | 1 (0) | 1 (0) |
| Typhoid fever | 656 | 230 (4) | 7 (0) | 14 (0) |
| Viral Hep. A | 776 | 869 (149) | 71 (11) | 81 (6) |
| Other Diseases | | | | |
| Leishmaniasis | 140 | 0 (0) | 0 (0) | 0 (0) |
| Meningitis | 366 | 400 (78) | 25 (6) | 20 (3) |
| Viral Hep. C | 130 | 96 (7) | 12(1) | 3 (0) |

Published Jointly by the Lebanese Ministry of Public Health (MOPH) and the World Health Organization (WHO). For Correspondence: Tel + 961.1.614194 Fax + 961.1.610920, E-mail: esumoh@moph.gov.lb or emwroleb@who.int The epidemiological data is provided by the MoPH and is not verified by WHO.

