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Bullying Prevalence among Adolescents: Potential Social Stressor to Young Minds

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Abstract. Bullying among youth is like an epidemic all around the world. It has critical and damaging effects on the mental health of the affected. Bullying can lead to psychosocial morbidity and adjustment problems in the bully, victims, and those who witness. A study was conducted to investigate the prevalence of this social issue among adolescents in the largest city of Pakistan. The purpose of this survey was to evaluate the extent of bullying prevalence, to determine frequencies of different types of bullying across genders, to raise awareness of the bullying phenomenon among adolescents, and to identify the coping strategies used to stop bullying. In the survey, 241 children aged 12 to 15, participated through convenient sampling and completed a directly administered questionnaire. The result of this survey suggests that bullying is pervasive among adolescents in Pakistan and thus a significant proportion of the community is at risk of developing psychosocial ailments. There is a need for a well-rounded global effort to design a strategy against bullying that can be implemented by schools, parents, teachers, and students.

Keywords. Bullying, Prevalence, Adolescents, Psychosocial ailments, Pakistan

1. Introduction

Research for bullying prevalence among adolescents in Pakistan is scattered. A few studies have revealed that peer victimization is significantly prevalent among school children. It has been reported that all genders and sociodemographic strata are affected equally [1]. Bullying is not a novel observation in Pakistan. It has been present for decades but because of a lack of awareness and projection on social issues, it has remained hidden, unheard of, and neglected. With the increase of technology and improvement in literacy rate, freedom, and advancement of media, the notion of bullying has come to the surface. According to a survey performed by the Microsoft Corporation in 2012 [2], Pakistan ranked twenty-second highest in cyberbullying, among 25 countries which is alarming and an indicator of the society's mindset. A systematic analysis of cyber bullying in Southeast Asian countries, reported that over the last decade, cases of cyberbullying have become widespread, radically increasing among adolescents in Thailand, Malaysia, Philippines, Indonesia, and Singapore [3]. Research has proved that bullying has negative effects on the mental health of the victim, the bully, and the witness. Children who are exposed to chronic bullying may develop short-term and long-term psychological issues [4]. There may be issues with their physical, cognitive, and psychosocial development [5]. In Pakistan use of illicit drugs and mental illnesses among teens are drastically increased during

the last few decades [6–8] and chronic bullying or peer victimization is one of the drivers for psychosocial ailments, seclusion, and indulgence in substance addiction. Bullying is a global problem and a strategy at the global level is required to mitigate this issue.

1.1. Concept of Bullying

Bullying is defined in many ways, the core components are “emotional or physical harm or hurt imposed on a person or a group of people by another person or a group of people, deliberately and repeatedly because of power imbalance” [9]. Bullying should not be misinterpreted with single acts of social rejection or maliciousness and mutual disputes, debates, and offense among a group of people. There are various determinants that can become the root cause for bullying, such as ethnic origin, religion, gender, financial standing, physical appearance, intelligence level, social conduct, and reputation [4,10,11].

Bullying occurs in four scenarios, the first one is the ‘bully’ who terrifies or victimizes another person, the second is the ‘bullied’ or victim who faced the negative behavior, third is the ‘bully-victim’ which comprises of a small sub-group of victims, they bully others, weaker than them because they themselves were bullied or maltreated [12]. Bully-victims are at greater risk of developing mental disorders and violent behavior than those who are engaged in bullying only or are bullied only [13]. The last group comprises of ‘bystanders’ and ‘upstanders’. Bystanders are those who just watch, they witness but do not respond, whereas an upstander is the one who watches, judges, and involve mitigating the negative situation.

Bullying can be direct, such as physical or face to face interaction between the bully and the victim such as hitting, pushing, calling names, or making fun of. Whereas indirect bullying includes spreading unverified rumors, fabricated stories, and social elimination or rejection causing damage to social relations and dignity [14]. Some scholars relate direct bullying to overt victimization and indirect bullying as social or relational victimization [15].

Bullying among children and teenagers can take place anywhere such as home, school, and at social gatherings or public places [16]. When occurring at school it negatively affects the educational environment and learning experience [5]. It is not only the bully and the bullied who are affected but all the students who also witness the act, have an emotional impact [4].

