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Bullying behaviors among Chinese school-aged youth: A prevalence and Correlates Study in Guangdong Province

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ABSTRACT

Bullying among school-aged youth is a common issue worldwide and is increasingly being recognized as an important problem affecting both victims and perpetrators. Most of the bullying studies have been conducted in western countries, and their implications in other regions are limited due to different cultural contexts. The goal of our study is to identify the prevalence of bullying and its correlates school-aged youth in Guangdong province. In total, 1098 (7.1%) students reported having bullied other students, 744 (4.8%) students reported having been bullied by other students and 396 (2.6%) students reported having both bullied other students and been bullied by other students. There was a strong association between bullying others as well as being bullied and suicidal ideations, suicidal attempts, and self-harm behaviors. The prevalence of bullying and its associations with delinquent behaviors warrant the importance of school facility based preventive intervention taking into account both victims and perpetrators.

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1. Introduction

Bullying among school-aged youth is a common issue worldwide and is increasingly being recognized as an important problem affecting the well-being and social functioning of the victims as well as the perpetrators. Numerous studies have reported that victims of frequent bullying experience a myriad of psychological, psychosomatic and behavioral symptoms, including anxiety, low self-esteem, low self-worth (Malhi et al., 2014; Stapinski et al., 2014), considerable mental health problems (Turcotte Benedict et al., 2014), sleeping difficulties, bed wetting, feelings of sadness and common headaches and learning difficulties (Williams et al., 1996; Bijttebier and Vertommen, 1998; Sesar et al., 2012). They are also more likely to be unhappy and depressed (Fitzpatrick et al., 2010). Bullying not only affects victims but also harms those who bully. Youths that bully others are more likely to dislike school and to engage in unhealthy behaviors, such as smoking and drinking alcohol to excess (Shetgiri et al., 2012). In addition, being a bully during childhood and adolescence is associated with delinquency in adulthood (Kaltiala-Heino et al., 1999). Therefore, bullying is a double-edged sword. Bullying hurts both the bully and the recipient of the bullying.

Bullying among school children is a well-established phenomenon. The fact that some children are frequently harassed and attacked by other children has been described in various reports (Olweus, 1993; O'Connell et al., 1999; Dake et al., 2003), and many adults have personal experience with bullying from their own adolescence and youth. Although people have been acquainted with the problem of bullying for a long time, it did not receive sufficient attention from scientists until the early 1970s (Olweus 1973; Olweus 1978). After that, considerable variability in the prevalence of bullying among different countries and regions has been reported. Salmivalli et al. (2013) reported 11.6% middle-school students were victims of traditional bullying in Finland. In Ireland, 19.4% of schoolboys reported having been a victim of school bullying at some point in their lives (McMahon et al., 2010). A recent US national study reported a bullying prevalence of 29.9% among a population of school-aged youth (Nansel et al., 2001). The variation in the reported prevalence of bullying could be due to differences in measurement methods, different origins of the studied students and different cultural contexts. Therefore, studies of bullying in a specific region do not automatically apply to other regions. Currently, most of the researches on bullying have been conducted in Europe the United States. The studies in western countries (van der Wal et al., 2003; Kim et al., 2009; McMahon et al., 2010; Nansel et al., 2012) have provided a foundation for an understanding of the bullying problem and lead to series of intervention efforts in those areas (Tfofi and Farrington, 2011; Roland and Midthassel, 2012). However, it is

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insufficient to guide intervention and policy development in China because of different cultural perceptions towards bullying (Griffin and Gross, 2004; Chen and Avi Astor, 2010).

The purpose of this study is to describe the prevalence of bullying in Guangdong province using a sample of Chinese youth in grades 7–12. In addition, the relationships between bullying behaviors (bullying others, being bullied and both) and possible correlates are explored.

2. Materials and methods

2.1. Participants/subjects

Analysis was based on a province-wide sample of students in grades 7–9 (i.e., secondary school) and grades 10–12 (i.e., high school and occupational school) attending governmental or private schools. We used a stratified, multi-stage sampling strategy to select our study participants. The first stage was the selection of primary sampling units (PSUs), which were regions in our study. We selected samples from all 20 regions in Guangdong except for Shenzhen, which is a special economic zone with a significantly higher level of economic development. The second sampling stage was the selection of a county within the PSUs. In each PSU, one county was selected from the complete county list in that region using a simple random sampling. Within each county, all schools were divided into five categories based on grade and school performance: key middle/high school, regular middle/high school and vocational school. We randomly selected one school from each category. Lastly, we randomly selected one or two classes in every grade from each selected school. The sampling strategy was modified based on the World Health Organization's survey protocol for Health Behaviour in School-aged Children (HBSC) (Roberts et al., 2009), but different variables (e.g., grade and school performance) were used to stratify schools in our studies.

