
Prevalence of Bullying Among the Adolescent Students of Selected Schools of Dharan Sub- Metropolitan City, Nepal

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Abstract

Background: Adolescence is the transitional phase of growth and development between childhood and adulthood. Bullying has several effects on the health, social interactions and academics. Victims of bullying often demonstrate difficulty in adjustment, poor academic results and some psychosomatic symptoms. **Objectives:** To find out the prevalence of bullying among the selected adolescent students and to find out the association between bullying and selected socio- demographic variables. **Method and Materials:** A descriptive cross-sectional research design was followed. The totals of 164 adolescent students studying in grade 8, 9 and 10 in school of Dharan were taken in 2019. Stratified random sampling and Simple random sampling technique was used to select the school and students respectively. Bullying was assessed using Adolescent Peer Relations Instrument. Data was analyzed by using descriptive and inferential statistics. **Result:** Majority (98.2%) of respondents indicated that bullying occurred in their school. Majorities (84.8%) of the respondents were doing mild form of bullying, 11.6% were doing moderate form of bullying, and 1.3% were doing severe form of bullying. Majority (82.3%) of the respondents were mildly victimized, 15.2% were moderately victimized while only 2.4% were severely victimized. There was statistically significant association of prevalence of bullying with the age, gender, grade, family monthly income and obtained percentage of previous year's annual examination ($p < 0.05$). **Conclusion:** Bullying is common in schools and highly prevalent among adolescent. Maximum students had experienced physical, verbal, social bullying.

Keywords: Adolescent; Bullying; Victimization.

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1. Introduction

1.1 Background

Adolescence is the transitional phase of growth and development between childhood and adulthood. The WHO defines an adolescent as any person between ages 10 and 19 [1]. Adolescence is a time of big social changes, emotional changes and changes in relationships. Social changes include identity, where they are busy working out who they are and where they fit in the world, independence, where they probably want more independence about things like how they get to places, how they spend their time and who they spend their time with, new experiences, where they are likely to look for new experiences including risky experiences and explore their own limits and abilities through new experiments, influences, where friends and peers influence their behavior, appearance, interests, self-esteem, values and morals, sexual identity and media, where cell phones, social medias, internet influence how they communicate with friends [2]. Emotional changes includes: Moods and feelings where they show strong feelings and intense emotions which can lead to conflicts, Sensitivity to others where sometimes they misread facial expressions and body language, Self – consciousness where their self-esteem is often affected by appearance or by how they think they look. Adolescents also have poor decision making skill which can sometimes result in risky consequences [2]. Adolescence is not only a transitional phase but also the phase in which risk behaviors and other problems can develop. Common problems of adolescence are: Juvenile delinquency, drug and alcohol abuse, Addiction and dependency, teenage pregnancy among adolescents, HIV /AIDS and sexually transmitted disease, stress, depression and bullying [3]. Bullying is a subset of aggressive behavior, which in turn is generally defined as “behavior intended to inflict injury or discomfort upon another individual” or in similar terms. Since most bullying occurs without apparent provocation on the part of the targeted child or youth, it is usually considered to be a form of proactive aggression (in contrast to reactive aggression). Bullying is thus aggressive behavior with certain special characteristics such as an asymmetric power relationship and some repetitiveness [4]. Bullying remains as pervasive phenomenon affecting children worldwide. Bullying in school has long been a matter of concern as wide range of adjustment problems including poor mental health and violent behavior in school are associated with it. Bullying, a worldwide phenomenon, mostly occurs among school children resulting to poor health [5]. Bullying has been defined as the intentional unprovoked abuse of power by one or more children to inflict pain or cause distress to another child on repeated occasion with negative actions either physical contact, verbal assault, nonverbal gestures and intentional exclusion characterized by imbalance of power [6,7,8].

A student is said to be bullied when another student, or several other students,

- Say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names
- completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose
- Tell or spread false rumors about him or her or send mean notes and try to make other students dislike him or her and other hurtful things like that.
- hit, kick, push, shove around, or lock him or her inside a room [4].

These things happen repeatedly, and it is difficult for the student being bullied to defend him or herself. We also call it bullying when a student is teased repeatedly in a mean and hurtful way. But we do not call it bullying when the teasing is done in a friendly and playful way. Also, it is not bullying when two students of about the same strength or power argue or fight [4].

Bullying can be distinguished from the other kinds of aggression between students in a number of ways, but most obviously by the following:

- The negative behaviors are intentionally targeted at a specific individual (it isn't an accident that this incident happened.)
- The repetitive nature of bullying(it isn't usually a onetime event); and
- The power imbalance between the students [4].

Bully is the initiator of the bullying behavior whereas the victim is the target of bully. Bully-victim is the one who is being bullied by others and is started taking part in bullying others [5]. Bullying can occur through a variety of forms such as direct physical contact, verbal and nonverbal behaviors. Direct physical contact includes hitting, slapping, biting, hair pulling, pinching, scratching etc. Behaviors like threatening, humiliating, giving bad nickname, spreading bad news are verbal bullying while non-verbal behaviors include seeing oddly, showing face expression mocked, threatening, indirect silencing someone and isolating or neglecting. Many factors causes bullying, like parental relationship, school failure, peer rejection etc. Bullying is characterized by fear of going to school, poor or worsening school works, inability to concentrate, withdrawn behavior, depression, loss of confidence, reluctance to go out, shortage of money, missing school books, repeated signs of failure, harm and injuries [9]. Bullying is often followed by short-term and long-term undesirable psychosocial consequences [10,11]. Both the victims and perpetrators of bullying tend to have many physical and psychological symptoms, such as depressive symptomatology, sleeping difficulty, severe suicidal ideation, psychiatric and psychosomatic symptoms and may continue to adulthood [7, 11].

1.2 Rationale

School bullying is so common an occurrence in schools that most cases are taken without serious consideration not only by the perpetrators, but sometimes even the school management. Many school authorities try to cover up school bullying incidents for fear of tarnishing the school 'image' [12]. According to an annual State of Rights of Children News Report Survey taken in 2015 by Child Workers in Nepal Concerned Centre, 62 cases of physical or mental abuse and torture of schoolchildren were recorded in the year [12]. As many cases were recorded in the first six months of 2015. Likewise, 56 cases of psycho-social problems were also reported in that time period. Nepal does not have a specific law against bullying, but the offence comes under Some Public (Crime and Punishment) Act, 1970. The bully can be booked considering the seriousness of the case [12]. Nowadays prevalence of bullying behavior is very common in secondary schools. Every day thousands of children wake up being afraid of going to school. Bullying can happen to anyone at any age and anywhere whether at school, home or even in the workplace [9]. As per the Times of India, in India, as many as 42% of students of class 4 to 8 and 36 % of class 9 to 12 said they were subjected to harassment by peers on school

