ORIGINAL ARTICLE

THE PREVALENCE OF BULLYING AND IT'S ASSOCIATED FACTORS AMONG ONE OF HIGH SCHOOL STUDENTS IN SELANGOR, MALAYSIA

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ABSTRACT

Bullying can be projected through many ways, are affected by many factors and can bring about a lot of consequences. The aim of this research was to identify the association between bullying factors such as age, gender, race, family income, family structure with bullying among high school students in one of Selangor high schools in year 2018 also its consequences towards depression, stress and anxiety. A cross sectional study was conducted among 337 students. The validated Multidimensional Peer-Victimization Scale (MPVS) and Mental Health Screening Status-20 (MHSS-20) questionnaire was used to classify the prevalence, types, associating factors and the consequences of bullying. The prevalence of bullying was found to be 63.5%. The percentage of bullying is higher among those with mean age of 14 years old. As for the gender, percentage among male is higher compared to female which is 62%. As for the family background, students who have family income above RM 7000 (about 1700 USD) has higher percentage of bullying which is 51.9%, and for students with low academic performance have the highest percentage of bullying (57%) and it was found that bullying was significantly associated with age and with p value of <0.001, gender of p value 0.009, academic performance shows p value of 0.049 and mental health status with <0.001 p value.

Keywords: Bullying, High school students, Mental Health

INTRODUCTION

Bullying is a way of aggressive behaviour in which a person causes another individual injury or discomfort with a motive. It can take the form of physical contact and verbal [1]. Besides, bullying can lead to negative impact on academic functioning as well as physical and mental health, relationship with peers and poor self-esteem through schooling [2]. Bullying is a form of complex interaction resulting from interpersonal violence which may lead to negative affects to the victim as well as, the bully and the witness [3].

A report by Malaysian Ministry of Education revealed the prevalence of bullying in Malaysia was more than 14,000 cases in between 2012 and 2015[4]. Bullying involves various types including physical, verbal, relational, or social [5]. It was found that bullying involved two major types of aggression which were physical and verbal [6]. Furthermore, verbal bullying has become more popular than physical bullying with more long-term damage to victims [7]. In addition, Cyber Security Malaysia (2015) reported 5 bullying incidents occurs among students nearly every day whereas, 338 cases were reported in 2013, as compared to 291 cases in 2014 [8]. Nevertheless, a study in Sweden showed that cyberbullying become a new type of bullying in schools [9]. According to a meta-analysis of 28 studies, a random effects models showed socioeconomic status was weakly related to bullying [10].

As for the effects of bullying in United States, it was found that depressive symptoms were anticipated in both physical and social victimisation. However, boys that having depressive symptoms were more suggestive for physical victimisation rather than social victimisation [1]. Another study by Keneisha et al. discovered the association between victimisation and depressive cognitions was stronger for boys than for girls [11].

The aim of this research was to identify the association between bullying factors such as age, gender, race, family income, family structure with bullying among high school students in one of Selangor high schools in year 2018 also its psychological consequences.

METHODOLOGY

A cross sectional study was conducted among 337 high school students in one of Selangor high schools. A universal sampling method was used as the sampling method to include all the school students.

All the participants have been explained regarding the study being conducted and about the confidentiality of their participation. A written consent form was also given to the principal of the school and was explained that all the details obtained were for research purposes only.

The questionnaire which was written in English and Bahasa Malaysia languages consists of three parts, which includes relevant socio-demographic

data, Multidimensional Peer Victimization Scale (MPVS) and Mental Health Screening Status 20 (MHSS 20). The socio-demographic data consists of 7 questions including gender, age, race, family's income and parent's marital status, number of siblings as well as their latest examination grade. The MPVS questionnaire consists of 16 questions with 3 options, in which the respondents have ever felt the situation given has had happened before once, more than once or had never happened. The MPVS is used to reflect more prevalence in types of bullying such as physical, verbal, relational and social. The last part of the questionnaire is MHSS 20, which consists of 20 questions with 4 options, where the respondents have to choose a statement that best describes their feeling and experience in the past one month. The scores are also computed by summing up all the points which will give a range of points from 0 to 60, with a threshold point of 14 and above, which means that they need a further assessment.

