

Bullying victimization among adolescents in Malaysia: prevalence and correlates

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INTRODUCTION & OBJECTIVE

Bullying is broadly defined as a specific type of aggression in which the behaviour is intended to harm or disturb someone who is perceived by peers as being physically or psychologically less powerful than the aggressors.^{1,2} Victimization due to school bullying is associated with more serious violent behaviours,^{3,4} and can lead to serious mental and physical sequelae for victims.⁵ The effects of bullying victimization in school can persist well into adult life, as demonstrated in longitudinal studies where exposure to bullying was associated with difficulties with peer relationships, severe depression, and a higher risk of attempting suicide later in life.⁶⁻⁹ It is therefore crucial to identify at an early stage children and adolescents who are at increased risk of being bullied.

The aim of this study was to assess the prevalence of adolescents who had been bullied at least once in the past 30 days - and its correlates - among a large, nationally representative sample of school-going adolescents in Malaysia.

RESULTS

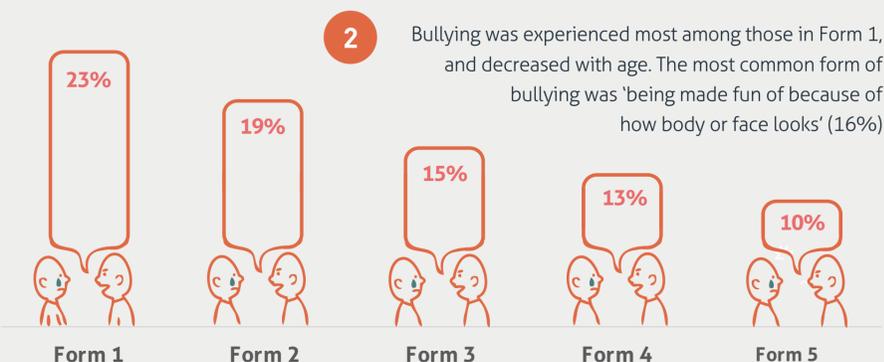
1 The overall prevalence of bullying victimization was **16.2%**. This means that

 **1 in 6** adolescents was a recent victim of bullying

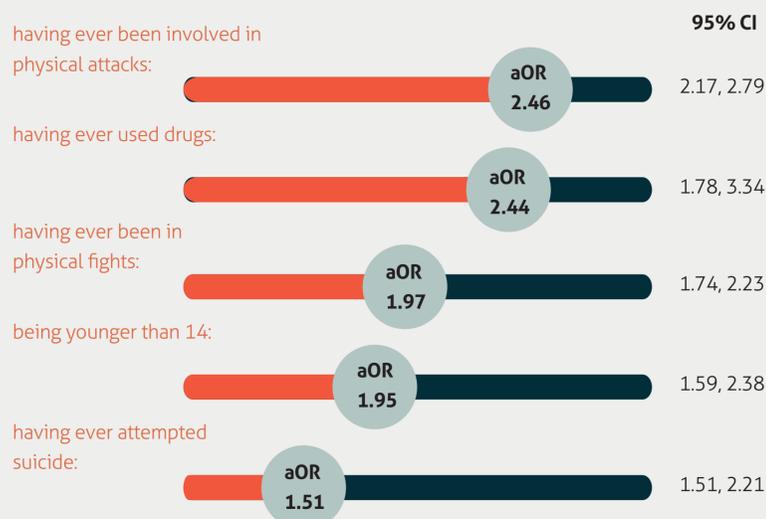
Boys were bullied more than girls*, most frequently among those of Indian ethnicity

 **18.7% vs 13.7%**

*however, after adjusting for covariates, we found that boys were not at significantly higher risk of becoming bully victims compared to girls



3 Multiple logistic regression analysis revealed that the five strongest factors associated with bullying victimization were as follows:

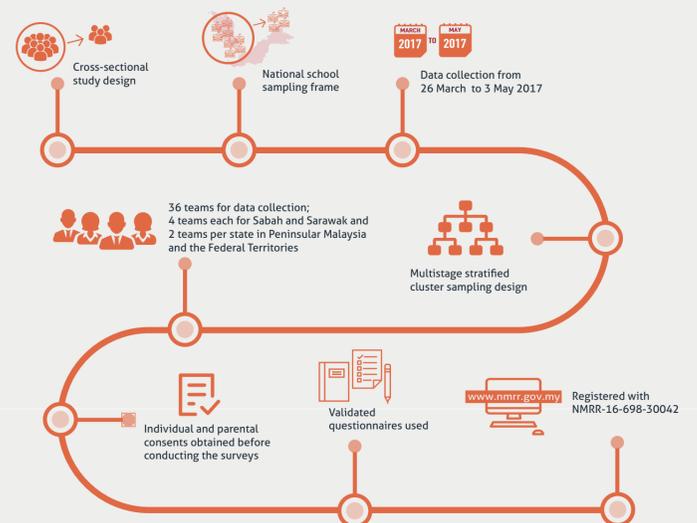


CONCLUSION

Results from the present study suggest that the experience of bullying victimization can have adverse effects on a substantial number of students. Our findings should be considered in the development of early prevention or intervention programs for school bullying to target susceptible groups of adolescents.

