Discoveries Journals
publishing the future

DISCOVERIES REPORTS 2020, 3: e12
DOI: 10.15190/drep.2020.6

Original Article

Bullying and its Effect on Mental Wellbeing of the Students: A Case Study in Two Different Schools

Uswah Bokhari[1], Uswah Shoaib[1], Farhat Ijaz[1,], Farida Hafeez[1], Rana Khurram Aftab[2], Musarrat Ijaz[3]*

[1]CMH Lahore Medical College & Institute of Dentistry (NUMS), Lahore, Pakistan
[2]Punjab Institute of Cardiology, Lahore, Pakistan
[3]The Islamia University of Bahawalpur, Pakistan

* *Corresponding authors*: Dr. Farhat Ijaz, MBBS, MPhil. Assistant Professor, Department of Physiology, CMH Lahore Medical College and Institute of Dentistry (NUMS), Lahore, Pakistan. Email: farhat_khurram_rana@cmhlahore.edu.pk

Submitted: Oct. 11, 2020; *Revised:* Nov. 23, 2020; *Accepted:* Nov. 24, 2020; *Published:* Dec. 30, 2020;
Citation: Bokhari U, Shoaib U, Ijaz D, Hafeez F, Aftab RH, Ijaz M. Bullying and its Effect on Mental Wellbeing of the Students: A Case Study in Two Different Schools. *Discoveries Reports* 2020, 3: e12. DOI: 10.15190/drep.2020.6

ABSTRACT

Background: Bullying can be a major problem for many children at most schools. Traditionally, bullying is associated with lower academic achievements and generally lower life satisfaction in a child's primary years of life. Previous studies exploring the effects of bullying on positive psychological constructs of a child have shown varying results.

Objectives: This study is aimed to analyze the degree of bullying in two different schools of Lahore and evaluate its effect on the positive mental wellbeing of the students of each institution.

Methods: 381 participants were selected from two schools of Lahore, Pakistan: Sacred Heart Convent and Ibne Sina College. The students selected were from grades 6 to 10. The severity of bullying was analyzed by using a questionnaire designed using the Victimization Scale and the WHO-5 Scale. The scores were calculated for each school and the results were compared for victimization and positive mental wellbeing.

Results: The mean score for victimization was 8.90 at the Ibne Sina College and 5.89 at the Sacred Heart Convent, which means the incidence of bullying was higher at Ibne Sina College. According to WHO Wellbeing Index, the mental wellbeing was also higher at Ibne Sina College, with 60.7% of students reporting a score higher than 13, as compared to 48.6% from Sacred Heart Convent.

Conclusion: These results suggest that in Pakistan, the rate of traditional bullying is higher among students of co-educational school i.e., students of both genders in the same school or college, however, they also report higher general happiness and lower risk for depression. Irrespectively, there is a need to incorporate the promotion of anti-bullying programs and promote positive health as an integral part of the curriculums in school.

Abbreviations

Combined Military Hospital Lahore Medical College and Institute of Dentistry (CMH LMD and IOD); Bachelor of Medicine, Bachelor of Surgery (MBBS); National University of Medical Sciences (NUMS); WHO (Five) Wellbeing Index (WHO-5); Statistical Package for the Social Sciences (SPSS).

Keywords: Bullying, mental wellbeing, adolescents, victimization.

INTRODUCTION

Bullying is defined as any unwanted aggressive behavior(s) towards an individual by another youth or group of youths, who are neither siblings nor current dating partners, involving an observed or perceived imbalance of power, which is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth, including physical, psychological, social, or educational harm[1].

Bullying not only has severe negative effects on the victims involved, but also has serious implications on much broader levels, including family life, education and health[2]. It is important for both the victim as well as the bully to share their experience so that the root causes of such aggressive nature and volatile behavior can be determined. They should be helped, and counselling as well as confidence building programs should be introduced in both schools and colleges.

There has been a lot of research done on bullying in different countries. However, there are only few studies in Pakistan. It is only during the past few years that bullying was identified as a real problem effecting the mental wellbeing of students. Unfortunately, it is still not being taken seriously and anti-bullying programs need to be promoted to counter this problem as soon as possible, otherwise aggressive behavior in bullies and low self-esteem in victims would become a permeant part of their personalities[3].