The questionnaires were all distributed as a hard copy to the respondents who were gathered at one common hall at school, after brief them about the questionnaire then were asked to answer and after 30 minutes the answered questionnaire was collected. The data obtained were entered and analysed by Statistical Package for Social Sciences (SPSS) program version 23.0 software. Descriptive statistics were used to project the collected results to show the prevalence, types and common location of bullying. Chi square test were used to study the association between bullying with socio-demographic data, family structure, academic performance as well as mental health.

The approval for ethics was obtained from International Medical School of Management and Science University prior the study.

RESULTS

A total of 337 high school students from that high school in Selangor, Malaysia took part in this study. A 99% response rate was encountered.

Table 1 shows the socio-demographic profiles of the students. Based on the survey, there were 209(62%) male and 128(38%) female respondents, the mean age was 14.18 years. Other than that, it is observed that majority of the students are Malay 335(99.4%). On top of that, 28(8.3%) of the students have families that earn a cumulative of less than RM2500 a month, 131(38.9%) ranges between RM2500 - RM7000 and a large majority 175(51.9%) of them are doing more than RM7000 per month. 324(96.1%) of the student's parents are married, 5(1.5%). Moving on to their examination results, 142(42.1%) of them scored 3A's and above, where else 192(57%) scored less than 3A's.

Table 1: Frequency Distribution of The Socio-Demographic Variables

SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
GENDER		
Male	209	62.0
Female	128	38.0
FAMILY BACKGROUND		
Family income		
Less than RM2500	28	8.3
RM2500 - RM7000	131	38.9
More than RM7000	175	51.9
Parents' marital status		
Married	324	96.1
Not-married (divorced, widow, widower)	13	3.9
LATEST EXAMINATION GRADE		
3A's and above	142	42.1
Less than 3As	192	57.0

For Table 2, Based on Multidimensional Peer Victimisation Scale (MDPVS), 123(36.5%) of the students have not been bullied and 214(63.5%) have been bullied. The types of bullying are divided into 325(24.9%) physical victimization, 322(24.7%), verbal victimization 327(25.0%), social manipulation, 330(25.4%) attacks on property. This incidence tend to occur in the class room 125(25.9%), corridors 44(9.1%), canteen 54(11.1%), toilet 42(8.7%), dorms 152(31.5%), and in other locations 66(13.7%).

Table 2: The Prevalence, Types, and Location of Bullying

VARIABLES	FREQUENCY	PERCENTAGE
MULTIDIMENSIONAL PEER VICTIMISATION SCALE		
Have not been bullied	123	36.5
Have been bullied	214	63.5
TYPES OF BULLYING		
Physical victimization	325	24.9
Verbal victimization	322	24.7
Social manipulation	327	25.0
Attacks on property	330	25.4
LOCATION OF BULLYING		
Class room	125	25.9
Corridors	44	9.1
Canteen	54	11.1
Toilet	42	8.7
Dorms	152	31.5
Others	66	13.7

In Table 3, the association of bullying with age is stated. For those who have been not been bullied, they have an average mean and standard deviation of about 14.63 ±1.56 respectively. As for those who have been bullied, the value recorded for both mean and standard deviation are 13.92 ± 1.31 respectively. The P Value is <0.001 which clearly indicates there is a significant association between bullying and age, those younger are tend to be victims of bullying by other students.

Table 3: The Association of Bullying with Age*

VARIABLE	MULTIDIMENSIONAL PEER VICTIMISATION SCALE		P value
	Have not been bullied Mean ± SD	Have been bullied Mean ± SD	
Age (Years)	14.63 ±1.56	13.92 ± 1.31	<0.001

independent t-test

In Table 4, the association of bullying with socio-demographic factors are stated. Firstly, the relationship between gender and bullying showed is a significant association while for bullying with family income and parents' marital status showed no significant association.