METHOD

Data from this study was obtained from the nationwide **Adolescent Health Survey 2017**, the methodology of which is summarised in the following graphic:



The outcome variable, bullying victimization, was deemed present if the students answered that they have **experienced a student or group of students, saying or doing bad and unpleasant things to them, including teasing in an unpleasant way or leaving the respondent out of things on purpose**, in the 30 days prior them answering the survey.

The response rate for this module in the survey was **89.2% (n=27,458)**.

DISCUSSION

This prevalence of bullying victimization is consistent with previous Western studies, where the percentage of children who reported being victimized by bullying ranged from 5% to 20%, with an average across countries of 11%.¹⁰ After adjusting for covariates, we found that boys were not at significantly higher risk of becoming bully victims compared to girls (in contrast to most similar studies in the literature where prevalence of bullying victimization by sex were usually found to be significantly higher in males than females).^{2,4} This might be because boys report being victimized less frequently than girls when self-reporting rather than peer-reporting methods are used.¹¹

Overall, prevalence of bullying victimization decreased with age in the present study. This age-related decline is explained by Smith et al¹² from a developmental perspective, where younger children might experience bullying by older children. The second major explanation is that younger children have not yet acquired the social skills to effectively deal with bullying incidents.

We also found that adolescents who have been involved in physical fights or attacks have a particularly high risk of being victimized by bullying. When students are being reprimanded for such acts in school, it might be also worthwhile to concurrently teach them certain social skills and strategies to cope with bullying situations. In light of the association between suicidal attempts and bullying victimization, mental health professionals should evaluate symptoms of depression and suicidal behaviours in bullying victims. Parents should also be aware of problems and be encouraged to support victimized adolescents.

REFERENCES

- Glew GM, Fan M-Y, Katon W, Rivara FP, Kernic MA. Bullying, psychosocial adjustment, and academic performance in elementary school. *Arch Pediatr Adolesc Med.* 2005;159(11):1026-31.
- Nansel TR, Overpeck M, Pilla RS, Ruan WJ, Simons-Morton B, Scheidt P. Bullying Behaviors Among US Youth. *Jama.* 2001;285(16):2094.
- Kim YS, Koh Y, Leventhal B. School Bullying and Suicidal Risk in Korean Middle School Students. 2005;115(2):357-64.
- Brown DW, Riley L, Butchart A, Kann L. Bullying among youth from eight African countries and associations with adverse health behaviors. *Ped Health.* 2008;2(3):289-99.
- Kim YS, Koh Y, Leventhal BL. Prevalence of School Bullying in Korean Middle School Students. *Arch Pediatr Adolesc Med.* 2004;158(8):737-41.
- Salmon G, James a, Smith DM. Bullying in schools: self reported anxiety, depression, and self esteem in secondary school children. *BMJ.* 1998;317(October):924-5.
- Ando M, Asakura T, Simons-Morton B. Psychosocial influences on physical, verbal, and indirect bullying among Japanese early adolescents. *Vol. 25, Journal of Early Adolescence.* 2005. 268-297 p.
- Arslan S, Savaser S, Yazgan Y. Prevalence of peer bullying in high school students in Turkey and the roles of socio-cultural and demographic factors in the bullying cycle. *Indian J Pediatr.* 2011;78(8):987-92.
- Meltzer H, Vostanis P, Ford T, Bebbington P, Dennis MS. Victims of bullying in childhood and suicide attempts in adulthood. *Eur Psychiatry.* 2011;26(8):496-503.
- Nansel TR, Craig W, Overpeck MD, Saluja G, Ruan WJ. Cross-national consistency in the relationship between bullying behaviors and psychosocial adjustment. *Arch Pediatr Adolesc Med.* 2004;158(8):730-6.
- Yang SJ, Kim JM, Kim SW, Shin IS, Yoon JS. Bullying and victimization behaviors in boys and girls at South Korean primary schools. *J Am Acad Child Adolesc Psychiatry.* 2006;45(11):69-77.
- Smith PK, Madsen KC, Moody JC. What causes the age decline in reports of being bullied at school? Towards a developmental analysis of risks of being bullied. *Educ Res.* 1999;41(3):267-85.

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