Our research aims to investigate and compare bullying as well as its effects in two different schools: co-educational day school and an all-girls day school. Literature present on this topic was sparse and difficult to find. One research showed that differences in culture and linguistics between eastern and western countries contributed significantly in terms of factors like who was the bully (friends or strangers), where did it happen (classroom or playground), or the type of bullying (social exclusion, extortion)[4]. Keeping in view the above facts, consequently on a smaller scale at the level of schools, we could say that individual schools with different environments can also have a significant difference between how much bullying a student goes through. Another study found that students in voluntary-aided schools were less likely to report cyber-bullying than those in community and foundation schools. It also showed how a school with quality rating of "Good" was associated with greater reported bullying victimization compared to ratings of "Outstanding"[5]. Studies have been conducted to examine the impacts of bulling on life satisfaction, with results indicating negative correlation between levels satisfaction in life and bullying[6]. Another longitudinal study conducted on students from fifth to tenth grade found that bullying has a negative impact on mental wellbeing over years[7]. There is limited research available on the subject. This research aims finding the correlation between the extent of bullying and the strength of positive mental wellbeing of the victims at two different schools in Lahore, Pakistan. This will also help explore any relation between bullying and positive aspects of mental wellbeing.

METHODS

After approval from the Ethical Committee of the CMH Lahore Medical College, volunteer participants were enrolled. Study participants belonged to grade 6 to 8 (middle school) and 9 to 10 (senior school) in academic year 2019-2020, from 2 schools of Lahore: Sacred Heart Convent School and Ibne Sina. These schools were selected since they have a diverse population of children belonging to different classes of Pakistan: elite, middle and lower. The sample size was calculated using the Rao Software with a 95% confidence interval and 5% margin error.

The survey consisted of three parts. 1. Demographic profile, 2. Victimization Scale by CDC[8] - this scale was used to collect data for bullying, and it measures frequency of self-reported victimization during the week prior to the survey in middle and senior school children. The scores are additive, and the scale ranges from 0 to 60 points. High values indicate higher frequency of being the victim of aggressive acts. 3. WHO (Five) Wellbeing Index (WHO-5)[9]. This scale collected data for mental wellbeing. This scale is a self-reported measure of current mental wellbeing. It comprises of five items to which respondents' rate how well the items apply to themselves on a five-point Likert scale, ranging from '0' to '5'. The total ranged from 0 to 25, is multiplied by 4 to give the final score, with 0 representing the worst imaginable wellbeing and 100 representing the best imaginable wellbeing. A score below 13 indicates poor wellbeing.

All data was analyzed using Statistical Package for the Social Sciences (SPSS software) (version 26; IBM). Results were presented in frequency and

Table 1. Victimization Scale Scores

Victimization scale	Ibne Sina Score	Ibne Sina %	Sacred Heart Convent Score	Sacred Heart Convent %
Lowest score	0	12.9	0	22.9
Highest score	54	0.4	39	0.3
Mean Score	8.90	-	5.89	-

p-value 0.127

Table 2. Victimization Scale Scores (values are expressed in percentages)

	0 times (%)		1 time (%)		2 times (%)		3 times (%)		4 times (%)		5 times (%)		6 times & higher (%)		p- value
	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	
A student teased me to make me angry	44.5	50.5	20.2	24.8	14.7	9.2	8.8	3.7	2.9	2.8	0.4	2.8	8.5	6.4	0.101
A student beat me up	87.5	92.7	7.4	3.7	2.6	0.9	1.5	2.8	-	-	0.7	0.0	0.4	0.0	0.438
A student said things about me to make other students laugh (made fun of me)	40.4	55.0	22.4	10.1	12.9	18.3	5.5	7.3	5.1	0.9	1.5	2.8	12.1	5.5	0.0003
Other students encouraged me to fight	75.8	78.0	11.8	13.8	5.9	3.7	2.9	2.8	1.1	1.8	-	-	2.9	0.0	0.469
A student pushed or shoved me	47.8	69.7	29.0	18.3	9.2	4.6	5.9	4.6	2.6	0.0	1.5	0.9	4.0	1.8	0.010
A student asked me to fight	76.1	89.9	71.4	7.3	4.8	0.9	3.3	0.0	1.5	1.8	0.7	0.0	2.2	0.0	0.041
A student slapped or kicked me	74.6	85.3	12.1	6.4	5.1	2.8	2.2	1.8	1.8	0.9	1.1	1.8	2.9	0.9	0.350
A student called me (or my family) bad names	68.4	85.3	11.0	5.5	6.6	3.7	3.7	1.8	2.6	0.9	1.1	0.0	6.6	2.8	0.064
A student threatened to hurt or hit me	75.7	84.4	7.3	7.3	4.8	4.6	1.8	0.9	1.1	0.0	0.7	0.9	2.2	1.8	0.538
A student tried to hurt me	45.2	51.5	20.2	20.2	6.6	11.0	7.0	3.7	3.7	4.6	2.6	3.7	10.4	5.5	0.312

