The Good School Toolkit for reducing physical violence from school staff to primary school students: a cluster-randomized controlled trial in Uganda

Use of the Good School Toolkit, a set of techniques that aims to reduce school-based violence through behavior-change, reduced the risk of physical violence by school staff against students by 42% in primary schools in Uganda.

I. CONTEXT

Experiencing physical violence as a child is linked to greater risks of depression and suicide as well as poor school performance. Currently, physical violence by school staff to students is not an uncommon occurrence in many countries, including in sub-Saharan Africa. Research has found 50% of Tanzanian surveyed report exposure to physical violence from teachers when they were under 18, and over 40% of Kenyan 13-17 year olds to report physical violence from teachers in the last year.

The issue persists in Uganda, where corporal punishment is banned but is not officially illegal. In one district in Uganda, the authors found that 90% of students aged 11-14 reported experiencing physical violence from school staff, with 8% reporting extreme violent actions like being choked or burned and 4% having sought medical treatment for their injuries.

II. PROGRAM DESCRIPTION

The Good School Toolkit, currently in use in over 450 schools in Uganda, is a program and collection of activities for schools to undertake developed by the Ugandan nonprofit Raising Voices that aims to reduce school-based violence through use of established behavior-change techniques. The Toolkit has six sequential stages, with activities associated with each stage. Activities include setting school-wide goals, developing action plans, encouraging empathy, providing knowledge on non-violent options for discipline, and opportunities for staff to practice skills learned. Schools monitor their progress and the Raising Voices team visits the schools regularly to provide feedback, reinforce knowledge, and demonstrate techniques. Children are active participants in the program, forming committees around particular areas.

After the Raising Voices team introduces the Toolkit to a school, it selects and trains two staff representatives, or “protagonists,” to attend a 3-day workshop familiarizing them with the toolkit and guiding them to develop an action plan for the school. Once they return to their schools, Raising Voices provides support to them, as well as at least two student representatives, to put the plan into action and proceed through the toolkit through regular in-person visits and calls.
III. EVALUATION DESIGN

While the Toolkit focuses on reducing all types of violence towards students in schools, the study, which was a collaboration between Raising Voices, the London School of Hygiene and Tropical Medicine, and Makerere University, focused on whether the toolkit could reduce physical violence from school staff to students. Using results from from 42 primary schools in the Luwero District in Uganda, evaluators conducted a randomized controlled trial, a qualitative study, an economic evaluation, and a process evaluation. The program was implemented over 18 months from 2012-2014, with 21 schools receiving the program and 21 schools designated as the control group (comparator group not receiving the program).

Baseline and endline surveys were conducted in 2012 and 2014, respectively, with 3700 students participating in the baseline survey and 92% of these students also participating in the endline survey. In each school, a random sample of up to 130 students were surveyed. The main metric used was a student self-report of whether the student experienced physical violence in the past week from a school staff member, with teachers also self-reporting his or her use of violence in the past week. Other outcomes measured included 1) student feelings of safety and well-being, 2) student mental health status, and 3) test scores.

IV. MAIN FINDINGS

The evaluation found a significant decrease in the amount of physical violence reported from school staff to students in schools receiving the program (as compared to those not receiving the program) at the end of the 18 months, with 31% of students reporting experiencing violence in the past week in schools that had undergone the program, as compared to 48% of students in control schools (see Table 1). In addition, in schools that went through the program, half as many teachers reported using physical violence against their students in the past week than control schools.

<table>
<thead>
<tr>
<th></th>
<th>Non-program schools (control)</th>
<th>Program schools</th>
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<tbody>
<tr>
<td></td>
<td>(1899 students, 308 staff)</td>
<td>(1921 students, 283 staff)</td>
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<tr>
<td>Student self-reported past week physical violence at school</td>
<td>47.8%</td>
<td>31.0%</td>
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<tr>
<td>Student self-reported past term physical violence at school</td>
<td>80.5%</td>
<td>60.2%</td>
</tr>
<tr>
<td>School staff self-reported past week use of physical violence</td>
<td>32.5%</td>
<td>15.5%</td>
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Levels of wellbeing were reported to be higher in program schools as compared to non-program schools, though no impact was observed on student mental health status or test scores.
V. DISCUSSION

The above results demonstrate that the Good School Toolkit was highly effective in reducing school staff violence faced by students. Improved feelings of wellbeing and safety reported indicate that it was also effective in changing the school environment. While research has uncovered the existence of norms in multiple sub-Saharan countries supportive of using beating as a means to encourage child development, the results from this study indicate a capacity for behavior change in the short timeframe of 18 months, are promising.

This timeframe, however, may have been too short to demonstrate effects on mental health and test scores. These outcomes are also likely to be influenced by a range of factors outside of school (e.g. family and socioeconomic situation), as well as poor conditions in schools (e.g. large classes, few resources). It may be necessary to tackle these other issues as well in order to improve said outcomes.

One limitation of the study was that, as the levels of violence were self-reported, they are susceptible to some level of bias. To deal with this, the study relied more heavily on student self-reports as a more conservative estimate of the effect of the Toolkit on violence (as they are more likely to be biased towards reporting more violence), than on staff self-reports (which are more likely to be biased towards reporting less violence).

VI. RECOMMENDATIONS

As demonstrated by the results above, this program could potentially have a significant impact on levels of school-based violence in the Luweero District and other areas in the region where levels of violence against students are high.

While large reductions in the prevalence of violence was seen in the program, levels of violence at the end of the study were still high, with 30% of students reporting having experienced staff violence in past week and 60% in the past term. Additional research is necessary to see if these numbers can further be reduced if the program continues for a longer period of time, as well as to see if effects can be sustained after the program ends and how the program have impact at scale.

Another avenue for further research is around other forms of violence experienced by children in and outside of school. Research is currently ongoing looking at the impact of the Raising Voices program on peer violence.

VII. ADDITIONAL RESOURCES


L. Knight et al. Are school-level factors associated with primary school students’ experience of physical violence from school staff in Uganda? International Health 2015. DOI:10.1093/inthealth/ihv069

This summary was developed by the Center for Education Innovations for the Early Learning Toolkit.

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