campuses, a five year study conducted at 15 locations across the country had found. The survey covered Bengaluru, Shivamogga, Mumbai, Chennai, Bhopal, Guwahati and nine other cities. During the survey, 69% of students from grade 4 to 8 admitted to difficulties in working with students who are different from them in attire and mannerisms. More boys- 54% reported physical harassment and fighting among themselves, compared to girls- 46% across country [13]. A large number of school dropout cases in Nepal might be directly associated with bullying at school. Those bullied may suffer from long term emotional and behavioral problems like loneliness, depression, anxiety, low self-confidence ultimately leading to complicated illnesses, social difficulties and suicide [9]. A research was done on the relationship between bullying behaviors and high school dropout in Cape Town, South Africa. The report focuses on those learners who had dropped out school between 1997 and 2001(n= 776; 55.2%). In 1997, 52% of the boys and 37% of the girls had been involved in bullying behaviors. Of the three bullying categories (bully, victim, and bully- victim), girls but not boys in the 'bully-victim' category were significantly more likely to drop out of school [14]. Dr. Andrew Sourander, a professor of Child Psychiatry at the University of Turku in Finland, reported that children who are bullied in early childhood have an increased risk of depressive disorders and need psychiatric treatment later in life. His study results were reported in 2015 in the journal JAMA Psychiatry. About 20% of those who were bullies as children had a mental health problem that needed medical treatment as a teen or young adult. This compares to 23% of the kids who were bullied frequently and had sought help for psychiatric problem before age of 30. About 31% of those children who were frequently bullies and were also bullied themselves had psychiatric problems that required treatment, as well as the highest rates of depression, anxiety disorders, schizophrenia, and substance abuse of all the groups in the study [15]. Nowadays the new form of internet bullying has become a commonplace. Sexual harassment by using emails, text messages and social networking via notorious photographs and videos are online bullying. This kind of bullying causes the largest number of suicides globally [9]. A recent study from Ipsos polled parents in 28 countries to determine cyber bullying rates in 2018. It found that nearly one in five parents worldwide say their child has experienced cyber bullying at least once. The problem is particularly bad in India which had the highest rate of parents confirming instances of cyber bullying. A total of 37% of parents across India said that their child was bullied online, with 14% of that total saying that bullying occurred on a regular basis [16]. The lack of attention to the mental health status of children and adolescents, may lead to mental health problems with lifelong consequences, undermines compliance with health regimens, and reduces the capacity of societies to be safe and productive [17]. Detection of risk factors of psychosocial problem in the early adolescence can be beneficial more than for individual. Hence, the present study is conducted to find out the prevalence of bullying among adolescents students in Dharan Sub Metropolitan City, Nepal to determine whether the problem is prominent issue or not.

1.3 Problem Statement

Bullying is common problem among the adolescent students varying in its nature and severity. Bullying has several effects on the health, social interactions and academics. Victims of bullying often demonstrate difficulty in adjustment, poor academic results and some psychosomatic symptoms. This study will find out the prevalence of bullying among the adolescent students of school of Dharan and assess the association between selected demographic variables.

1.4 Objectives

Primary objective

- To find out the prevalence of bullying among the adolescent students.

Secondary objective

- To find out the association between bullying and selected socio - demographic variables.

1.5 Research Question

- What is the prevalence of bullying among the adolescent students of the selected schools of Dharan Sub-Metropolitan City?

1.6 Operational Definitions

Bullying: It refers to negative, unpleasant actions of respondents done as bullies measured by the bullying related structured questionnaire.

Victimization: It refers to negative, unpleasant response of respondents towards the behavior done by bullies as measured by the bullying related structured questionnaire.

Adolescent Students: Students who were studying at class 8, 9 and 10 in private and government schools of Dharan Sub-Metropolitan City.

1.7 Study Variables

1.7.1 Dependent Variable

- Prevalence of Bullying

1.7.2 Independent Variables

- Age
- Ethnicity
- Religion
- Sex
- School grade
- School type
- Parental education
- Student's residence
- Family income

- Obtained Academic Grade/percentage (last year summative annual examination)

1.8 Theoretical Framework

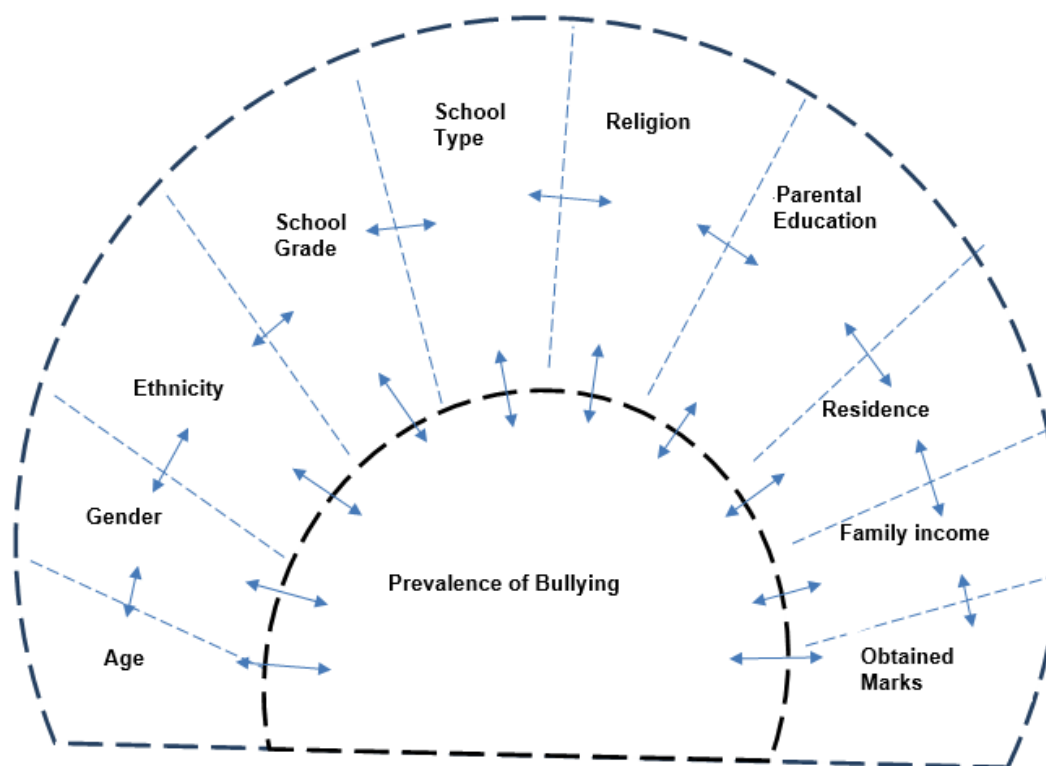


Figure 1: Relationship between independent and dependent variable

Conceptual framework of this study is based on Leininger's Sunrise model. The culture care diversity and universality theory according to Dr. Leininger focuses on describing, explaining and predicting nursing similarities and differences focused primarily on human caring in human culture. This theory does not focus medical symptoms, disease entities nor treatment but instead focuses on those methods of approach to care that means something to the people to whom care is given. Diverse factors influence pattern of care and health or wellbeing in different cultures. Care always occurs in cultural context. Culture is viewed as a framework that people used to solve human problems. Leininger states that culture refers to "the life ways of an individual or a group with references to values, beliefs, norms, patterns and practices" and agrees that culture is learned by group members and transmitted to other group members or inter-generality. Contextual factors such religion, philosophy, beliefs, social and kinship lines and patterns, economic, educational factors all influence care pattern. Culture care theory focus also includes care for families, groups, communities, culture, and institutions. Human caring is a universal phenomenon and every nursing situation has transcultural nursing elements. Caring is essential to human development, growth and survival as well as caring transculturally in priorities and need satisfaction. Correlating this concept of this theory, bullying of student at school is greatly influenced by age, gender, ethnicity, religion, school grade school type, and his/her academic performance. Similarly, parental education, student's residence whether with a parent or guardian and family income also have influence on the

bullying practices.

