

A Study to Assess the Prevalence and Attitude of Bullying Behavior among School Children in Selected Schools at Bangalore

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ABSTRACT

A study was conducted to assess the prevalence and attitude of bullying behavior among school children in selected schools at Bangalore with an objective to assess the prevalence of bullying, attitude, and its association with selected socio demographic variables among school children in order to develop instructional module in caring children.

Methods Descriptive survey approach was used on 120 children of age group between 8 to 15 years selected school at Bangalore, using convenient sampling technique. A structured interview schedule and Likert scale was used to assess the prevalence and attitude.

Results indicated that majority 66.7% had moderate prevalence rate of bullying, 31.7% had low level prevalence of bullying behavior and only 1.7% had high level prevalence of bullying behavior among school children. The assessment of attitude of school children revealed that majority 74.2% of school children had moderately favorable attitude; 25% of school children were having the favorable attitude and 8.3% of school children had unfavorable attitude regarding bullying behavior. There was a significant association between prevalence and attitude of bullying behavior scores and socio demographic variables.

Conclusion: The study concluded that bullying is a common phenomenon amongst school going children. Health care professionals should be aware of this phenomenon so that they can diagnose the underlying cause of health impact and teacher should be aware to prevent and create a safe environment for students to enjoy coming to school. Hence forth a self instructional module were provided to create awareness among teachers regarding bullying behavior and its prevention

Key words: Prevalence, Attitude, School, Children, Bullying, Behavior

INTRODUCTION

"I just want the bullying to stop. That is all I ever wanted. I used to love going to school. Now I hate it." -Verity Ward.

Behavior has been proven by numerous studies to be a serious problem worldwide. According to the national association of school psychologist say that in every children life, schools are claimed to be safer place. Despite these claims, recent school violence has contributed to the perception that only few places are safe

anymore. Violence at school can have significant impact on students, affecting their mental health, academic achievement, and overall socialization and adaptation. When considering the impact of school violence on mental health and adjustment it is important to keep in mind that violence is not just homicide or serious assault, but also chronic bullying of the students. [1]

Bullying is an interaction in which a dominant individual repeatedly exhibit aggressive behavior intended to cause

distress to less dominant individual. Due to the higher number of victims the frequency and the consistency of the bullying behavior has been a lot of new information and insight into the complex behavior of bullying. [2]

Bullying approximately 1, 60,000 children in united states are absent or skip school out of fear of being picked on, humiliated or beaten up by a bully". Various reports and studies have established that approximately 15% of students are either bullied or initiate bullying behavior on a regular basis.

Bullying is a willful, conscious desire to hurt another person of lesser strength and put him or her in stress. We say somebody is bullying when he or she hits, kicks, chokes you verbally or abuses (name calling, threatening, teasing, spreading nasty rumors) in a hurtful way. The victims of bullying tend to lose self-esteem, becomes depressed and insecure. The accused may likely get engaged in antisocial behavior in adulthood. So there is a need to counteract bullying at an early stage. [3] New observations, research and evaluation suggest that "bullying is an unpredictable behavior that appears to strike without pattern and becomes a difficult problem for about 1 in 6 students". Bullying occurs in all schools and is not restricted by race, gender, class or other natural distinct but appears worst during early adolescence and 'there is compelling evidence that the impact of bullying as lifelong debilitating consequences'.

Bullying problems such as physical aggression, threats, teasing and harassment leads to violence involving weapons or physical harm, in which major sources vary in children. At one time or another most children will have to deal with problem for the child being tormented the effect can be devastating loss of self esteem, no longer waiting to go to school. Emotional and physical harm are just a few of the result of the peer abuse. [4] As the problem of bullying in schools has become more generally recognized, and has developed a

considerable worldwide literature aimed at conveying an understanding of why bullying occurs and describing, what steps can be taken to prevent it, however relatively little attention has been paid to how children themselves feel about bullying, how they react to it, and how ready they are to take concerted action to counter it in their own community. [5]

Knowledge gained from children is important for two reasons. Firstly, although awareness of the sad consequences for children of continual bullying is certainly increasing, here is still on the part of some schools and some educational authorities a marked reluctance to knowledge how serious it is; and secondly, if planned and effective action to stop school bullying is going to happen, we need to know what school children themselves are prepared to do to rid our schools of this persistent problem. [6]