Table 3. WHO Well-being Index Score

WHO Scale Score	Ibne Sina %	Sacred Heart Convent Score
Less than 13	39.3	51.4
More than 13	60.7	48.6

p-value 0.032

percentages. Chi-square test was used for comparison of categorical variables. P value < 0.05 was considered statistically significant.

RESULTS

A sample size of 381, with 71.4% students from Ibne Sina and 28.6% students from Sacred Heart Convent was used in this study. 25.2% students were from grade 6, 37.3% from grade 7, 21.3% from grade 8, 12.6% from grade 9 and 3.7% of them were from grade 10. The student pool belonged to three religions: 97.4% were Muslims, 2.4% Christians and 0.3% belonged to other religions.

The lowest score for victimization scale was 0 for both schools. 12.9% of students from Ibne Sina College and 22.9% students from Sacred Heart Convent reported no incidences of bullying. The highest score for victimization scale was 54.0 for Ibne Sina College with a percentage of 0.4%, and 39.0 for Sacred Heart Convent with a percentage of 0.3%. The mean score for Ibne Sina College was

Table 4. Summary of positive well-being between schools.

	All of the time		Most of the time		More than half of the time		Less than half of the time		Some of the time		At no time		p- value
	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	ISC	SHC	
I have felt cheerful and in good spirit	4.0	6.4	16.2	24.8	9.9	6.4	21.7	14.7	39.3	27.5	8.8	20.2	0.003
I have felt calm and relaxed	8.8	20.2	15.1	13.8	14.7	14.7	19.5	13.8	29.4	25.7	12.5	11.9	0.069
I have felt active and vigorous	5.1	4.6	10.7	11.0	9.6	12.8	20.2	23.9	27.9	24.8	26.5	22.9	0.848
I woke up feeling fresh and rested	18.4	21.1	12.9	17.4	11.4	10.1	15.4	16.5	22.4	11.9	19.5	22.9	0.261
My daily life has been filled with things that interest me	10.7	11.9	16.5	19.3	11.8	10.1	20.2	11.9	21.0	21.1	19.9	25.7	0.432

8.90 and that for Sacred Heart Convent was 5.89, which means that the incidence of bullying was higher at the Ibne Sina College (Table 1). As represented by Table 2, higher percentages for bullying is seen at the Ibne Sina College. The difference was significant for the following variables:

- "A student said things about me to make other students laugh (made fun of me)" (p=0.003).
- "A student pushed or shoved me" (p=0.01).
- "A student asked me to fight" (p=0.041).

According to WHO Wellbeing Index, the mental wellbeing was also higher at the Ibne Sina College, with 60.7% of the students reporting a score higher than 13, as compared to 48.6% for Sacred Heart Convent. This difference was significant, with a p value of 0.032 (Table 3). Furthermore, the individual variables for WHO Wellbeing Index had only one highly significant variable: "I have felt cheerful and in good spirit", with a p-value of 0.003. 20.2% of students at Sacred Heart Convent and 8.8% from Ibne Sina College selected "at no time" for this variable (Table 4).

In conclusion, bullying was higher among students of Ibne Sina College. However, the mental wellbeing was also improved at the same institution. Physical bullying was higher at Ibne Sina College e.g pushing, provoked to fight, however the students at Ibne Sina College are happier and more cheerful.

DISCUSSION

This cross-sectional study examined the association between traditional bullying and its co-relationship with the positive mental wellbeing of students from two schools. The results showed that bullying was higher among students from Ibne Sina College. However, these students also reported higher mental wellbeing as compared to Sacred Heart Convent. A higher percentage of students at Ibne Sina College felt cheerful and in good spirits in their daily lives. There may be several reasons for these results. According to previous research, teacher–student relationships buffered against experiencing psychosocial distress associated with peer victimization[10]. this could be a factor putting students from Ibne Sina College ahead of those from Sacred Heart Convent in constructs of positive mental wellbeing.

