



Factors Associated with Violence among Palestinian Refugee Youth in an Urban Area in Beirut

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Objective of the Research

To assess the factors associated with being involved in a physical fight among unmarried Palestinian youth aged 13-19 years living in a refugee camp in Beirut - Lebanon

Literature Review - Introduction

- Adolescent violence is a major international public health concern [1,2,3]
- “Violence” has different interpretations, perceptions and definitions across countries due to differences in cultural acceptance and social norms [1,4]
- “Violence” is broadly defined as “*the use of force resulting in harm*”, however, it can be more specifically defined as “*Any act which adversely affects or has the potential to adversely affects the health and welfare of a person; violence may be psychological, physical or verbal and may intensify in severity if ignored [5]*”.
- “Physical fighting” is one form of violence adapted in this study; and is the most frequent demonstrations of interpersonal violence in which young adolescents engage [1,6]

Literature Review - Determinants of Youth Violent Behaviors

There are multiple determinants of youth violent behaviors: social (family, peers and school), personal (individual), and environmental factors. [1,2]

- Individual factors: history of early aggression, beliefs supportive of violence, attribution bias, & social cognitive deficits [7]
- Family factors: problem parental behavior, low emotional attachment to parents/caregivers, poor monitoring and supervision of children, exposure to violence, & poor family functioning [7]
- Peer /school factors: negative peer influences, low commitment to schools, academic failure & certain school environment/practices [7]
- Environmental/neighborhood factors: lower SES, high level of neighborhood family disruptions, low community participation, diminished economic opportunity, and access to fire arms [7]

What Led Us to the Research Question?

- Research on violence - and its determinants, among youth is common in US and Western countries [2]. However, very little is known about this issue in the Middle East and the Arab region.
- The high prevalence of youth violence, on the international level, and the dearth of studies that deal with young adolescents, regionally and locally [1,2], led us to engage in this research study.

Urban Health Survey (UHS)

- In 2002, UHS conducted by CRPH-FHS-AUB in 3 impoverished urban areas in Beirut, one of which was a Palestinian refugee camp in the outskirts of Beirut
- Objective: to investigate the social context of health by exploring the social, economic and environmental conditions influencing various dimensions of health
- Phase I: Household survey was carried out with 3,300 households from 3 communities.
- Phase II: All 13-19 year old, never married adolescents in all the sampled households were asked to participate in an in-depth interview. A total of 1295 adolescents responded in three communities.

Sample of Burj El Barajneh Refugee Camp (Target Community)

- Response rate 96.4%
- 490 adolescents responded
- Consent and permission was requested of the parents/guardian, followed by adolescent before interviewing proceeded

Overview: Palestinian Refugees in Lebanon

- In 1948, ~100,000 Palestinian refugee settled in Lebanon. [8]
- Estimated 395,000 currently reside in Lebanon [9]. 43% reside in unofficial camps and in local communities [10]
- Worst living conditions among other PR in the region [8]
- Lack some of the most basic civil rights (limited employment opportunities, scarce economic resources, and limited access to basic health and social services) [11,12]
- Structural and state-imposed restrictions [13]
- Due to the political make-up (sectarian politics) of Lebanon, this situation is unlikely to change in the near future.

Palestinian Youth

- Unique situation: Born during or at the end of the Civil war in Lebanon (that heavily involved the camps).
- The context they live within is detrimental to their future livelihood.
- Added weight of local conflict and instability in the overall situation in Lebanon as well as at a regional level [12]
- Youth “expressed their sense of isolation and discrimination” [12]
- Concerns about the quality of their education, and about violence at their schools and homes [12]

Overview: Burj el Brajneeh Camp

- Palestinian camp in the Southern suburb of Beirut
- 3rd largest refugee camp in Lebanon
- Overcrowded area of 1.6 square kilometers
- 15,484 residents

Methods Used

- Survey (Quantitative) - close ended questions
- Data collection by trained field workers from the community
- Interview inquired into a variety of risky behaviors. Included questions on the personal and social contexts of the youth
- Dependent variable: “whether the participant had been involved in at least one physical fight in the last three months”
- Independent variables: Items related to 7 domains: (a) demographics, (b) socio-economic, (c) personal context, (d) social context, (e) previous victimization, (f) perceived health, and (g) other health risk behaviors.