2. Literature Review

In accordance with the subject for the study an extensive review of literature was carried out from various textbooks, articles, journal, reports and various other publications, surfing of the internet, websites was also done to collect latest information pertaining to the subject and are discussed below:

2.1 Review of the literature

A study conducted by Forero R, Mclellan L, Rissel C in 1999 on “Bullying behavior and psychosocial health among school students” in New South Wales, in Australia. A sample of 3918 students -2129 girls (54.3%), 1764 boys (45.0%), and 25 (0.64) not specified –representing a participation rate of 84% on the basis of enrolment figures for secondary school years 8 to 10, and 88% for primary school year 6. The mean age of their sample was 11.88 years (SD0.52) for 6 students, 13.96 (0.54) years for 8 students, and 15.97 (0.51) years for 10 students. Boys and Girls in each year were of identical age. Student distribution across the year was similar: 1222 students in years 6 (31.1), 1403 in year 8 (35.8%), and 1268 in year 10 (32.4%). Overall, 443 students (11.3%) were born overseas, 3381 (86.3%) were born in Australia, and 94 (2.4%) were from an indigenous background. Overall, 1650 students (42.4%) reported neither being bullied nor bullying others in last term of the school calendar. Of the remaining 2268 students (57.8%), 928(23.7%) bullied other, 843(21.5%) both bullied and were bullied, and 497(12.7%) were bullied. More boys (526, 29.8%) than girls (402, 18.9%) reported bullying or both being bullied and bullying (460 boys (26.1%), 358 girls (16.8%), but slightly more girls (286, 13.4%) than boys (211, 12.0%) reported being bullied [18]. A study conducted by Williams K, Chambers M, Logan S,Robinsons D in 1992-1993 on “Association of common health symptoms with bullying in primary school children” in Newham, East London. Questionnaires were completed for 2962 (93.1%) of the 3180 eligible children. Of 218 not interviewed, 42 attended a school without a school nurse and 176 failed to attend. Age at interview was known for 2953 children. The mean age was 9.0, range 7.6-10.0 (98.7% were between the expected ages at interview of 8 years, 3 months and 9 years, 9 months). A parent was present for 1644 (55.5%) of interviews. Information on bullying was not available for 114 children. Forty children (1.4%) said they were bullied nearly every day and 638 (22.4%) bullied at some time. A higher proportion of boys reported bullying [347/1428 (24.3%), 95% confidence interval 22.1% to 35.0%] than girls [290/1419 (20.9%), 23.1% to 28.1]. Most bullying occurred at school, although 22 children reported bullying in the home [10]. A study conducted by Dake J.A., Price of J.H., and Johann S., in 2003 on “The nature and extent of bullying at school”. Research on the prevalence and location of bullying had occurred in diverse setting, including Norway, Sweden, Denmark, Finland, Germany, Spain, Italy, England, Scotland, Ireland, Australia, Japan, Canada, and the United states. The prevalence of victimization in elementary schools (grades 1-5) varied from a low of 11.3% in a sample of 5813 students in Finland to a high of 49.8% in a nationwide sample (n=7290) of students in Ireland. In the United States, the prevalence estimate of victimization in elementary school students was 19%. The highest levels of victimization occurred in elementary schools, with a steady decline in prevalence rates through secondary schools. The prevalence of elementary grade students bullying other students ranged from 4.1% in a sample of 1510 students from Finland to 49.7% in the aforementioned nationwide study in Ireland. Pellegrini

found the prevalence of bullying to be 14% for elementary grade students in their US study. Prevalence estimates for students involved both in bullying and being bullied (bully/victims) ranged from 2.2% in the Finnish study by Olafsen to 18.6% in another Finnish study by [19]. A study conducted by Yang SJ in 2006 on “Bullying and victimization behavior in boys and girls at south Korean primary schools.” in South Korea. The prevalence of bullies, victims, and bullies/victims was 12.0%, 5.3% and 7.2% respectively. Boys were significantly more likely to be bullies and bullies/victims. In the multivariate analyses, bullying and victimization behaviors were association with gender, greater than average height, higher depression, higher trait anxiety, lower self-esteem, and total difficulties of the strengths and Difficulties Questionnaire. Differences in the associations were found between boys and girls [20]. A study conducted by Hinduja S and Patchin J.W. in 2010 on “Bullying, Cyber bullying, and Suicide” in United States. In sample, 20% of respondents reported seriously thinking about attempting suicide (19.7% of females, 20.9% of males), while 19% reported attempting suicide (17.9% of females, 20.2% of males). With regard to traditional bullying, prevalence rates for individual behaviors ranged from 6.5% to 27.7% for offending and from 10.9% to 29.3% for victimization. The most common form of bullying offending reported by respondents was: “I called another students mean names, made fun of or teased him her in a hurtful way”(27.7%), while the most frequently cited form of bullying victimization was : “Other students told lies or spread false rumors about me and tried to make other dislike me” (29.3%). With regard to cyber bullying, prevalence rates for individual behaviors ranged from 9.1% to 23.1% for offending and from 5.7% to 18.3% for victimization. The most commonly reported form of cyber bullying offending was “Posted something online about another person to make other laugh” (23.1%) while the most frequent form of victimization was: “Received an upsetting email from someone you know” (18.3%). It is worth noting that the mean scores for all of these bullying scales are relatively low, which indicates a negatively skewed distribution of the scale [21]. A study conducted by Ramya S.G., Kulkarni M.L. in 2011 on “Bullying among school children: prevalence and association with common symptoms in childhood in India.” 500 students aged between 8-14 years from 5 randomly selected schools as well as their parents and teachers were interviewed using a pretested questionnaire. Bullying was reported by 302(60.4%) of the 500 children interviewed. Bullying was seen to be more prevalent among boys and girls, the commonest forms being calling names and making fun of one’s looks. Physical abuse was reported by 38 students. Only 65(39%) parents knew that their children were being bullied. Bullied children were more likely to report symptoms such as headache, loose motion, fever and depression. Teachers were found to be ignorant of the whole issue [6]. A study conducted by Seixas S.R., Coelho J.P. and Fischer G.N. in 2013 in Lisbon on “Bullies, victims and bully-victims impact on health profile in Lisbon.” Involvement in bullying behavior was assessed with a peer Nomination Inventory, of the total sample, 17.9% of the students were classified as bullies, 17.2% as victims, 7.1% as bully-victims and 57.8% as not involved. Boys received more nominations as bullies and bully/victims than girls, while girls received more nominations as not involved in bullying problems. Although there were not so many differences in the victim group, suggesting that both boys and girls are equally targets of bullying, boys still received more nominations. 55% of the boys and 45% of the girls had been bullied during the current school term, 69.2% of the boys and 30.8% of the girls had bullied others. Among girls, there are few students who are both a victim and a bully (19.5%) compared to boys (80.5%). Bullying behavior and victimization has its highest –speak at year 7 with an age decline until year 9 [22]. A study conducted by Patel H.A. in 2014 “Profiles of Bullies and victims among urban school.” In Gujarat, India. The study was undertaken to determine