Table 4: The Association of Bullying with Socio-demographic Factors (Gender, Race, and Family Income) *

	MULTIDIMENSIONAL PEER VICTIMISATION SCALE			
	Have not been bullied Frequency (%)	Have been bullied Frequency (%)	X²	P Value
GENDER				
Male	65(31.1)	144(68.9)	6.91	0.009
Female	58(45.3)	70(54.7)		
FAMILY INCOME				
< RM2500	11(39.3)	17(60.7)	0.33	0.846
RM2500-RM7000	49(37.4)	82(62.6)		
>RM7000	61(34.9)	114(65.1)		
PARENTS' MARITAL STATUS				
Married	120 (37)	204 (63)	5.83	0.054
Not-married	3 (23)	10 (77)		

Chi-Square test

In Table 5, the Association of Bullying with Academic Performance and Mental Health is stated. The relationship between the academic performance shows a significant association as well as for bullying and mental health status.

Table 5: The Association of Bullying with Academic Performance and Students' Mental Health (SSKM 20 Category II)

	MULTIDIMENSIONAL PEER VICTIMISATION SCALE			
	Have not been bullied	Have been bullied	X²	P Value
	Frequency (%)	Frequency (%)		
ACADEMIC PERFORMANCE				
More than 3A's	60(42.3)	82(57.7)	3.88	0.049
Less than 3A's	61(31.8)	131(68.2)		
SSKM 20 CATEGORY II				
No need further assessment	66(58.9)	46(41.1)	36.41	<0.001
Need further assessment	57(25.3)	168(74.7)		

DISCUSSION

Teenage students who are age with the range of 12 years – 18 years old are preferred to participate in this study to evaluate the prevalence of bullying among them. This study shows more than half of them have been bullied before with the percentage of 63.5% including both male and female students which was supported by another study who found the victims on bullying is 41.2% [12]. The type of bullying particularly attack on property was showing highest percentage than the rest of the types of bullying in this study which is about 25.4% where it contradicts with previous study where it shows verbal and physical types are the most common [6]. Moreover, dorms and classrooms are found to be the commonest place for bullying as showed in the study when comes to students studying at the boarding school.

Those with the mean age of 14 years are found to be the victims of bullying and that's supported by what was found in this study by Nansel et al., that bullying has generally been shown to be most prevalent in middle school [14]. According to this study. Males are considered the most number of bully victim however, the female percentage on not been bullied is high, and that's supported by another study which has found that boys are involved in bullying at greater rates than girls[13].This study also indicates students with low academic performance gives the highest percentage of have been bullied previously which was discussed by other researchers who has demonstrated that victims and bully victims do poorly in school[15].

MHSS 20 category II survey conducted on these students which describes their feeling for past 1 month and it shows about 74.7% of bully victims need further assessment concerning on their mental health, and that was supported by a research that has found bully-victims, victims, and bullies all experience depressive disorders [16]. However, others factors such as parent's income, didn't show significant association with bullying, some researchers found that vast disparities between socioeconomic status within a country were associated with higher levels of victimization [17], while other research has found that low income status was a risk factor for aggression in male and female students [18]. However, it is likely that the relationship between socioeconomic status and being bullied is contextually-driven and varies across communities. Thus, the prevalence of bullying is still active among the teenage students despite interventions were conducted at the higher schools by the Education Ministry of Malaysia. Therefore, the school committees should implement on various types of intervention to reduce the incidence of the bullying. Limitations of this study were mainly the sample limitation, we would recommend for the future to do such study among bigger sample and among different high schools from different areas, also we recommend to target older adolescent as that will yield more accurate information.

CONCLUSION

In conclusion, there is high level of bullying among those students, in this study there was significant association between bullying and age, as those been bullied were younger in age, male gender showed more level of bullying, academic performance of less than 3'A where more associated with bullying and bullying significantly associated with mental health status. This study was meant to educate about bullying, help identify bully victims and the consequences of bullying while overcoming incidence of bullying.