The phenomenon of bullying is inclusive of age, people of any age can bully or be bullied. However, the most vulnerable age group affected by this concerning behavior is ‘middle and high school students aged 12 to 18 [14,17]. Gossiping, unwelcoming attitude towards newcomers, ignoring, and exclusion are some traditional bullying behaviors in school children. Mocking gestures, whispering, and laughing in groups excluding the victim are also low-note annoyers. Studies have shown that students with physical and learning disabilities are more vulnerable to peer victimization [18–20]. Autistic children, those having speech or language disorder, and physical deformities are directly bullied by disability tags and labels [21]. In the western world with increasing multiculturalism and ethnic diversity, bullying has been detected based on ethnic grounds which comes under the term ‘stigma-based’ bullying [22].

In schools it has been identified that bullying does not take place only among peers, students get bullied by teachers as well [23]. Students who are shy by nature, have learning disabilities or slow learners, belong to lower socioeconomic class, or have physical disabilities are the most common sufferers. Taunting, hitting, labeling, and exclusion from curricular or extracurricular activities are some common forms of bullying acts inflicted by teachers to their students resulting in damaging effects on their educational performance as well as emotional and psychosocial development. The feeling of worthlessness, helplessness, and shame in front of other fellows is a traumatic experience, especially in younger or emotionally vulnerable kids.

There are various types of peer victimization, inter-related with each other, such as physical, verbal, social, sexual, cyber, prejudicial, and relational. Verbal and physical bullying are the most common ones followed by cyber and relational [24,25]. Hitting, shoving, spitting on, kicking, calling names or labeling, pointing disabilities, and body shaming are some very common forms of direct bullying faced by teenage students at school [26]. Physical aggression, stealing possessions, and threatening are more commonly seen in boys [25,27]. Whereas, girls often faced sexual comments and expressions from their peers and are more prone to relational or indirect victimization such as scandalizing, slandering and leaving out [28] which comes under the domain of social bullying.

The younger generation of this era faces enormous pressure of cyber and social bullying due to technological advancements and digitalization. Cyberbullying or electronic aggression is described as any harmful digital exchanges between the bully and the bullied to create negative effects on recipients' psychosocial health and reputation. The other terms used for cyberbullying are cyber harassment and cyberstalking. Over the last decade, incidence of digital harassment and cyberbullying is nearly doubled [29]. Social media, telecommunication advances, and increased celeb's projection created an impractical paradigm for youngsters exposing them to victimization by peers. Digital advancement, easy access to the internet, cell phones with sophisticated properties, availability of various social platforms like WhatsApp, Twitter, Instagram, Snapchat, Facebook, Myspace, and Tik Tok, have contributed a lot in increasing the prevalence of victimization, keeping the identity of the bully hidden [30]. Relational victimization has become very easy by spreading fabricated stories and photoshopping online on these social forums [31]. The incidence of this type of bullying is pervasive among adolescents as well as older students [25,32]. Pakistan is on the 22nd rank for cyberbullying among 25 countries, according to a survey conducted by Microsoft Corporation [2].

1.2. Consequences of Bullying

Globally, it has been proved and accepted that chronic, aggressive, and relational bullying has a negative impact on mental health [31]. These psychosocial effects may be short term or long-term, usually affecting adolescents and adult women [33]. Girls are more prone to develop Long-term mental health issues of bullying compared to boys [13]. Bullied and bully-victims may experience low self-regard, anxiety, or depression [34]. They prefer to remain secluded, avoid, or dislike school resulting in low performance in curricular as well as extra-curricular activities over a period of days [35]. Unexplained cut-off from friends and unexplained wounds, loss of belongings, violent behavior, inflicting self-harm, suicidal ideas and attempts are some of the clear indicators of being bullied or victimized [36]. Bullied and bully-victims may suffer from social maladjustments, sleep disturbances, night bed-wetting, frequent nightmares, headaches, stomach aches, and eating disorders [37]. The rate for social phobias and antisocial personality disorder rises with bullying. Agoraphobia, panic attacks, anxiety neurosis, depression and isolation, suicidal ideation and suicidal attempts may be seen in bullied and bully-victims [13]. These features are more intense in bully-victims as compared to those bullied only.