the profile of bullying among the student of 7th, 8th, and 9th grades of urban school of Gujarat. Sample size was 1106. Overall prevalence of any form of bullying was 49%, with bullies being 29.9% and victims being 29.7%. Being teased (0.68) and made fun of (0.75) and making of others (0.45) as the most frequently used behaviors. Males reported significantly higher bullying experiences (both bullying others and victims experiences). Age had no association with either being a bully ($P=0.07$) or a being a victim ($P=0.37$). Overweight/obese ($P=0.02$) and students having less friends ($P=0.001$) were more likely to be victims. They found 29.7% students being victimized by bullying. Girls who were victims reported higher experiences of emotional and sensitive forms of bullying whereas boys were victims reported higher experience of physical and verbal means of bullying. Psycho-social consequences assessment showed that victims had higher emotional problems, hyperactivity and peer problems [23]. A study conducted by Soori H, Rezapour M, Khodakar in 2014 in Iran on “Epidemiological Pattern of bullying among school children in Mazandaran Province-Iran. “Prevalence rates of bullying behaviors based on the cut-off points at 2 or 3 times a month were 5.4% for only bully, 22.1% for only victim and 11% for both bully victim. The prevalence of each form of victimization were 24.7% verbal, 15% relational 10.3% physical and for each of bullies 11% verbal, 5.3% relational, 6.4% physical. Boys were more involved in all form of bullying behaviors. Rural students were more involved in bullying. The most common places of victimization were the playground or athletic fields. The majority of victims were bullied by their classmates [24]. A study conducted by Mishra D.K., Thapa T.R., Marahatta S.B., Malhotra A. in 2018 on “Bullying behavior and psychosocial health” in Pyuthan, Nepal. A cross sectional descriptive study was carried out among 8th, 9th, and 10th grade students. The total of 405 students responded to the structured self-administered questionnaire. Data was collected from randomly selected public and private schools. The overall prevalence of bullying behavior (either bully or victim) was 69.14%. The prevalence of bully, victim, and bully- victim was 52.3%, 58.0% and 41.2% respectively. Verbal abuse was reported as common form of bullying. Majority of the students (65.1%) bullied others through the means of teasing. Bullying others through the means of names or gestures with sexual meaning (39.5%) was eminent. Physical form of bullying was found prevalent among students (Bully -18.9%, Victim-19.6%, and bully-victim-9.0%). Regardless of internet/mobile used as common form of bullying, few students (3.8%) reported their participation in damage of property. Alarmingly, 16.2% students were suffered by damage of their property by others [5].

3. Research Methodology

3.1 Study Design

A Descriptive Cross- Sectional Research Design was adopted for the study.

3.2 Study setting

- Two government School
- Two private School

3.3 Study Population

All adolescent students studying in class 8 to class 10.

3.4 Sample

Adolescent students studying in class 8 to class 10 who met inclusion criteria.

3.5 Sample Size

This study considered 95% Confidence Interval and 89% Power to estimate the sample size.

Sample size was calculated by using the formula:

$$N = 4pq/l^2$$

Where, $z = 1.96 \sim 2$ at 95% of confidence interval.

p = estimated prevalence (69%) or 0.69; According to a research titled “Bullying Behavior and Psychosocial Health” conducted in Pyuthan Municipality of Nepal by Durga Khadka Mishra, Tulsi Ram Thapa in 2016 A.D.

$$q = 100 - p$$

$$= 100 - 69$$

$$= 31\% (0.31)$$

l = allowable error i.e. 11% of p at 89% of power.

$$= 11\% \text{ of } 0.69$$

$$= 0.0759$$

Now,

$$n = 4pq/l^2$$

$$= 4 * 0.69 * 0.31 / 0.0759^2$$

$$= 0.8556 / 0.0057$$

$$= 149$$

Adding 10% of non-response rate,

$$10\% \text{ of } 149 \sim 15$$

$$\text{Now, } n = 149 + 15 = 164$$

Hence, the sample size approximately was 164 considering 10% of non-response rate.

3.6 Sampling *Technique*

Stratified random sampling technique was adopted to select the two private and two government schools.

Simple random sampling technique was adopted to select the individual students.

3.7 Eligibility Criteria

3.7.1 Inclusion Criteria

- All students of age 12 to 17 years studying in grade 8 to 10 who were willing to participate were included in the study.

3.8 Data Collection Tool

Questionnaire was categorized into two sections:

Section A: Questions related to socio-demographic characteristics

Section B: Adolescent Peer Relation Instrument

Section A: Self developed semi-structured questionnaire was used to collect socio demographic information i.e. age, gender, ethnicity, religion, type of school, student's grade, educational status of student's parents, student's residence with parent or guardian, student's family monthly income and obtained grade/percentage (in the last year summative annual examination)

Section B: Standardized structured questionnaire i.e. Adolescent Peer Relations Instrument was used to assess the prevalence of bullying and victimization. It consists of 36 questions and 6 subscales assessing the frequency of physical, verbal, and social bullying as both the perpetrator and victim. It is divided into two parts. Part A consists of 18 questions for the bullies and Part B consists of 18 questions for bully victims. All 36 questions was scored in 6- point Likert Response Scale as follows: (1 = Never, 2 = Sometimes, 3 = Once or twice a month, 4 = Once a week, 5 = Several times a week, 6 = Every day).

Scoring Interpretations:

Bullying:-

Mild bullying: 19-40

Moderate bullying: 41-60

Severe bullying: ≥ 61

Victimization:-

Mild victimization: 19-40

Moderate victimization: 41-60

Severe victimization: ≥ 61

Domain: It has three domains namely physical bullying, verbal bullying and social bullying.

Verbal bullying: Items 1, 3, 5, 7, 10, and 14

Social bullying: Items 4, 8, 11, 13, 17 and 18

Physical bullying: Items 2, 6, 9, 12, 15, and 16

Verbal Victimization: Items 1, 4, 7, 11, 13, and 18

Social Victimization: Items 3, 6, 9, 12, 14, and 17

Physical Victimization: Items 2, 5, 8, 10, 15, and 16

3.9 Reliability and Validity of tool

Its Cronbach's alpha is as follows:

Total bully score= 0.95

Total victim score= 0.94

Subscale score= 0.82 to 0.89

Consultation with the research guide and experts from the related field, Nepali teacher for validation of Nepali language questionnaire was done and modification was done as per the suggestion obtained.