Independents Variables

- Demographics: gender; age; & school enrollment
- Socio-economic: family yearly income (poor, middle & rich); & whether the adolescent was working or not.
- Personal context: self esteem; exposure to listed stressful life events; & level of religiosity.
- Social context: Type of social problems faced in the last month (Interpersonal problem/family problem/other problems); trusting people in the area; belonging to a social group; & whom to ask for help when needed?
- Exposure to previous victimization: Four items (Theft/ criminal assault/ non criminal assault/ verbal harassment)
- Health perception: (Poor to very poor/ Acceptable/ Good to very good)
- Healthy & Risky behaviors: (exercise/ smoking)

Data Analysis

- Data was analyzed using SPSS (statistical Package for the Social Sciences) computer program version 14.0
- Descriptive statistics, and cross-tabulations were completed.
- The Chi-square test was used to reveal the level of significance of the variables' association with violence; $p < 0.05$ was considered a significant relationship.

Main Findings - General

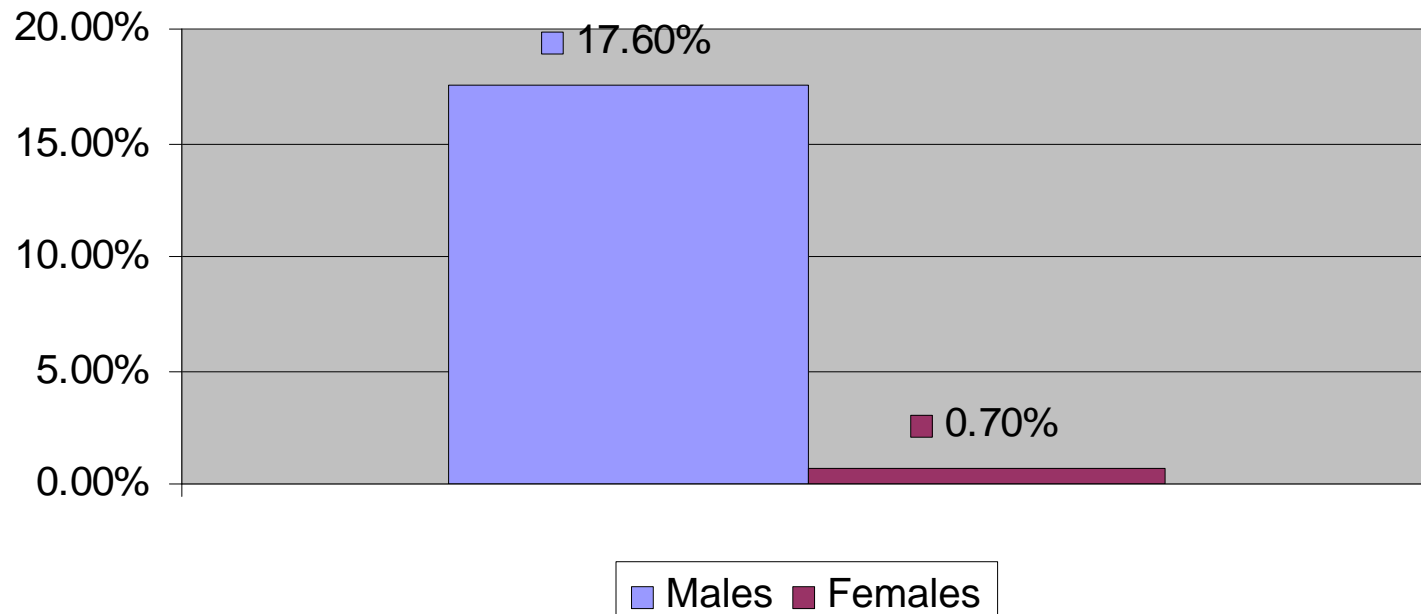
- 490 youth completed the interview
- Almost half were males
- 45.4% were 13-15 years
- Most of the youth (~ 80%) lived with both parents
- 54% of the youth were not enrolled in any type of educational institution
- 27.3% worked