The short-term effects of bullying include absenteeism from school and social gatherings, poor academic and extracurricular performance, and indulgence in substance abuse [38]. The long-term effects of bullying are more devastating. Difficulty in attaining reciprocal relationships in life, chronic depression, anxiety neurosis, drug addiction and use of illicit substances, aggressive behavior, self-harm, suicidal ideas, and suicidal attempts maybe some of the many

consequences of chronic victimization, when the victim is left, unnoticed, unheard and unprotected [39–41].

Erin Burke Quinlan, of King's College London, conducted research to study the effects of chronic bullying on mental health and brain morphology. The participants were taken from the long-term project IMAGEN which is an inter-nation study taking place in four European countries Ireland, Germany, France, and the UK. The main aim of this study was to identify the physical changes occurring in the brain of adolescents and effects on their mental health by various environmental, and psychological factors. Participants aged 14 to 19 were investigated and their brain scans were performed. The research reported that chronic bullying is not only associated with mental illness like anxiety and depression, but it can also cause irreversible damage to brain tissue. Some parts of the brain which are concerned with memory, learning, and movement reduce in size due to severe and chronic bullying insult over a certain period. In this study, 'caudate' and 'putamen', which are parts of basal ganglia were found to be affected and shrink in a chronic bullied person [42].

2. Purpose of the Study

Bullying among youth is an epidemic all around the world. It has critical and damaging effects on the mental health of the affected. A lot of work has been done in developed countries on this social issue and its implications on mental health. Policies and regulations have been set up to control bullying at educational institutes to create an effective school environment for all, hence promoting community health at large. It has been found that countries that have a strong implementation of policies for bullying prevention report lower levels of bullying incidents. Unfortunately, the same cannot be said for developing countries. A lot more is required to educate the community and make them aware of the concept of bullying and how to prevent themselves and their children from this negative behavior and its consequences on the individual psyche and community. The aims of this study were to investigate the prevalence of bullying among adolescents in Karachi, identify the types of bullying which are common, assess the gender difference for different types of bullying, and to report their coping strategies. A literature review has been performed to compare the results of this study with global figures, and to highlight mental health issues due to this aggressive behavior among adolescents.

3. Methodology

A cross-sectional study has been performed among adolescents in Karachi, Pakistan. The survey was performed by using a convenient sampling technique. Participation was voluntary with parent's permission and outside the school to avoid any ethical issues. A total number of 241 respondents aged 12 to 15 were approached face to face, over a period of two months (November-December 2019) through venue-based sampling technique. The tool used for this survey was a brief questionnaire that was developed with easy and simple questions to assess the prevalence of bullying and attitude towards bullying among adolescents. The questions were formulated in English, and elementary language was used, keeping in mind the linguistic abilities, and understanding of the respondents. The questions included were about the overall exposure to bullying, exposure to different types of bullying, and response to bullying. The last question was kept open-ended, and students were asked what strategies they would implement or use to tackle the problem of bullying. The reliability test showed the value of Cronbach's Alpha as 0.78. The subjects were explained briefly about the significance of the study and requested to answer the questions. After the collection of data, it was found that all the questionnaires were filled completely, by 81 girls and 160 boys. The data was analyzed using

SPSS version 23. Frequencies, mean score, percentage, and standard deviation were evaluated. A t- test was performed to verify the hypothesis. The hypothesis for this study is stated as:
H1: Bullying is prevalent among adolescents in Pakistan.

4. Results

The response rate was 100%. Descriptive analysis of the data showed that bullying is significantly prevalent among the age group 12 to 15. A t- test was performed to verify the hypothesis. The values obtained from SPSS output are presented as, $t(240) = 46.287$, $p = .000$ with 95% CI. It has been identified that all types of traditional offline and online bullying prevail among adolescents in Karachi city. The most common form identified is verbal, followed by physical, social, and last is cyberbullying. The boys outnumbered girls in every aspect such as being a bully, being bullied by others, and as a witness. The values and figures of descriptive analysis are shown in charts 1, 2 and tables 1, 2.