Bullying is a widespread problem in schools. The behavior encompasses physical aggression, threats, teasing, and harassment which lead to violence involving weapons, vandalism or physical harm. However, parents and teachers have the tendency to consider bullying as a part of the development. Some believe that bullying will better prepare oneself for life by toughening kids up. In the same way, teasing behaviors may be considered as a normal developmental characteristic. If this type of logic and thinking persists, bullying will continue to become an important contributor to youth violence. Bullying is something we, need not to treat it as normal part of growing up, rather a public health problem. Bullying is an anti-social behavior that it learned as such; it can be also unlearned or better, yet prevented in schools. [7]

NEED FOR THE STUDY

This study is essential, as it will assist parents, educators, administrators, and students in understanding the type of bullying and its impact in children. Bullying is a problem that affects almost 30% of adolescence in United States. Recent survey

showed that the national bullying affects nearly 1 in 3 children.

Prevalence of bullying in school children was assessed using a pre-tested questionnaire for conducting a semi structure growth interview. Bullying was reported among 157 of the 500 interviewed children and came to the conclusion that bullying is a common phenomenon among school going children thereby, health care professional should be aware of this phenomenon and plan for appropriate interventions. Finally, found that bullying is much prevailed in Indian schools, and the prevalence of bullying noted was about 31.4% which could be one of the highest among studies carried out worldwide. [8] Bullying behavior is still prominent within schools and unfortunately the numbers of incidences of school violence and shooting have increased. [9] Bullying behaviors continue to have a negative effect upon both victims of bullies and the bully. According to the center of the study and prevention of violence there are both short and long term affects for the victims, the bullies and the school climate as a whole.

The short term effects that victims of bullying often experience include painful and humiliating reaction that can lead to distress, confusion and overall unhappiness. Many victims of bullying experience loss of self esteem, anxiety, and feeling of insecurity. Many times victims will develop psychosomatic symptoms, such as stomach aches and headaches that interfere with their ability to attend school regularly. [10] A long term effect of bullying behavior on victims was found to be low self esteem. And there was a high correlation between students who are bullied and of poor mental health. Many times these students are withdrawn, worried, and fearful of new situations. Bully victims tend to have higher levels of depression later in life than the non-victimised peers. In severe cases victims of bullying may result in violent acts or suicide. [11]

Bullying and its impact among victims of bullying do suffer from long and

short term affects, but the bully will have consequences that impact their lives. Bullies who have been physically abusive or violent towards another individual are at moderate risk for committing a serious and violent crime. Bullies are four times more likely to be committed of a crime before the age of 24. Bullies in adulthood (particularly males) are more adopted to participate in delinquent and antisocial behavior such as stealing, vandalism, and drug abuse. [12] Most schools are in denial about bullying on campus and didn't want to participate in the study. Worrying is that more bullying happens right under the teachers nose and not has assumed during lunch or recess when students are unsupervised. [13] Zero tolerance policy towards bullying results revealed that bullying is usually believed to occur within larger urban area, but in all actuality bullying has no demographic barriers such as school size, racial composition, school setting (urban or rural), do not appear to have a direct impact on bullying behaviors, their victims, and the types of abuse that occurs within school settings. [14]

Teacher's perceptions of bullying, viewed bullying as a problem in varying degree helps to provide evidence that support of teachers, parents, students and all school staff to work together to create a safe and pro-social environment. We must all work together to provide students with an education that is respectful and safe for all students to reach their learning potential and social and emotional growth. [15] Younger children made more mention of physical aggression, general harassing behaviors, and verbal aggression in their definitions, whereas the theme of relational aggression was most prominent in the middle years and reported more by girls than boys. [16] Although most pupils indicated that they thought that six out of eight types of behavior viewed as bullying by researchers should be regarded as bullying, as substantial minority did not. [17]

Conceptual Framework

The conceptual frames for this study was based on Roy's adaptation model, human are bio-psychosocial adaptive systems who cope with environment change through the process of adaptation., physiologic functions, attitude, role function, Interdependence, school children

and school .The regulator and co regulator act within these modes was used to identify attitude and prevalence by assessing a student behavior in relation to bullying types how a student's integrate with others in a given situation.