Main Findings – Cont'd

- Overall, around 10% of youth stated that they had been involved in at least one physical fight in the last three months.
- Bivariate analysis indicated that variables in each domain were significantly related to youth being involved in a physical fight.

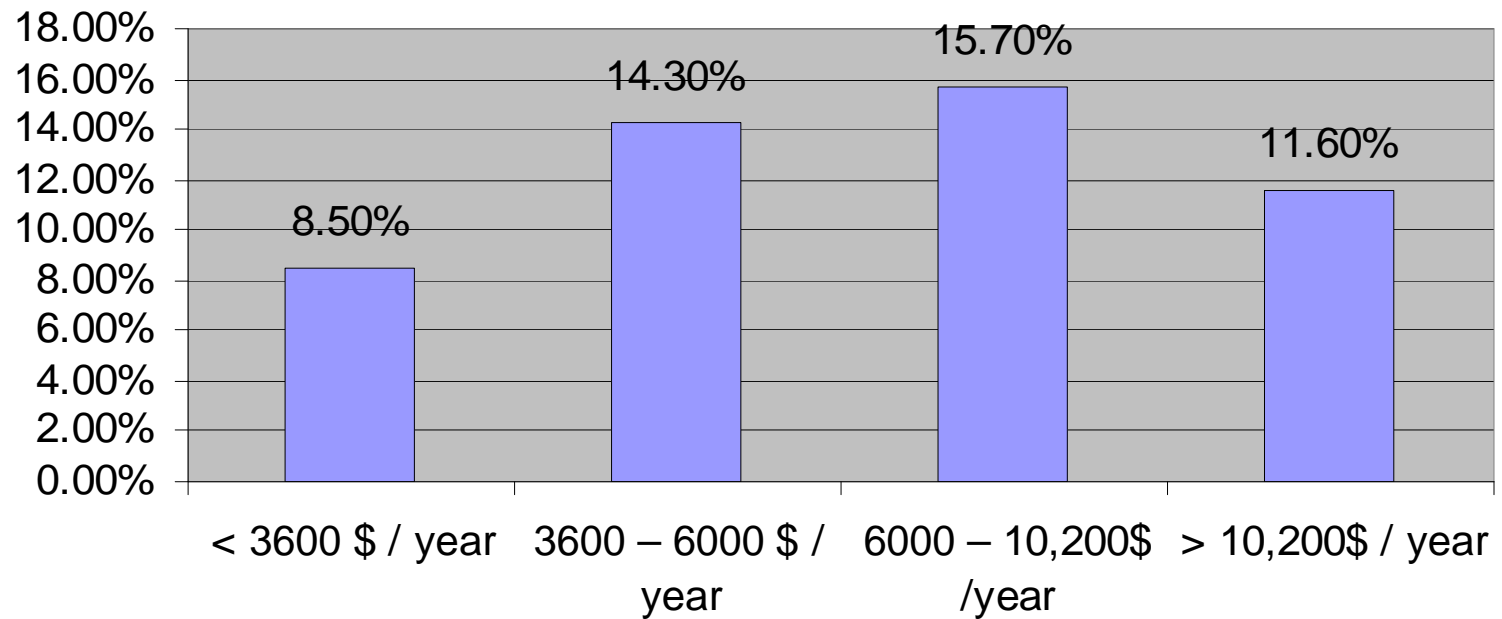
Demographic Domain

Involvement in Fights - Gender Based



Socio-Economic Status (SES)