A significant number of students who tended to be encouraged to fight was identified. It needs to be further evaluated to see if these children are fighting as retaliation to bullies or being taken advantage of due to vulnerable nature and provoked by their bully friends. Existing literature suggests that victims of bullying display less self-control than normative youth and an impaired ability to correctly interpret others' perspectives and behaviors. This lack of empathetic traits may be important in determining their aggressive behavior[3,11,12]. Furthermore, research also needs to be conducted to find the relation of cyber bullying on the lives of the bullied, whether they are bullied, bullying or both via internet platforms.

It is important to shed light on the fact that previously most literature viewed the victimization from a perspective of increased negative mental wellbeing, which might not be the case. Victims may have characteristics that cause a deficit in the positive aspects of psychological wellbeing and not a gain in negative aspects[7]. Therefore, more research needs to be conducted from a perspective of

complete psychological constructs. However, this lack in positive constructs, especially in younger generations, might be the first step towards a gain in negative constructs and the pavement to psychological distress and mental wellbeing disorders, which may cause serious long-term impacts on a victim's life if bullying victimization is not recognized early and help is not provided[13].

This research demonstrates that bullying is linked to positive mental wellbeing, however a huge database of existing literature highlights the contrary. Previous researches suggest that bullying is directly linked to negative self-image, an increased risk of depression, suicide ideation and below normative academic performance. Results of a longitudinal study exploring the effect of victimization on health of fifth, seventh and tenth grade students with varying histories of victimization showed negative impacts on the psychobiological health of these students. The adverse impacts were highest on those bullied on the past and present, followed by children with present-only experiences, children with past-only experiences, and children with no experiences respectively[13]. The average rate of bullying in this research was towards a lower end and, therefore, this could be a factor in better wellbeing. Higher rates of bullying may lead to serious negative impacts on the mental wellbeing of these individuals. This was also explored in a previous research, which stated that suicidal intention increased while belief-in-others decreased. However, a few constructs of mental wellbeing varied, depending on the frequency of victimization. These constructs included belief-in-self, engaged living, and depression[7]. Therefore, further research is required to establish the relationship between different frequencies of victimization to mental wellbeing.

Irrespective of the effects of bullying on positive wellbeing, the importance of the role of administrative faculty in the educational institutions in preventing bullying cannot be ignored. There is a need to promote anti-bullying behaviors and incorporate programs to help develop strong psychological aspects of positive health, as an integral part of the curriculum in schools. A positive school environment is necessary not only for a better academic achievement, but also for psychological health[14]. A study established the importance of physical education in preventing bullying behavior[15]. Another study examined quality-of-life impacts of bullying on children, as well as how these children envision a day in which their quality of life was high. The results of this qualitative study stated that the bullied felt helpless, lonely and excluded. These children expressed a need for bullying to be recognized, while demanding assistance from the school staff to stop the bullying, and to be included by their peers[16]. Another study found that peer and teacher support system help in moderating the quality of life of victims[17]. According to a study by Bradshaw, Waasdorp and Johnson internalizing behaviors have a strong association with depression and suicidal ideation[18]. It is important for those bullied to share their experience and seek help, while those bullying should be discouraged and counseled. This can only be accomplished by introducing programs in schools that work on the development of mental wellbeing; improvement in interpersonal relationships, social skills, behavior issues, aggression control. Anti-bullying programs not only help reduce bullying and victimization, but are also a gateway to less crimes and more civilized individuals being raised. According to a research by Tofi and Farrington (2012), anti-bullying programs led to an average decrease in bullying by 20 to 23 percent and in victimization by 17 to 20 percent[19].

CONCLUSION

In Pakistan, traditional bullying is common in educational institutes. Different forms of traditional bullying co-occur; however, a higher risk of mental ill-being is not established by this research. Contrarily, bullied students tend to be more positive with better psychological strengths. Irrespective, it is important to recognize the adverse effects of bullying. Bullying remains a big issue with cyber bullying on the rise. Administrative faculty in the educational institutions of Pakistan need to pay attention to this serious problem, and there is a need to incorporate the promotion of anti-bullying programs and promote positive health as an integral part of the curriculums of school in general and Pakistani schools in particular. In many countries, bullying is a serios problem that is not handled well by the authorities. Our study shows how bullying affects kids in a South Asian community. Anti-bullying programs not only help reduce bullying and victimization but are also a gateway to lower criminality and more civilized individuals being raised.