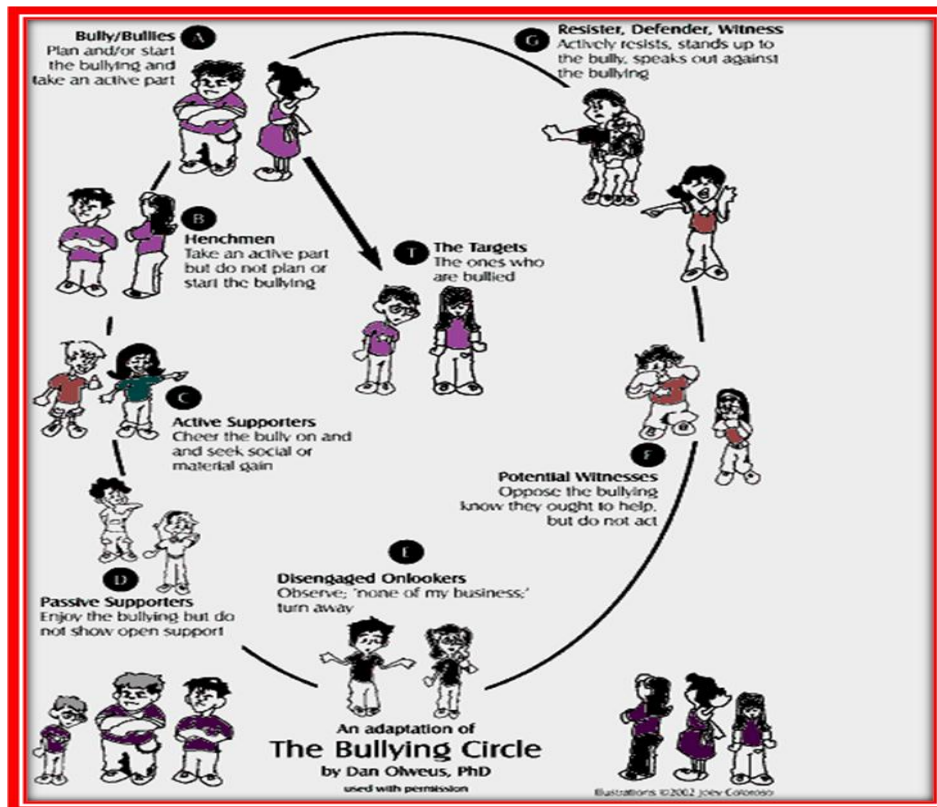


FIGURE 1 a): Modified Conceptual framework of Roy's Adaptation Model

METHODOLOGY

Inclusion Criteria: School children studying in selected school at Bangalore and between the age group of 8-15 years.

Exclusion Criteria: excludes the children who are able to understand the questionnaires.

Development and description of the tool

A structured interview schedule and Likert scale was prepared to assess the prevalence and attitude of bullying behaviour among school children at Bangalore. Structured interview schedule was planned to get exact and complete information from the school children. It was felt that face to face contact would encourage the subjects to give prompt information and will help in collecting the data. Based on the review of

literature, discussion with the experts and with the investigators personal and professional experience, a structured interview schedule consist of 20 Bullying prevalence questions and 10 attitude statement were developed and planned as follows.

Section A : Demographic variables such as age , gender, religion , educational status , school attendances , No of siblings , Birth order , Type of family , Family income , Seeking support from parents and school , Present stay .

Section B: Questionnaires to assess prevalence of bullying behavior in the form of peer relation questionnaires among school children.

Section C: Questionnaires to assess the attitude towards the bullying behavior.