Involvement in Fights - Income Based

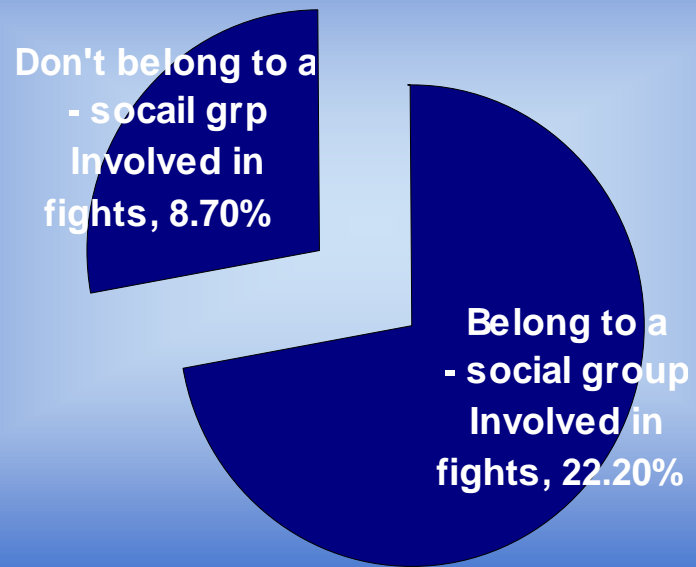


Personal Level

- Several stressful life events were positively associated with physical fights, including:
 - being hospitalized ($p= 0.019$)
 - someone's death ($p= 0.000$)
 - someone's travel ($p= 0.001$)
 - the marriage of a family member ($p= 0.013$)
 - experiencing other stressful event ($p= 0.045$)