3.10 Pre-testing of research tool

- Pre-testing was done in 10 % of sample size i.e. 16 adolescent students studying in Depot Higher Secondary Schools, Dharan Sub- Metropolitan City in 2019.
- The subjects included in the pre-testing were excluded in the main study.
- Modification was done in the tools after pre- testing.

3.11 Data collection procedure

After having ethical approval from DRU, permission was obtained from the concerned schools principals. Candidates were informed about the research and the purpose of the research. Candidates were ensured about the confidentiality, privacy of the research taken. The informed written consent was obtained from each respondent prior to the data collection. Informed written consent was taken from the parents of those students who were under 17 years of age. Data were collected using self-administered questionnaire where students were kept in separate classroom, explained about bullying and victimization with examples and read out questionnaires for better understanding. Approximately 15 to 20 minutes were taken by the students to complete the questionnaires.

3.12 Data Analysis

The collected data was checked thoroughly for completeness and coded first. Then data was entered into the master chart prepared in the Microsoft Excel 2010. Entered data was checked, verified and then transferred into SPSS version 20 for further analysis. Descriptive statistics (frequency, percentage, mean and standard deviation) was used to describe the various socio-demographic variables. Inferential statistics (Pearson's Chi square test and likelihood ratio test) was used to illustrate the association between the outcome variable with other independent variables (i.e. age, gender, ethnicity, religion, school type, student's grade, parental education, student's residence, family monthly income and obtained grade/percentage of student at last year summative annual examination)

3.13 Ethical Clearance

1. Approval was taken from Departmental Research Unit (DRU), B.P. Koirala Institute of Health Sciences.
2. Official request letter for data collection was submitted and permission was taken from the schools.
3. Informed written consent was obtained from each adolescent students of age 16 years and above enrolled in the study. Informed written consent was obtained from their parents of students below 16 years.

4. Data Analysis and Interpretation

This chapter consists of statistical analysis and interpretation of the findings regarding prevalence of bullying among the adolescent students of selected schools of Dharan Sub- Metropolitan City. After the collection of data, they were checked for completeness, organized and coded and entered in MS Excel 2010 and converted into SPSS versions 20 for statistical analysis. Descriptive statistics i.e. mean, percentage, frequency, standard deviation are calculated for presenting the socio-demographic variables and find out prevalence of bullying. Inferential statistics i.e. Chi square test, has been applied to find out the association of dependent variable with independent variables. The findings of the study are represented using suitable tables and statistical tests values have been presented based on the following characteristics:

1. Socio demographic characteristics of the respondents
2. Prevalence of bullying and victimization among the adolescent students
3. Association of the selected socio-demographic variables with bullying and victimization.

Table 1: Frequency and percentage distribution of socio-demographic characteristics of adolescent students
(n=164)

Characteristics	Categories	Frequency	Percentage
Age groups in years	<14	87	53.0%
	14 - 15	51	31.1%
	> 15	26	15.9%
	Mean± S.D	14.40±1.101	
Ethnicity	Brahmin/chhetri	18	11.0%
	Janajati	126	76.8%
	Madhesi	7	4.3%
	Dalit	13	7.9%
Religion	Hindu	121	73.8%
	Buddhist	24	14.6%
	Christian	19	11.6%
Grade	8 class	58	35.4%
	9 class	55	33.5%
	10 class	51	31.1%
Father's Education	Primary	43	26.2%
	High School	105	64.0%
	Bachelors and above	9	5.5%
	Illiterate	7	4.3%
Mother's Education	Primary	60	36.6%
	High School	80	48.8%
	Bachelors and above	7	4.3%
	Illiterate	17	10.4%

Table 1 depicts that more than half (53.0%) of the respondents were from the age group of 12 – 14 years, the mean age $\pm$ SD being 14.40 ± 1.101 years. More than half (76.8%) of the respondent belonged to janajati ethnicity. Taking into consideration of religion, more than half (73.8%) of the respondents were Hindu. About 35.4% of the respondents belonged to class eight. More than half of respondent's i.e. 64% father and about 48.8% of the respondent's mother had completed their high school level of education.

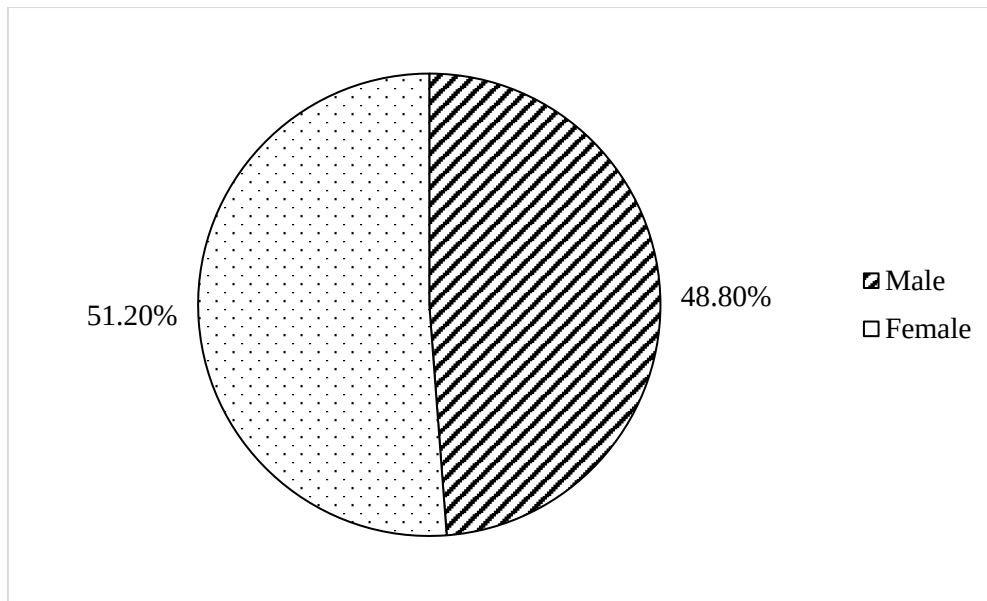


Figure 2: Respondents according to gender

n= 164

Figure 1 shows that more than half (51.20%) of the respondents were female and 48.80% were male.

Table 1.1: Frequency and percentage distribution of socio-demographic variables among adolescent students
(n=164)

Characteristics	Category	Percentage	Frequency
With whom are you living with?	Parents	125	76.2%
	Relatives	36	22.0%
	Legal guardians	3	1.8%
Father's occupation	Agriculture	15	9.1%
	Business	28	17.1%
	Private employee	21	12.8%
	Service Holder	25	15.2%
	Labor	38	23.2%
	Foreign employee	37	22.6%
Mother's occupation	Home maker	117	71.4%
	Private employee	19	11.6%
	Service Holder	4	2.4%
	Business	13	7.9%
	Labor	3	1.8%
	Foreign employee	8	4.9%

Table 1.1 depicts that more than half (76.2%) of the respondents lived with their parents. About 23.2% of respondent's father worked as laborer and more than half (71.4%) of respondent's mother were home maker.