REFERENCES

1. Tran, C. V, Cole, D. a, & Weiss, B. (2012). Testing reciprocal longitudinal relations between peer victimization and depressive symptoms in young adolescents. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53, 41*(3), 353–360. https://doi.org/10.1080/15374416.2012.662674

2. Rivara F, Le Menestrel S (2016). Preventing Bullying Through Science, Policy, and Practice. Committee on the Biological and Psychosocial Effects of Peer Victimization: Lessons for Bullying Prevention; Board on Children, Youth, and Families; Committee on Law and Justice; Division of Behavioral and Social Sciences and Education; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine. National Academies Press (US); Sep 14 2016.

3. UNICEF MALAYSIA. 2018. Bullying is just not cool.

4. Malaysian Ministry of Education. 2016.

5. Jing Wang., Ronald J. Iannotti,, and Tonja R. Nansel. 2009. School Bullying Among US Adolescents: Physical, Verbal, Relational and Cyber. Journal of Adolescent Health. 2009 Oct; 45(4): 368–375.

6. Vanderbilt, D. & Augustyn, M. (2010). The effects of bullying. *Paediatrics and Child Health, 20*(7), 315- 320.

7. National Human Rights Society (Hakam). 2018. Study shows smacking kids at home may turn them into school bullies.

8. Audrey Vijaindren. Bullying: Can we end it. New Straight Time. June 18, 2017.

9. Slonje, R. & Smith, P. K. (2008). Cyberbullying: Another main type of bullying? Scandinavian Journal of Psychology, 49, 147–154.

10. Neil Tippett & Dieter Wolke. (2014). Socioeconomic Status and Bullying: A Meta-Analysis. American Journal of Public Health. 2014 June; 104(6): e48–e59.

11. Keneisha Sinclair-McBride, Tammy L Dukewich and David A Cole. (2012). Impact of Physical and Relational Peer Victimization on Depressive Cognitions in Children and Adolescents. Journal of Clinical Child & Adolescent Psychology 41(5):570-83 DOI: 10.1080/15374416.2012.704841.

12. Wan Salwina Wan Ismail*, Nik Ruzyanei Nik Jaafar*, Tuti Iryani Mohd Daud*, Shamsul Azhar Shah**, Aniza Ismail**, Zasmani Shafiee. (2010). The Association Between The Attention Deficit Hyperactivity Disorder(Adhd) Symptoms And Bully/Victim Problem Among Malaysian Sixth-Graders. ASEAN Journal of Psychiatry, Vol.11 (1): January – June 2010.

13. Cook, C.R., Williams, K.R., Guerra, N.G., Kim, T.E., & Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly, 25*, 65-83.

14. Nansel, T.R., Haynie, D.L., & Simons-Morton, B.G. (2003). The association of bullying and victimization with middle school adjustment. *Journal of Applied School Psychology, 19*, 45-61.

15. Glew, G.M., Fan, M., Katon, W., Rivara, F.P., Y Kernic, M.A. (2005). Bullying psychosocial adjustment, and academic performance in elementary school. *Archives of Pediatric Adolescent Medicine, 159*, 1026-1031.

16. Kumpulainen, K., Rasaned, E., & Puura, K. (2001). Psychiatric disorders and the use of mental health services among children involved in bullying. *Aggressive Behavior, 27*, 102-110.

17. Due, P., Merlo, J., Harel-Fisch, Y., Damsgaard, M., Holstein, B., Hetland, J., Currie, C., Grabhainn, S., Gaspar de Matos, G., & Lynch, J. (2009). Socioeconomic inequality in exposure to bullying during adolescence: A comparative, cross-sectional, multilevel study in 35 countries. *American Journal of Public Health, 99*, 907-914.

18. Harachi, T.W., Fleming, C.B., White, H.R., Ensminger, M.E., Abbott, R.D., Catalano, R.F., & Haggerty, K.P. (2006). Aggressive behavior among girls and boys during middle childhood: Predictors and sequelae of trajectory group membership. *Aggressive Behavior, 32*, 279-293.