Social Context

Involvement in fights - Belong to a Social Group

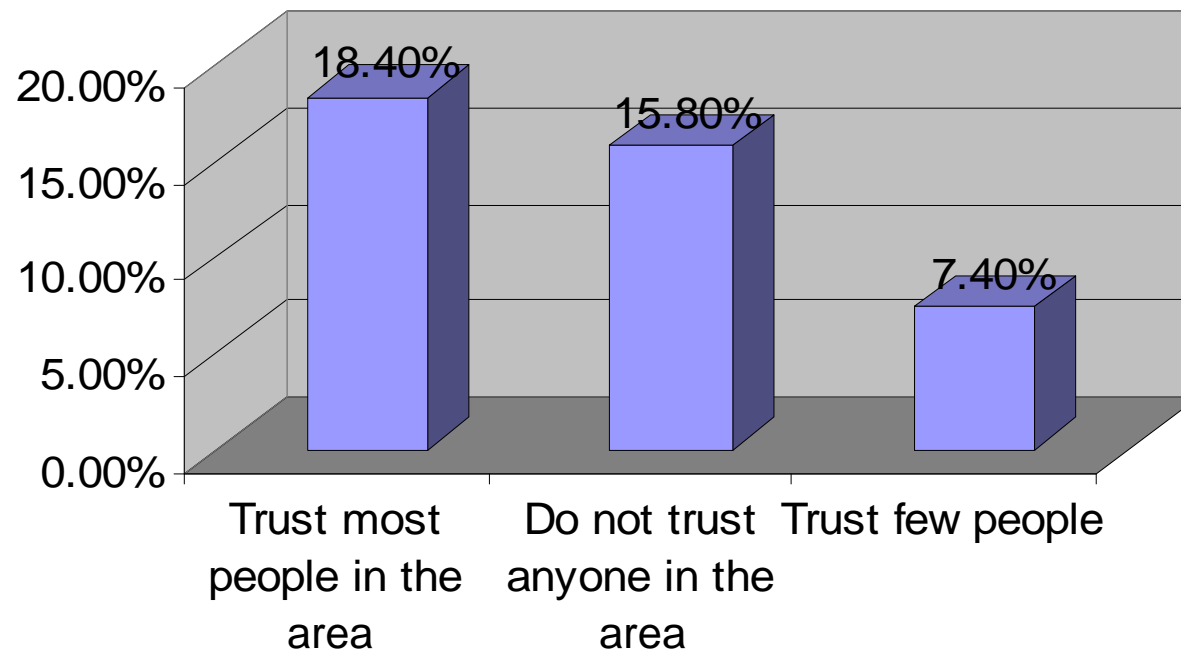


Social Context

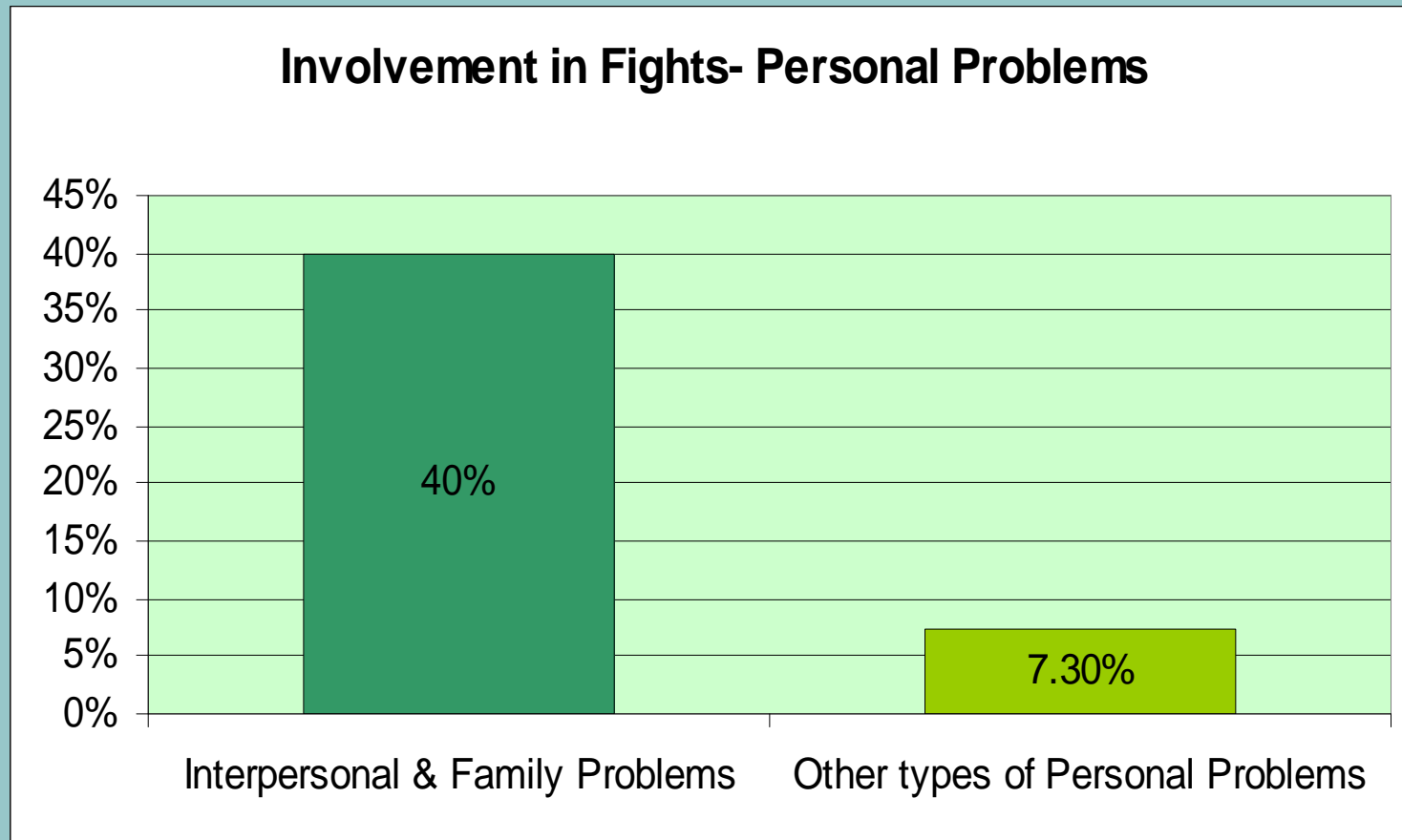
- Respondents who depend on their friends for money, a ride, and help with a problem are more likely to be involved in physical fights than those who depend on none or on their family
- Having a personal problem was significantly related to being involved in at least one fight in the last three months ($p=0.000$)