KEY POINTS

- *Bullying is a common problem with serious adverse consequences for the child and his family, in the short as well as the long term*
- *Bullying does not always translate into a lower mental wellbeing. Victims of bullying can have an improved mental wellbeing*
- *There is a need to raise awareness about bullying and implement ways to stop it*

Acknowledgements

The authors would like to thank Mam Amna Kamal from Ibne Sina College, Sister Martin de Porres from Sacred Heart Convent and all the volunteer students who participated in the research.
Ethical approval was given by CMH Lahore Medical and Institute of Dentistry Ethical Review Committee (Reference Number 456/ERC/CMHLMC). Before filling out the surveys the students were asked to sign a consent form for participation. The was a non-blinded study.

Conflict of Interest

The authors declare that they have no competing interests.

References

1. Gladden R, Vivolo-Kantor A, Hamburger M, Lumpkin C. Bullying Surveillance Among Youths: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. 2014; https://www.cdc.gov/violenceprevention/pdf/bullying-definitions-final-a.pdf
2. McDougall P, Vaillancourt T. Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment. American Psychologist. 2015;70, 300-310.
3. Haynie D, Nansel T, Eitel P, Crump A. D, Saylor K, Yu K et al. Bullies, victims, and bully/victims: Distinct groups of at-risk youth. The Journal of Early Adolescence. 2001;21: 29-49.
4. Ersilia M, Christina S. Bullying in schools: the state of knowledge and effective interventions. Psychology, Health and Medicine. 2017;22(1):240-253
5. Bevilacqua L, Shackleton N, Hale D, Allen E, Bond L, Christie D, et al. The role of family and school-level factors in bullying and cyberbullying: A cross-sectional study. BMC Pediatrics. 2017;17(1):160.
6. Flaspohler PD, Elfstrom JL, Vanderzee KL, Sink HE, Birchmeier Z. Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life. Psychology in the Schools. 2019; 46:636-649.
7. Fullchange A, Furlong MJ. An exploration of effects of bullying victimization from a complete mental health perspective. Sage Open. 2016; 6(1):215824401562359.
8. Orpinas P. Skills training and social influences for violence prevention in middle schools: A curriculum evaluation (Doctoral dissertation, University of Texas-Houston, School of Public Health). Dissertation Abstracts International. 1993; 94-01778.
9. Bech P, Olsen LR, Kjoller M, Rasmussen NK. Measuring well-being rather than the absence of distress symptoms: a comparison of the SF-36 Mental Health subscale and the WHO-Five Well-Being Scale. Int J Methods Psychiatr Res. 2003; 12(2):85-91.
10. Michael L, Sulkowski, Simmons J. The protective role of teacher–student relationships against peer victimization and psychosocial distress. Psychology in the Schools. 2017; 55(2);137-150.
11. Garner PW, Hinton TS. Emotional display rules and emotion self-regulation: Associations with bullying and victimization in community-based after school programs. Journal of Community and Applied Social Psychology. 2010; 20:480-496.
12. Kokkinos CM, Kipritsi E. The relationship between bullying, victimization, trait emotional intelligence, self-efficacy and empathy among preadolescents. Social Psychology of Education. 2012; 15:41-58.
13. Bogart LM, Elliott MN, Klein DJ, Tortolero SR, Mrug S et al. (2014). Peer Victimization in Fifth Grade and Health in Tenth Grade. Pediatrics. 2014; 133(3):440-447
14. Zhang H, Zhou H, Cao R. Bullying Victimization Among Left-Behind Children in Rural China:

Prevalence and Associated Risk Factors. Journal of Interpersonal Violence. 2019; 886260519843287

15. José AJB, Alejandro JL, David GC, Vicente JBC, Laura LZ, José ARH. Physical education and school bullying: a systematic review, Physical Education and Sport Pedagogy. 2020; 25(1)79-100.
16. Kvarme LG, Helseth S, Sæteren B, Natvig GK. School children's experience of being bullied–and how they envisage their dream day. Scandinavian Journal of Caring Sciences. 2010; 24:791-798.
17. Flaspohler PD, Elfstrom JL, Vanderzee KL, Sink HE, Birchmeier Z. Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life. Psychology in the Schools. 2009; 46:636-649.
18. Bradshaw CP, Waasdorp TE, Johnson SL. Overlapping verbal, relational, physical, and electronic forms of bullying in adolescence: Influence of school context. Journal of Clinical Child and Adolescent Psychology. 2015; 44:494-508.
19. Tofi MM, Farrington DP. Risk and protective factors, longitudinal research, and bullying prevention. New Directions for Youth Development, 2012; 85-98.