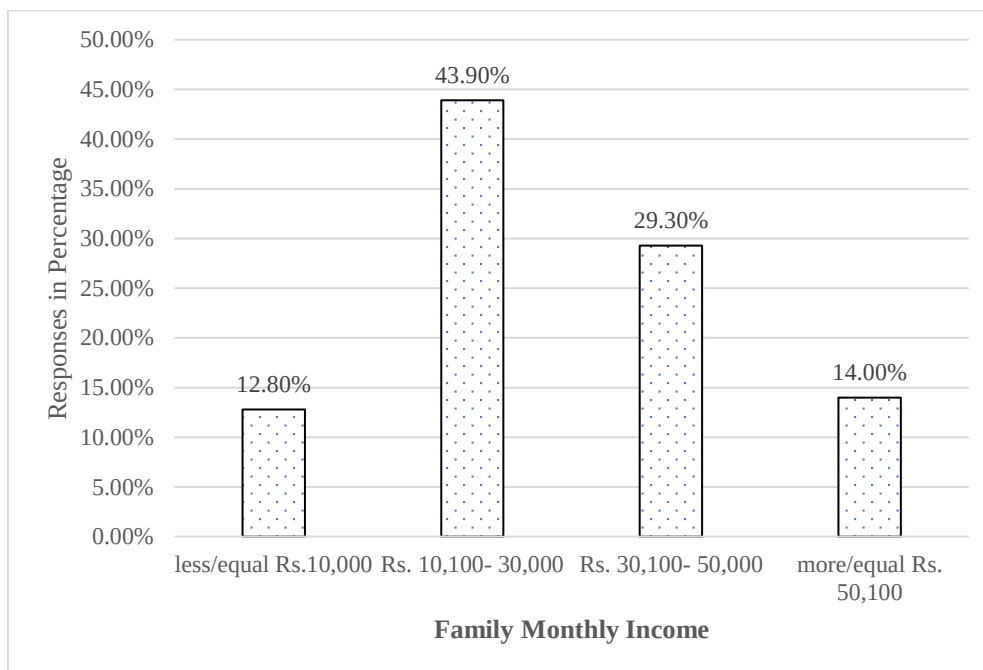


Figure 3: Distribution of family monthly income of respondents

Figure 3 depicts that the monthly family income of about 43.90% of the respondents was between Rs.10, 100 to 30,000 with mean $\pm$ SD being 42941.72 $\pm$ 52429.72.

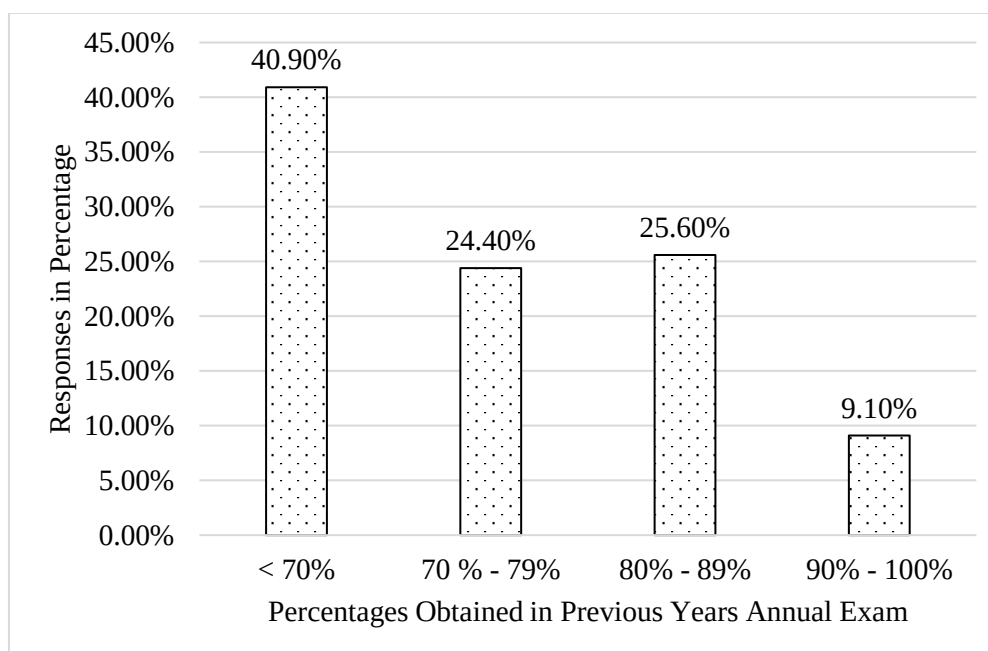


Figure 4: Distribution of obtained percentages in previous year's annual examination

Figure 4 shows that about 40.9% of the respondents had obtained their percentages below 70% in previous year's annual examination.

Table 2: Prevalence of bullying and victimization among adolescent students (n=164)

Category	No	Mild	Moderate	Severe
	F (%)	F (%)	F (%)	F (%)
Bullying	3 (1.8%)	139 (84.8%)	19 (11.6%)	3(1.8%)
Victimization	-	135 (82.3%)	25 (15.2%)	4 (2.4%)

The table depicts that majority (84.8%) of the respondents were doing mild form of bullying, 11.6% were doing moderate form of bullying, and 1.3% were doing severe form of bullying. Majority (82.3%) of the respondents were mildly victimized, 15.2% were moderately victimized while only 2.4% were severely victimized.

Table 3: Domain wise distribution of bullying and victimization among adolescent students (n=164)

Category	Not experienced	Experienced
	F (%)	F (%)
Verbal bullying	5 (3.0%)	159 (97.0%)
Social bullying	64 (39%)	100 (61.0%)
Physical bullying	25 (15.2%)	139 (84.8%)
Verbal victimization	5 (3.0%)	159 (97.0%)
Social victimization	57 (34.8%)	107 (65.2%)
Physical victimization	22 (13.4%)	142 (86.6%)

Table 3 depicts that most (97%) of the respondents had done verbal bullying. More than half (61%) of the respondents had done social bullying. Majority (84.8%) of the respondents had done verbal bullying. Similarly, most (97%) of the respondents were victim of verbal bullying. More than half (65.2%) of the respondents were victims of social bullying and majority (86.6%) of the respondents were victims of physical bullying.

Table 4: Association between bullying and selected socio demographic variables among adolescents students
(n=164)

Characteristics	Category	Bullying		Total	P value
		No/mild	Mod/severe		
Age in years	<14	79 (90.8%)	8 (9.2%)	87 (100%)	0.033**
	14 - 15	45 (88.2%)	6 (11.8%)	51 (100%)	
	> 15	18 (69.2%)	8 (30.8%)	26 (100%)	
Gender	Male	63 (76.8%)	17 (21.2%)	80 (100%)	0.004*
	Female	79 (74.0%)	5 (6.0%)	84 (100%)	
Ethnicity	Janajati	108 (85.7%)	18 (14.3%)	126 (100%)	0.551*
	others	34 (89.5%)	4 (10.5%)	38 (100%)	
Religion	Hindu	103 (85.1%)	18 (14.9%)	121 (100%)	0.357*
	others	39 (90.7%)	4 (9.3%)	43 (100%)	
School type	Private	72 (87.8%)	10 (12.2%)	82 (100%)	0.647*
	Government	70 (85.4%)	12 (14.6%)	82 (100%)	
Grade	8	53 (91.4%)	5 (8.6%)	58 (100%)	0.038*
	9	50 (90.9%)	5 (9.1%)	55 (100%)	
	10	39 (76.5%)	12 (23.5%)	51 (100%)	
Father's education	High school and above	68 (91.9%)	6 (8.1%)	74 (100%)	0.071*
	Others	74 (82.2%)	16 (17.8%)	90 (100%)	

Keys: * Pearson's chi square test, ** Likelihood ratio test

Table 4 showed that there was statistically significant association of age, gender and grade with the bullying ($p < 0.05$).