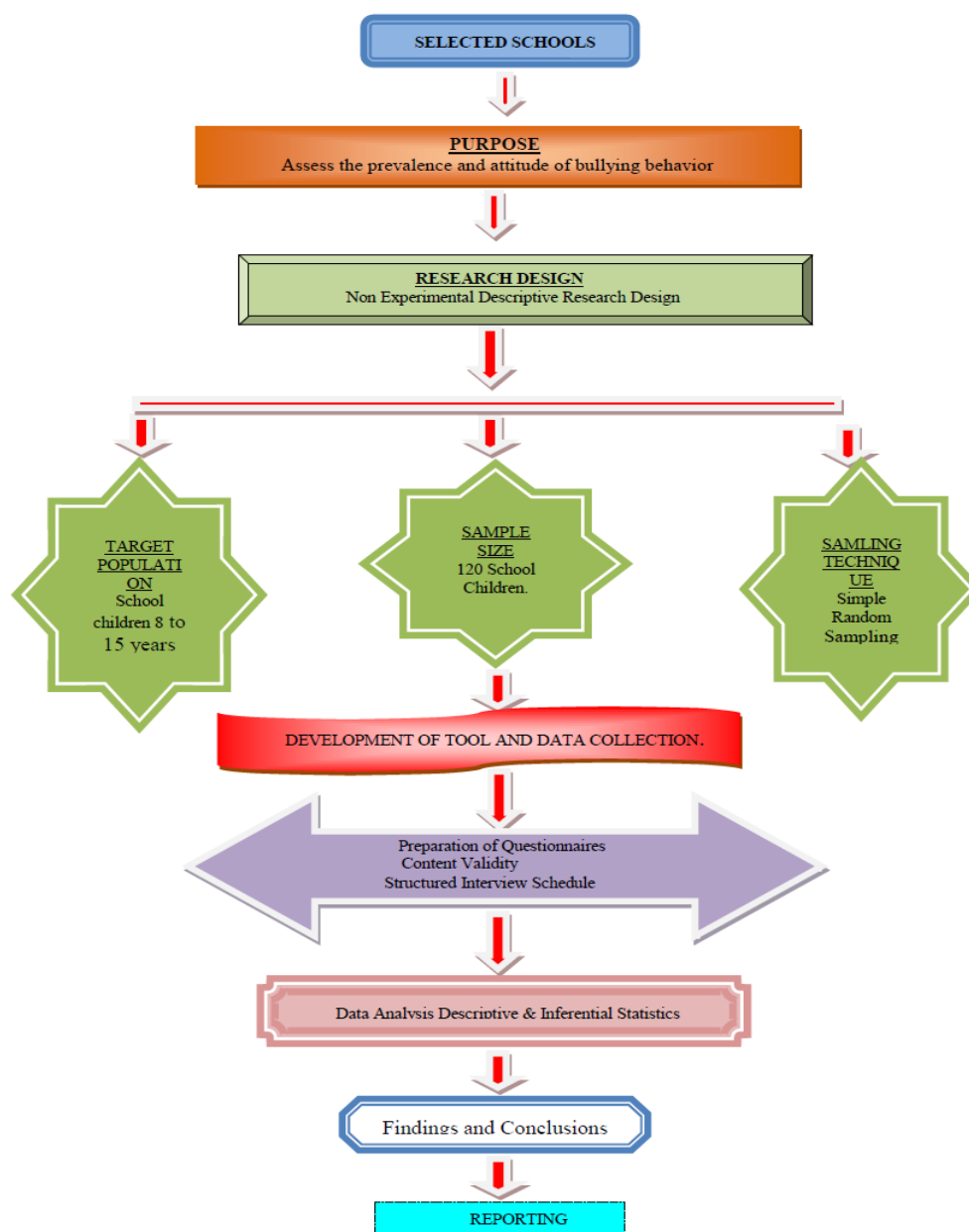


Figure: 2: Schematic representation of research plan.

Peer Relation Questionnaires (20) which contains 3 sub scales.

Bully Scale	40%
Victim Scale	30%
Pro social scale	30%
Total	100%

Scoring Key

Never	01
Once in a while	02
Pretty often	03
Very often	04

To interpret the level of prevalence this is characterized as:

Low	<50%
Moderate	50-75%
High	>75%

Attitude of bullying behavior contains 10 statements which are divided into 4 factors such as:

Anti bullying attitude	30%
Power attitude	20%
Pro bullying attitude	40%
Responsibility attitude	10%

Total 100%

Scoring Key

Sl.No	Items	Agree	Unsure	Disagree
1	Positive	3	2	1
2	Negative	1	2	3

The minimum score is $10 \times 1 = 10$

The maximum score is $10 \times 3 = 30$

To interrupt the level of attitude which was characterized as?