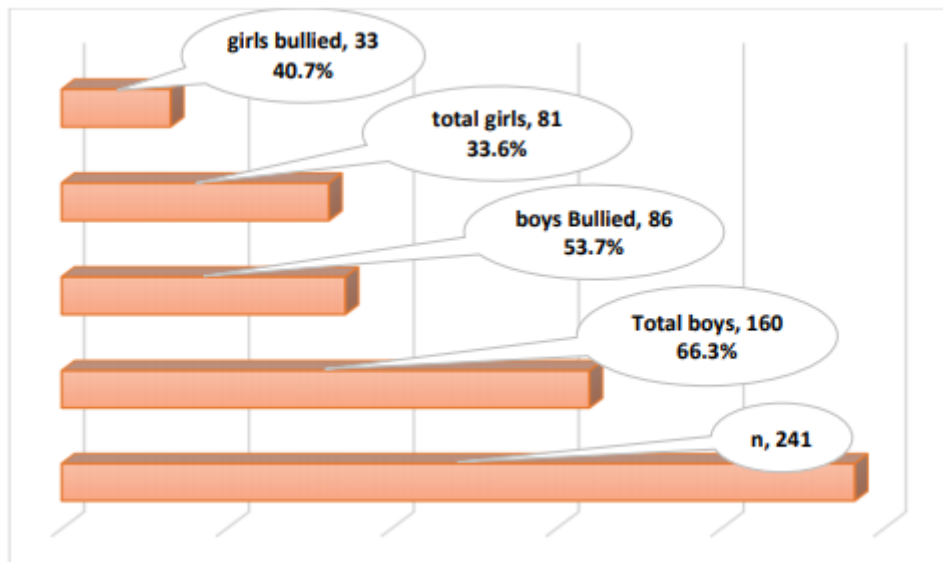


Chart 1: Bullying prevalence among boys and girls

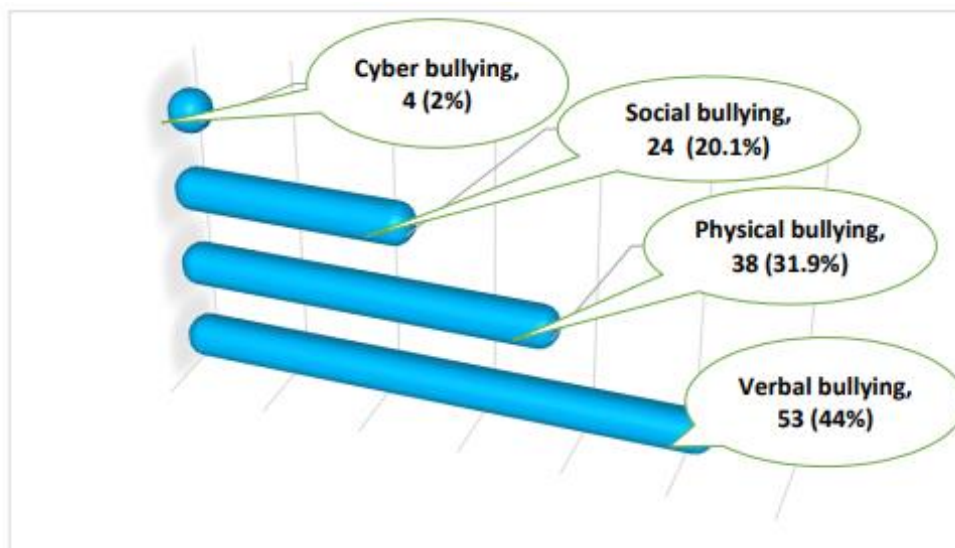


Chart 2: Types of bullying prevailed among 119 bullied adolescents

Table 1: Item-wise analysis of Frequencies

	n	Mean	Std. Deviation
Have you ever been bullied before?	241	1.49	0.501
Have you ever bullied anyone before?	241	1.42	0.494
Has a teacher ever talked to your class about bullying?	241	1.51	0.501
Have you ever seen anyone else being bullied?	241	1.75	0.433
Have you been bullied by multiple people?	241	1.39	0.49
Have you ever stood up to the bullying?	241	1.4	0.491
Have you ever stood up to the bullying?	241	1.39	0.49

Table 2: Coping Strategies mentioned by respondents

Coping strategies	Boys	Girls
Create awareness	13	10
Take stand	27	20
Inform elders	19	8
Active, alert, careful	-	19
Protection by prayers	1	1
Forgive/ Be polite	16	-
Support each other	18	1
Did not respond	17	25