Table 4.1: Association between bullying and selected socio demographic variables among adolescents students
(n=164)

Characteristics	Category	Bullying		Total	P value
		No/mild	Mod/severe		
Mother's education	High school and above	50 (89.3%)	6 (10.7%)	56 (100%)	0.465*
	Others	92 (85.2%)	16 (14.8%)	108 (100%)	
Living with	Parents	109 (87.2%)	16 (12.8%)	125 (100%)	0.679*
	Relatives/ others	33 (84.6%)	6 (15.4%)	39 (100%)	
Father's occupation	Business/service	48 (88.9%)	6 (11.1%)	54 (100%)	0.544*
	Self-employed/skilled	94 (85.5%)	16 (14.8%)	110 (100%)	
Mother's occupation	Home maker	92 (85.2%)	16 (14.8%)	108 (100%)	0.465*
	others	50 (89.3%)	6 (10.7%)	56 (100%)	
Family income/month	≤ 30,000	86 (92.5%)	7 (7.5%)	93 (100%)	0.011*
	>30,000	56 (78.9%)	15 (21.1%)	71 (100%)	
Obtained percentage of previous year's final exam	< 70%	52 (77.6%)	15 (22.4%)	67 (100%)	0.009*
	70% - 79 %	35 (87.5%)	5 (12.5%)	40 (100%)	
	≥ 80%	55 (96.5%)	2 (3.5%)	57 (100%)	

Keys: * Pearson's chi square test

Table 4.1 shows that there was statistically significant association of family monthly income and obtained percentage of previous year's annual exam with the bullying ($p < 0.05$).

Table 5: Association between victimization and selected socio demographic variables among adolescents students (n=164)

Characteristics	Category	Victimization		Total	P value
		mild	Mod/ severe		
Age in years	<14	75 (86.2%)	12 (13.8%)	87 (100%)	0.377*
	14 - 15	40 (78.4%)	11 (21.6%)	51 (100%)	
	> 15	20 (76.9%)	6 (23.1%)	26 (100%)	
Gender	Male	64 (80%)	16 (20%)	80 (100%)	0.448*
	Female	71 (84.5%)	13 (15.5%)	84 (100%)	
Ethnicity	Janajati	104 (82.5%)	22 (17.5%)	126 (100%)	0.892*
	others	31 (81.6%)	7 (18.4%)	38 (100%)	
Religion	Hindu	100 (82.6%)	21 (17.4%)	121 (100%)	0.854*
	others	35 (81.4%)	8 (18.6%)	43 (100%)	
School type	Private	72 (87.8%)	10 (12.2%)	82 (100%)	0.065*
	Government	63 (76.8%)	19 (23.2%)	82 (100%)	
Grade	8	51 (87.9%)	7 (12.1%)	58 (100%)	0.030*
	9	48 (87.3%)	7 (12.7%)	55 (100%)	
	10	36 (70.6%)	15 (29.4%)	51 (100%)	
Father's education	High school and above	63 (85.1%)	11 (14.9%)	74 (100%)	0.391*
	Others	72 (80.0%)	18 (20.0%)	90 (100%)	

Keys: * Pearson's chi square test

Table 5 depicts that there was statistically significant association of grade with victimization ($p < 0.05$).

Table 5.1: Association between victimization and selected socio demographic variables among adolescents students (n=164)

Characteristics	Category	Victimization		Total	P value
		Mild	Mod/severe		
Mother's education	High school and above	47 (83.9%)	9 (16.1%)	56 (100%)	0.697*
	Others	88 (81.5%)	20 (18.5%)	108 (100%)	
Living with	Parents	103 (82.4%)	22 (17.6%)	125 (100%)	0.960*
	Relatives/others	32 (82.1%)	7 (17.9%)	39 (100%)	
Father's occupation	Business/service	44 (81.5%)	10 (18.5%)	54 (100%)	0.844*
	Self-employed/skilled	91 (82.7%)	19 (17.3%)	110 (100%)	
Mother's occupation	Housewife	88 (81.5%)	20 (18.5)	108 (100%)	0.697*
	others	47 (83.9%)	9 (16.1%)	56 (100%)	
Family income/month	≤ 30,000	81 (87.1%)	12 (12.9%)	93 (100%)	0.066*
	>30,000	54 (76.1%)	17 (23.9%)	71 (100%)	
Obtained percentage of previous year's final exam	< 70%	54 (80.6%)	13 (19.4%)	67 (100%)	0.870*
	70% - 79%	33 (82.5%)	7 (17.5%)	40 (100%)	
	≥ 80%	48 (84.2%)	9 (15.8%)	57 (100%)	

Keys: * Pearson's chi square test

Table 5.1 depicts that there was no statistically significant association of selected socio demographic variables like mother's education, respondent's residence with, parent's occupation, family monthly income and obtained percentage of previous year's final exam with victimization.

Table 6: Correlation of bullying and victimization among the adolescent students (n = 164)

Characteristics	Mean	Correlation coefficient	P- value
Bullying among Adolescent Students	29.32 ± 9.676	0.615	0.001***
Victimization among Adolescent Students	31.15 ± 11.629		

(***)Pearson's correlation test

Table no.6 shows the partial positive correlation between bullying and victimization which is statistically significant ($p < 0.05$).