Unfavorable <50%

Moderately favorable 50-75%

Favorable >75%

Procedure for data collection

Prior to the main study formal permission was obtained from Principal G.S English medium school at Bangalore. The structured interview method was adopted for data collection and carried out within the given period of 4 weeks from 3rdSep-2010 to 3rdOct-2010. The interview was conducted in one to one situation the investigator established rapport followed by self introduction to the subjects. Purpose of interview and the nature of the study were explained. Confidentiality of data was maintained, after getting consent from the study participants, the actual procedure was carried out. The data was collected with one to one interview by asking each question in English to the subjects who took 20-30 minutes.

Plan for analysis

Both descriptive and inferential statistics were used to analyses the data in order to achieve the results as per the objective of the study.

Ethical Consideration

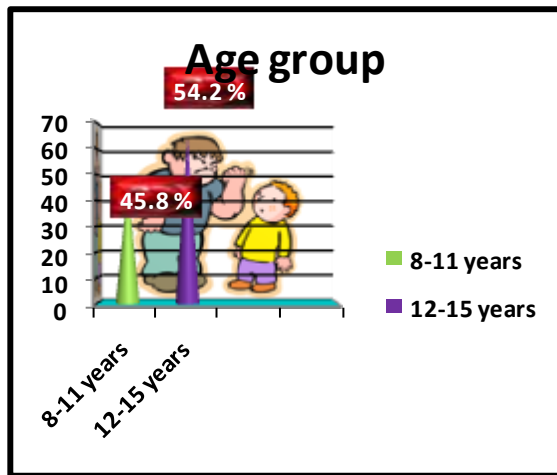
Formal permission where obtained from principal of G.S. English medium school Bangalore and Adarsha College of Nursing principal to conduct the research study. Informed consent was obtained from the subjects after explaining about the purpose of the study and assessing confidentiality of collecting data.

RESULTS

The findings revealed that the subjects for assessing prevalence and attitude were as follows:

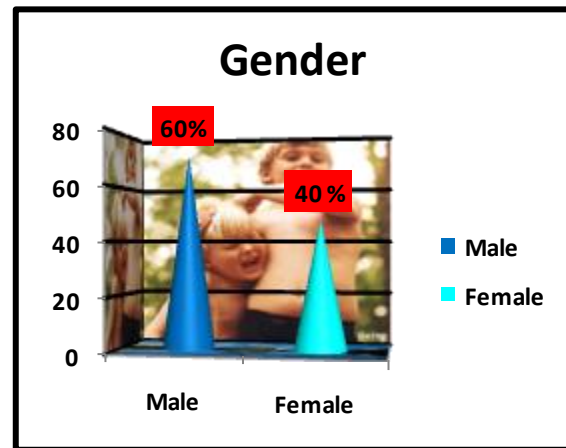
Section A: Demographic Characteristics of Study Subjects

This section describes the characteristics of the sample. The sample consisted of 120 school children studying in G.S. English medium school Bangalore. Frequency and percentage were computed for describing the sample characteristics. About 45.8% belonged to the age group of 8-11years, 54.2 % were from the age group of 12-15 years. Among them 60% were males and 40% were females .It was observed that 39.2% were Hindus, 20.8% were Christians, and 31.7% were Muslims and only 8.3% were from other religions. According to level of school distribution, 25% were studying in primary level, 31.7% were from middle school and 43.3% were persuading in secondary school. Out of 120 study sample, 60 % of the children were regular to school, 30.8% were irregular and only 19.2% avoided going to school. Based on number of siblings, majority of school children 52.5% had one sibling, 39.2% had two siblings, and 4.2% had more of than three siblings. As per the birth order of school children about 60% of school children were elderly and 40% were younger among the sibling. Based on the type of family, 52.5% were living in nuclear family, 31.7% were staying in joint family, and only 6.8% were from broken family, on the aspect of family income, majority 50.8% had income below 10,000 and 31.7% with income between 10,000 to 20,000 and 18.5% had income above 25,000. Seeking support from parents and school were about 60% school children didn't seek support from neither parents nor the school members, only 39.2% availed support from parents. Regarding present stay about 45.8% was currently staying with their parents, 39.2% had accommodation in hostel and 15% were living with their relatives.