Social Context

Involvement in fights-Trusting People in the Area



Social Context



Other Main Findings – Cont'd

- Being a victim of violence is significantly related to being involved in a fight ($p < 0.000$)
 - Youth exposed to:
 - A criminal assault (77.8%)
 - Non-criminal assault (79.4%)
 - Verbal harassment (41.9%)
- Those were more involved in physical fights than those who were not exposed to any of these violent acts (8.4%, 5.2%, 4.0% respectively)

Other Main Findings – Cont'd

- Health Perception: Youth who perceived their health as poor to acceptable (16.2%) were significantly ($p=0.011$) more involved in at least one fight compared to those who perceived their health as good or very good (8.0%).
- Healthy & Risky Behaviors: 15% of those who exercised were involved in at least one physical fight compared to 4.7% of those who did not exercise ($p<0.000$). 71.4 % of heavy smokers were involved in fights vs. 12.2% and 50.0% who are light/average and non-smokers respectively ($p=0.001$).

Discussion

In general, our findings were consistent with the literature on youth violence.

- Males were more involved in fights than females due to physical & biological characteristics or social & cultural perceptions [1,2, 14, 15,]
- Youth suggested high level of violence in their community (higher than suggested by the survey) due to moralistic violence, expressed as protecting an honor code, in resolving conflicts [15].
- literature shows that SES of the family is not significant or relevant to the frequency & level of fighting among young adolescents [14], but we found that living in a family of middle income was positively related to fights (unexplained)
- literature --- poor self-concept and decision making are considered risk factors for youth violence [16]. Our findings indicate that two of the indicators of high self esteem were positively related to being involved in fights. (it is difficult to explain, but one possible explanation is that those who feel good about themselves tend to become bullies).

Discussion

- Self-appraisal and poorer health are one of the factors associated with being involved in fights [14]
- Literature: strong association between being a victim of violence or being exposed to any type of violence & the intention to use violence to solve interpersonal conflicts [15]
- Literature: familial support was negatively linked to fights [14,17] However, our results revealed that youth who are dependent on their friends & peers are more involved in physical fights (peers play very important role in influencing youth behaviors negatively or positively)
- This clique norm may also explain why trusting many people in the area also is related to increased involvement in fights.
- Wu, et al., 2006 said that “experiencing violence may alter the adolescents’ personality and environment by introducing fear and feelings of learned helplessness and by leading them to engage in risky behaviors” [3]. Research has specifically linked fights to cigarette smoking, and drugs and alcohol use.

Limitations

- Method of data collection was an in-person interview, leading to possible bias of social desirability.
- Focus group responses indicate that youth perceive violence to be a daily occurrence, rather than rare event suggested by the 10% prevalence figure.
- Interviewers were all females and from the same community, although not necessarily known to the respondents.
- Results are cross-sectional, thus all associations are purely that, rather than indicators of causation.

Recommendations and Policy implications

- Need to develop interventions to decrease youth violence among their peers, in their homes, schools, and neighborhood.
- Develop intervention program that target multiple factors if it is to be effective.
- Further research should test a multivariate model
- Conduct more qualitative inquiry to understand some of the results obtained
- At a policy level, health plans and programs must incorporate various other sectors such as economics, labor, education, etc. in order to together create conditions that lead to health.
- Policy implications must include reconsidering and improving the contextual situation of Palestinians in Lebanon, since many factors that were significantly related to violence, are a result of the harsh living conditions that the Palestinian refugees experience in Lebanon due to restrictions and inequitable policies imposed on them by the Lebanese government.



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Thank You