5. Discussions

Descriptive cross-sectional study was conducted with the purpose of finding out the prevalence of bullying among adolescents students of selected schools of Dharan Sub-Metropolitan City in 2019. A total of 164 respondents were included in the study. Random sampling technique (lottery method) was applied while selecting the sample. Data was collected using structured questionnaire. The study result showed that about 53.0% of the respondents were from the age group of 12- 14 years, the mean age $\pm$ SD being 14.40 ± 1.1 years which is consistent with the result of the study done by Mishra D.K. and his colleagues among 405 students of grade 8, 9 and 10 in Pyuthan District, Nepal where they found that the mean age of the respondents was 14.39 years [5]. The study revealed that about 48.8% of the respondents were male and 51.2% of the respondents were female which is consistent with the result of the study done by Khadka Mishra D and his colleagues in Pyuthan District where 51.60% of the respondents were female and 48.80% were male [5]. Similarly, a study conducted by Forero R and his colleagues in Australia among a sample of 3918 students revealed 54.3% of girls and 45.0% of boys, which is also consistent to the present study [18]. The study showed that 76.8% of the respondents belonged to Janajati ethnicity and about 73.8% of the respondents were Hindus. Reasons for such findings may be due to Hinduism being a major religion of Nepal (81.3%) and dense population of the area being studied belonging to Janajati ethnicity. The study showed that about 40.9% of the respondents had obtained their percentage below 70% in previous year's annual examination which is consistent with the result of the study done by Yakha B.M. among 112 secondary school students in Illam District, Nepal where 56.5% of the respondents had obtained 50-75% in last year annual summative exam [25]. Both of the studies illustrate that almost half of the respondents showed average performances on their academics. With regard to school bullying experienced by respondents, 98.2% of respondents had experienced bullying. This finding is consistent to a descriptive study conducted by Green V.A. in New Zealand where majority (94%) indicated that bullying occurred in their school [26]. The result revealed alarmingly high prevalence of bullying, which may be due to the high specificity and sensitivity of the standardized structured questionnaire i.e. Adolescent Peer Relation Instrument, used in the present study to measure the prevalence of bullying. . The present study shows alarmingly high percentages of students experiencing bullying with mild form of bullying being the most frequent in occurrence. The present study showed that majorities (84.8%) of the respondents were doing mild form of bullying, 11.6% were doing moderate form of bullying and 1.3% were doing severe form of bullying. Majority (82.3%) of the respondents were mildly victimized, 15.2% were moderately victimized and 2.4% were severely victimized which is inconsistent with the result of a study conducted by Supriya S. and his colleagues among 100 high school children where 28% were mildly bullied, 46% were moderately bullied and 26% were severely bullied whereas 29% were mildly victimized, 47% were moderately victimized and 24% were severely victimized [27]. Reasons for the differences on result may be due to the change in settings, age of the students , the perspectives of the respondents towards what they considered bullying and victimization to be, and the concept of bullying being entirely new to the respondents of the present study. The study revealed that majority (97%) of the respondents had done verbal bullying, 61% had done social bullying, and 84.8% had done physical bullying whereas 97% of the respondents were victims of verbal bullying, 65.2% were victims of social bullying

and majority (86.6%) were victims of physical bullying which is consistent with the result of a study conducted by Green V.A. and his colleagues (2013) where social bullying was present in 70% of the respondents, 67% of the respondents agreed that verbal bullying was problem and 35% agreed that physical bullying was a problem [26]. The study showed that there was statistically significant association of gender, grade, family monthly income and obtained percentage of previous year's final exam with the bullying ($p < 0.05$). Pertaining to victimization, there was statistically significant association of grade with victimization ($p < 0.05$). The result is consistent with the result of a study conducted by Abdulsalam A.J. and his colleagues in Kuwait where there was statistically significant association of gender and student's final year grade last year with bullying [28]. A study conducted by S Supriya in Tirupati, India showed the consistent result where there was statistically significant association between the levels of bullying among high school children with their gender and living status of parents [27].

6. Summary

A descriptive study was conducted in schools of Dharan Sub-Metropolitan City. The objectives of study were to find out the prevalence of bullying among the adolescent students of selected schools of Dharan Sub-Metropolitan City and to find out association between bullying and selected socio-demographic variables. The total of 164 students was included in the study. Adolescent Peer Relation Instrument was used as research tool for the study consisting of: Section A: Socio-demographic data and Section B: Adolescent Peer Relations Instrument for measuring the prevalence of bullying. More than half (53.0%) of the respondents were from the age group of 12 – 14 years, the mean age $\pm$ SD being 14.40 ± 1.101 years. Male were 48.8% and female 51.2%. More than (76.8%) belong to Janajati. More than half (73.8%) of the respondents were Hindu. About 35.4% belonged to class eight. More than half (64%) of the respondents father and about 48.8% of mother had completed their high school level of education. More than half (76.2%) of the respondents lived with their parents. About 23.2% of respondent's father were labour and more than half (71.4%) of respondent's mother were homemaker. Monthly family income of about 43.9% was between Rs. 10,100 to Rs. 30,000. About 40.9% of the respondents had obtained their percentage below 70% in previous year's annual examination. Majorities (84.8%) of the respondents were doing mild form of bullying, 11.6% were doing moderate form of bullying, and 1.3% were doing severe form of bullying. Majority (82.3%) of the respondents were mildly victimized, 15.2% were moderately victimized while only 2.4% were severely victimized. Most (97%) of the respondents had done verbal bullying. More than half (61%) of the respondents had done social bullying. Majority (84.8%) of the respondents had done physical bullying. Similarly, most (97%) of the respondents were victim of verbal bullying. More than half (65.2%) of the respondents were victim of social bullying and majority (86.6%) of the respondents were victim of physical bullying. Finding showed that there was statistically significant association of gender and grade with the bullying ($p < 0.05$). There was statistically significant association of family monthly income and obtained percentage of previous year's final exam with the bullying ($p < 0.05$)

7. Conclusion, Limitation, Recommendation and Implication

7.1 Conclusion

The study concluded that majority (98.2%) of respondents indicated that bullying occurred in their school. Majority (84.8%) of the respondents were doing mild form of bullying, 11.6% were doing moderate form of bullying, 1.3% were doing severe form of bullying while only 1.8% were not doing any form of bullying. Majority (82.3%) of the respondents were mildly victimized, 15.2% were moderately victimized while only 2.4% were severely victimized. There was statistically significant association of prevalence of bullying with the age, gender, grade, family monthly income and obtained percentage of previous year's annual examination ($p < 0.05$).

7.2 Limitations

- It was difficult to collect the data from the respondents because of their busy class schedules.

7.3 Recommendations

- Education and information should be provided to the student to make them aware and report bullying activities.
- School teachers should be trained on bullying prevention and related issues.
- Students should be regularly screened and monitored for bullying activities to provide prompt counseling.

7.4 Implications

- The findings can be utilized by the doctors and nurses in providing information regarding school bullying and can provide effective counseling to the children.
- Awareness campaign can be organized regarding bullying prevention activities.
- It may provide basis for forthcoming researchers regarding school bullying.

Acknowledgements

First and foremost we would like to express our sincere gratitude to this institute, B.P. Koirala Institute of Health Sciences for providing an opportunity to carry out this Research study. We gratefully acknowledge the contribution of all members of DRU of BPKIHS, Dharan for an opportunity to conduct this study. We owe our special gratitude to Mrs. Nirjala Pradhan, Assistant professor, B.P. Koirala Institute of Health Sciences, Dharan, Nepal for guiding us through our research. We owe our special thanks to our dear friends Nirjala Dhakal, Binita Kandangwa, Pratiksya Tiwari, Kanchan Shah, Kajol Shah, Rosy Mandal, Asmita Rai and other friends without whom the research study wouldn't have completed smoothly. We would also like to express our gratitude to Mr. Heman Sunuwar for the cordial help in the study. We are also grateful to our parents for continuous encouragement. At last but not the least we would like to express our sincere gratitude and graceful thanks to well wishers who directly and indirectly helped to carry out this study.

Thank You All!!

Nikita Dhakal

Pooja Kumari

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