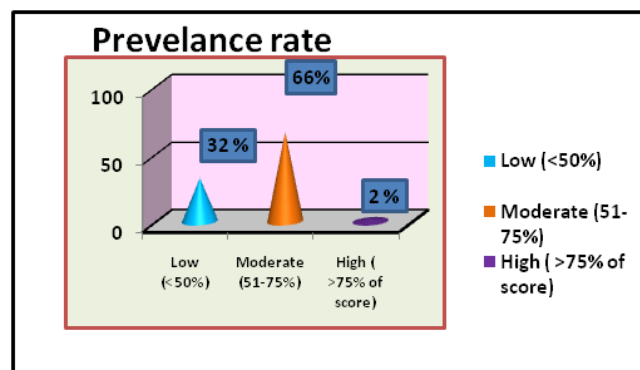
Graph 1: Percentage distribution of School Children according to age.

Above graph illustrates that 45.8% study samples belonged to the age group of 8-11 years, 54.2% were from the age group of 12-15 years.



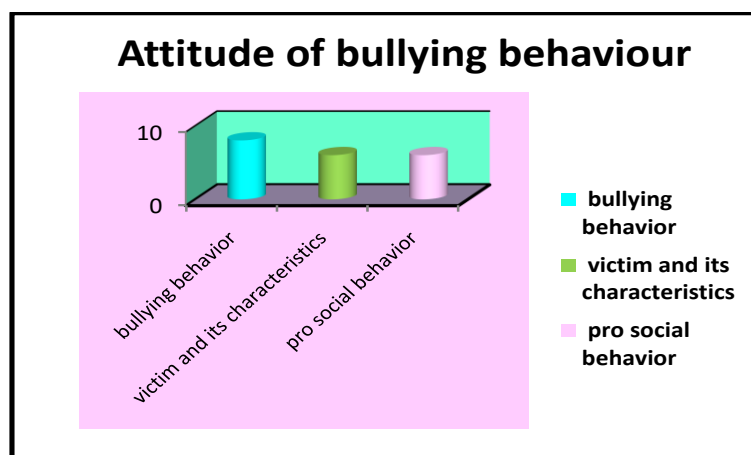
Graph 2: Percentage distribution of School Children according to gender.

The above graph depicts the distribution of school children according to gender about 60% were males and 40% were females.



Graph 3: Percentage and frequency distribution of prevalence of bullying behavior among school children's.

The above graph depicts the prevalence of bullying behavior among school children in selected schools were about 32% were having lower bullying prevalence rate, 66% had bullying prevalence moderately and only 1.0% were found to have high bullying prevalence rate. The overall mean score was 12.60 with a standard deviation of 3.32 and mean score percentage of 56.6 among the study samples.



Graph 4: Mean standard deviation and mean percentage of attitude of bullying behavior among school children.

DISCUSSION

School is your child's job. It's where he spends most of his time. His work is scored and measured, and compares himself with others every day. Bullying and faulty attitudes regarding bullying behavior are a big cause of anxiety for school age children. Hence it's very important to create an awareness regarding bullying behavior and its prevention among school children between the age group 8–15 years. The finding of the study derived from the statistical analysis was to assess the prevalence and attitude of bullying behavior among school children in selected schools at Bangalore with a view to develop a self instructional module. The discussion is based on the objective and hypothesis specified in this study.

Socio demographic profile of school children

The characteristics of the school children's socio demographic variables described in terms of frequency and percentage distribution showed that, majority 44.2% were in the age group of 12-15 years, 60.0% were males, 39.2% were Hindus, 43.3% were studying in secondary school 60.0% were regular to school, 52.5% had one sibling according to their birth order 60% were elder children, 52.5% were from nuclear family, 50.8% had a monthly income of 10,000 and below. 60.8% were not seeking support from school or their parents, 45.8% present stay were with their parents.