5. Discussion

The statistical analysis of the data revealed that 49% of participants accepted that they had been bullied which indicates every second child being bullied. The trend is supported by the research from other parts of the world. Various studies across nations have been performed to assess the extent of bullying prevalence, and it ranges from 9% to 98% across the globe. A review of many of these studies identified that the mean prevalence rate of bullying is 35% for offline and 15% for online bullying, among 12 to 18 years old students [43]. A Global School-Based Health Survey for Pakistan, which was conducted in 2009 by the Ministry of Health in collaboration with the World Health Organization and Centre's of Disease Control and Prevention, United States identified that bullying is common in school children in all four roles, which are bully, bullied, bully-victims and bystanders [35]. No gender differences, but students of lower grades are more inflicted [44]. Nearly 1 in every 5 school children in Pakistan, undergo some form of bullying at schools, recognized by Shujja et al [1], this is lower than the findings of this study. It was found that bullying events are more common in public schools rather than private, and in adolescents of lower socioeconomic class with a noticeable gender difference of boys being more involved in bullying than girls, which is evidenced in this study also as boys outnumbered girls in all roles [1,45]. Bullying is highly prevalent in Malaysian schools [17]. Around 80% of Malaysian children suffer victimization either online or offline [46,47]. Bullying is widespread in UK schools and around 30% of the adolescents suffer direct and indirect bullying in schools [48,49]. According to a survey conducted in the U.S schools about 17 percent of all students were involved in bullying [50]. Verbal bullying is found to be the most common type of bullying in this study and according to the world data, it is the most common and traditional

victimization in teenage children worldwide. According to data analysis, physical aggression is more pervasive among boys which is also supported by other researchers [25]. The participants reported negligible incidents of cyberbullying. Only four children (3.3%) from 119 children who get bullied have responded yes for cybervictimization. The reason may be restricted or no access to internet services, personal laptops, or mobile phones in this age group in Pakistan. This finding has been supported by the results of an online survey with the name “EU Kids Online” participated by 25,000 children of ages 9 to 16, which reported prevalence of cyberbullying ranging from 2% to 14% [51]. Although from a meta-analysis it has been identified that prevalence of cyberbullying worldwide ranges from 6.5 to 72% [52]. In the last open-ended question, many respondents suggested strategies to cope, control, and end bullying, mentioned in table 4. To write all of them is beyond the scope of this article, therefore some of them which are recommended by many of the students are mentioned here. 1) Awareness programs should be arranged in schools and the community. 2) Victims should report the bullying incident to parents or teachers immediately. 3) Remain calm and ignore. 4) Fight back. 5) Strong peers support system. These coping strategies have been confirmed by other researchers as well [53].

6. Conclusion

Mental illness is a grave but most neglected and stigmatized issue in Pakistan. There are various factors that affect mental health negatively and bullying is one of the strong indicators, especially for teenaged children. According to the current Pakistan population-statistics [54], nearly 54% of Pakistan’s population is under 24, the age group which is most exposed and prone to victimization by peers. The current study identified that bullying is common in adolescents and approximately 50% of respondents reported that they have been bullied. This is significant and alarming keeping in view and considering, the aftermath of bullying behaviour on physical and mental health. The repercussions of childhood bullying can be found in adulthood thus creating a substantial number of sick members in a society. Bullying is controllable and preventable with measures and policies applied timely. Awareness programs at the international level and policies to stop bullying at school and community levels are mandatory to promote a healthy society.

7. Recommendations

Bullying has become a serious threat to youth worldwide. It is highly recommended that research should be carried out on a large scale to identify the level of awareness and attitude towards bullying among adolescents and youth [55]. The triad of family, teachers, and community need to play a crucial role in identifying a bully and providing psychological and moral support to the victim [26]. The bully also needs psychosocial therapy and a positive approach from the community. Any bullying incident should be reported to the school authorities or to the parents directly and the safety of the victim should be assured. A healthy environment at home and school is very important as children pick what they see and hear. Teachers and parents are role models for youngsters so they should avoid cursing, labelling, use of disrespectful terms, and belittling attitude. Strong policies against bullying should be made by educational institutions and assure enforcement and implementation [53]. Violent and aggressive programs and belligerent propaganda on social media should be condemned which provokes antisocial behaviour in adolescents. Students should be engaged in motivational and positive interactional, educational and community activities to channelize their energy into positive roles [5]. The teacher-student gap should be minimized and made meaningful [14].

Appropriate counselling and behaviour management facilities should be provided to vulnerable students.

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