

The Prevalence and Factors Associated with Bullying Behavior among School Students: A Review Paper

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Received: June 27, 2021; **Published:** July 30, 2021

Abstract

Bullying in the school has become a global concern. The aim of this paper was to review studies that discuss the prevalence and factors associated with bullying behavior among school students. The electronic search was carried out in two databases Google Scholar and PubMed. According to the past studies, there was a great difference in the prevalence of bullying behavior among school students. Bullying behavior among school students was associated with many factors; personal factors, family factors, and school factors. The present review indicates that the issue of bullying among school students requires further attention, both for future research and preventive interventions.

Keywords: *Bullying; School Students; Violence; Risk Factors*

Introduction

Bullying in the school has become a global concern. It is a common health problem among school students. Children's participation in bullying, both as a victim or bully, has a severe effect on their health [1]. This problem may affect many sides of the victims, including social, psychological, mental, identity construction, and learning ability [2] and in future, the victims are at high risk of psychiatric problems (depression, anxiety illnesses, and psychotic signs), low self-esteem, and poor physical health [3]. Also, Bullies have a poorer emotional coping and further behavioral problems in future life. Besides, both bullies and victims have a tendency to achieve less well at school than children who are not participated in bullying [3].

The bullying behaviors among school students are wide-ranging. The feeling of inferiority and the failure to accomplish positive and valued goals, the suffering from demanding life events (loss of parent, suffering from physical and emotional abuse, and being a victim of criminal activity of some kind) will produce negative emotions (depression and anxiety) [4].

Persons experienced negative emotions, particularly anger, when they are treated unfairly and discriminatorily and or exposed to negative stimuli. The strained persons may commit offending behaviors as a method to correct a situation or relieve their negative emotions [5].

Bullying may consist of verbal, physical assaults, threats, jokes or language, mockery and criticizing, insulting behavior and facial expressions [6].

Regardless of the fact that bullying has severe mental health impacts that may preceding to later life [7]. This issue has not been given the enough attention, mainly, in countries of low- and middle-income [8]. Currently, the bullying at school has been increasing. The researchers have paid more of attention into this issue, to describe the backgrounds of the problem, towards finding the appropriate solutions [9-20].

Aim of the Study

The aim of this paper was to review studies that discuss the prevalence and factors associated with bullying behavior among school students.

Method

Search methods

The electronic search was carried out in two databases Google Scholar and PubMed. The key words used were "Bullying", "School Students", "Violence", and "Risk Factors".

The studies published in 2009 and more, published in English, and discussed the prevalence and factors associated with bullying among school students were included in the present review.

Search outcome

Examining of the literature generated 250 studies for review. This final evaluation resulted in 58 studies, excluding studies consisting only of abstract and irrelevant studies.

Results and Discussion

The prevalence of bullying

The prevalence of bullying was assessed in different countries, and there were great differences in its prevalence among school students [21]. In Turkey, a cross-sectional study found that about 96.7% of the school students were involved in bullying behaviors as victims or aggressors [22]. Among secondary school students, the self-reported prevalence of school bullying in Taiwan was 10.9%, 10.7% for victimization, 29.9% for witness to bullying, and 5.5% for bully/victims [23].

Along with international studies, a recent Jordanian study confirmed that about 7% stated their participation in bullying as a victim, about 7.6% as a bully and 1.7% as both [24]. Also, among children aged 5 - 6 years in the Netherlands, about one-third of those children involved in bullying, about 17% of them as bullies, 13% as bully-victims and 4% as victims [25]. As well, the prevalence of bullying among Indian school students was 25.6% of them (16% victimization, 5.2% bully, and 4.3% bully/victim [26]. Among 2,936 Korean students, the prevalence of bullying victimization was (9.5%) for the age group 10 - 12 years, 8.3% for 13 - 14 years, and 6.4% for 15 - 17 years [27].

Factors associated with involvement in bullying among school students

According to recent study, bullying victimization was related to being female, with low self-esteem, and consuming tranquilizers [28]. Also, it was found an important difference in the prevalence of bullying victimization according to gender 45.0% among boys and 55.0% among girls. The bullying victimization was significantly associated with lower than average academic achievement [OR] = 1.77, lower socioeconomic status [OR] = 1.67, poorer perceived relationship with parents [OR] = 1.46, and more depressive signs [OR] = 1.88 [027]. While being a perpetrator of bullying was related being male, excessive consumption of alcohol, having low school performance, being a transgressor, and accepting peer violence [28]. In a current study, the findings reflected that being male [OR] = 2.5, studying in government school [OR = 0.63], having abnormal emotions [OR = 2.24], and poor peer relations [OR = 2.77], were the significant predictors of bullying among school students [26].

Bullying behavior of school students was found to be significant associated with school climate [29-43] (peer and teacher support and emotional health), whereas the school pressure was not associated significantly with bullying [44]. Also, the school size was found to be associated with an increased risk for being a victim of bullying, difficulties with neighbors was associated with an increased risk for being a bully/victim [54]. And, family factors (e.g. domestic violence and maltreatment of child,) were associated with of children participating in bullying [45]. All indicators of poor school neighborhood SES and low family SES were associated with an increased risk of being a bully or bully/victim, and the only indicator of SES associated with victimization was educational level of parent [25]. Being bullied on school or cyberbullied was significantly related to being overweight, substance use, having asthma, mental health problems, playing video games for 3 hours and more daily [46].

The core goal of dealing with the issue of bullying is to prevent the occurrence of bullying by discovery the origins of the issue and to handle it. The community health nurse and the school health nurse, have the major responsibilities and roles through conducting a lectures and presentations to be offered to the students and their families, and by applying anti-bullying programs in the schools [47].

Finally, the protective behaviors against bullying victimization involved eating breakfast daily, playing on sports teams and being physically active [46,48-61].

Conclusion

The reviewed studies emphasize the importance of bullying behavior among school students. According to the past studies, there was a great difference in the prevalence of bullying behavior among school students. Bullying behavior among school students was associated with many factors: personal factors, family factors, and school factors.

The core goal of dealing with the issue of bullying is to prevent the occurrence of bullying by discovery the origins of the issue and to handle it. The present review indicates that the issue of bullying among school students requires further attention, both for future research and preventive interventions.

Recommendations and Nursing Implications

1. Random seminars on the health centers and schools, is a helpful way to teach the parents and the students, about bullying causes and prevention, also performing activities and competitions for the students [62-77], may help to narrow the distances, and give the chance to create a better meaningful friendship.
2. The school health nurse must remind the parents to be more supportive for both the bullies and the bullied, and never treat their bully kid as a criminal, neither treating their bullied kid as hopeless and weak person [5]. Also reminding the parents to be good role models in front of their kids will help them to deal more efficiently with the problem.

3. The focus should not be on one party of the equation than others, the bullies, the bullied and their families and teachers, are all must be considered to be assessed and being part of the problem solving process [4].
4. The ministry of education is obligated to fight the bullying problem by any means necessary, adopting a proper anti-bullying programs, recruiting a health professional and health workers in every school, and make them focus their efforts on resolving the problem, that will decrease the impact of the problem and lower the consequences of the bullying problem [78].
5. To accomplish an effective method for the prevention of bullying targeting children in schools as victims and/or perpetrators a multidisciplinary approach including affected children, their parents, school staffs, non-governmental organizations, media, and security units is essential.

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Volume 10 Issue 8 August 2021

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