The first objective of the study was to assess the prevalence of bullying behavior among school children.

Assessment of prevalence of bullying behavior among school children indicated that majority 66.7% had moderate prevalence rate of bullying. 31.7% had low level of prevalence of bullying behavior and only 1.7% had high level of prevalence of bullying behavior among school children. The overall mean score for prevalence of bullying behavior 12.60 with a standard deviation of 3.32 and mean score percentage of 54.2. The highest mean score of

prevalence of bullying behavior among school children was 6.0(50-1.98), the lowest mean score of prevalence of bullying behavior was 3.29(SD 0.67), this indicated that school children need information about bullying and its prevention in schools.

The second objective was to assess the attitude of bullying behavior among school children.

The assessment of attitude of school children revealed that majority 74.2% of school children were having moderately favorable attitude; 25% of school children are having the favorable attitude and 8.3% of school children have unfavorable attitude towards the bullying behavior. The mean and standard deviation of attitude regarding the bullying behavior were 31.45 and 3.15 respectively. The mean percentage of attitude was 69.8.

The third objective was to associate prevalence and attitude of bullying behavior among school children with selected socio demographic variables.

The association test results indicated that there existed a statistical significant association between prevalence of bullying behavior with socio demographic variables such as age, religion, education, school attendance, No of sibling, type of family, family income, present stay, hence hypothesis H₁, H₂ which was stated that there will be significant association between prevalence and attitude of bullying behavior with selected socio demographic variables were accepted. It is evident that attitude and prevalence of school children about bullying behavior is influenced by some of the aspect of socio demographic variables such as age, religion, education, school attendance, No. of siblings, type of family and present stay. Since the results of Chi-square analysis indicated that there was an existed significant association between attitude scores with some aspects of socio demographic variables of school children between the age group 8-15 years. Therefore the Hypothesis framed is valid and was hence accepted.

The fourth objective was to develop a Self Instructional Module regarding bullying and its prevalence.

Based on the results, it was found that information regarding bullying and its prevention is very essential. Self Instructional Module was prepared and distributed to the students and teachers in a selected school where study was conducted.

CONCLUSION

There is no doubt that bullying in school adversely affects many children and as such, requires the development of effective intervention prevention programs. Bullying is prevalent in schools of Bangalore, and research has demonstrated that children involved in bullying and victimization may suffer long term consequences. Thankfully, due to increased public concern regarding the devastating consequence on children, many national anti bullying campaigns and preventative measures have been initiated.

Nursing Implication

The implications were given on various aspects like nursing education, practice, administration and nursing research.

Nursing Education

The study emphasized on awareness and prevention regarding prevalence and attitude of bullying behavior among school children. In order to achieve this, nurse should focus on developing a self instructional module or a health education to school children's, Teachers, Parents in the schools. The students, nurses and all health professionals should be given the responsibility to create awareness until they are aware and learn to prevent and to create a safe environment in schools. Nurses need to take role as a motivation facilitator, educationalist, counselor and researcher.

Nursing Practice

The self instructional module and teaching create increase awareness and bringing a change in school children's behavior and attitude regarding bullying. The present study has revealed that health education and counseling can be an

effective method in preventing bullying behavior among school children. So the study carries an implication that the nurse plays an important role in creating awareness and in decreasing the bullying behavior among school children which has an negative impact on health. It is responsibility of a pediatric nurse to advice the school children to discuss the problems that they face in schools or seek support from their parents teachers and friends.

Nursing administration

Nurse as an administrator plays an important role in educating the professional and in policy making such as counseling and health education in the schools. Being a nurse administrator one should arrange in-service education and special training programs, counseling training regarding prevention of bullying behavior and its strategies.

Nursing research

The finding of the present study serves as the basis for the health care professionals to conduct further studies on bullying and different strategies to prevent bullying in schools.

Recommendations

As one of the most persistent and destruction forms of aggression in the continuum of violence bullying deserves the attention of every one in reducing and preventing bullying which requires the joint efforts of the policymakers, administrators, of school, teachers, students, parents, and health sector members.

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