2.2. Measurement

2.2.1. Demographic information

We collected the information of sex, grade, family social economic status (SES) and academic performance (e.g., reported percentile on the latest midterm and final exam), etc. to determine demographic characteristics of the students.

2.2.2. Bullying

Involvement in bullying either as a bully or as the person being bullied or both was evaluated using questions adapted from previous bullying studies (Kaltiala-Heino et al., 1999; King A et al., 1996), translated into Chinese by one of our authors and finalized by an expert panel consensus. The questions were introduced by a definition of bullying: "We say someone is being bullied when another person says hurtful things, makes fun, or calls a person hurtful nicknames; hits, kicks, or shoves a person, or locks them in a room; teases a person repeatedly in a way he or she doesn't like; or does other hurtful things like these. We call it bullying when these things happen often, and it is difficult for the person being bullied to stop it happening. We do not call it bullying when it is done in a friendly or playful way, especially when two persons of about the same strength quarrel or fight." The sample question like "Have you been involved in any bullying behaviors defined above in your lives?" the response categories were "None of bullying behaviors happened to me," "Be bullied by others," "Bullied others" and "Be bullied and also bullied others."

2.2.3. Psychological and behavioral problems

Students were provided with a set of questions adapted from well-established measures used in previous studies (Fleming and Jacobsen, 2009; Bachman et al., 2010) to assess their psychological and behavioral problems. Time period was defined as use over the past 6 months or lifetime (e.g., suicidal questions). Sample questions included "How often you drink alcohol in past 6 months?" (never; less than once a week; once or twice a week; three or more times a week). "Did you ever seriously consider attempting suicide?" (yes; no). "Did you make a plan about how you would attempt suicide?" (yes; no).

2.3. Study process

Under the supervision of health care professionals from local health departments, the self-administered surveys were completed in classrooms under exam-like conditions within one class period (i.e., 45 min). The health care professionals distributed the questionnaire and a pencil to each student who agreed to participate in our study. Students sat such that they were not close to one another. They were informed that the study was interested in knowing what they thought and felt about their school and peers, and all information they provided will be confidential. The students were required to finish their own questionnaires by themselves. If they had any questions, they can ask health care professionals. The

teachers and school staff were asked to be absent during the survey. We did not distribute questionnaires to students who refused to participate in our study, which precluded the possibility of comparing respondent characteristics with those of non-participants.

2.4. Ethical issues

Study protocols were reviewed and approved by the ethics committees of Sun Yat-sen University, and the principals of the schools attended by the participants also reviewed and approved the study procedure. Prior orientation of the teaching and administrative school staff was performed in each sampled school to achieve their full cooperation. Teachers and school staff were not allowed to be present with the students while they were filling out the questionnaires. After a complete explanation of the study objectives and protocols to the students, written informed consents were obtained from the students.

2.5. Statistical analysis

Descriptive statistics were conducted using SPSS 18.0 to obtain percentage distributions on the variables of interest. We described the demographics and certain behaviors and stratified those by gender. Descriptive analyses were also used to determine whether the students' bullying categories (i.e., bullying, bullied, both or neither) was associated with their gender, self-reported family SES (i.e., low, average or high), school academic performance (i.e., below the 25th percentile, 25th–75th percentile or above the 75th percentile) and school absence in the past 30 days. We also investigated whether the distribution of bullying behavior depended on certain undesirable behaviors, such as alcohol and tobacco use, loneliness or suicidal ideation or attempts. We did not perform any statistical inference on the distribution of bullying behaviors because we want to use regression to test the association while adjusting for confounders. Finally, multinomial logistic regression was used to evaluate the associations between involvement in bullying (i.e., bullying, bullied or both) and potential predictor variables. Previous studies have found that there are differences of substance use (Gau et al., 2007) and school performance (Al-Bitar et al., 2013) in bullying involvement. Therefore, in the multivariate regression model we adjusted demographic (e.g., grade, sex, SES, etc), alcohol and tobacco use, academic performance as confounders. Both crude and adjusted estimates were reported with 95% confidence intervals.

3. Results

3.1. Demographic characteristics

Table 1 summarizes the demographic of our sample. Overall, a total of 15,686 students finished the questionnaire and returned it. Participating students in sampled classes were excluded if they did not respond to the bullying questions ($n=239$ students) or if the grade is unknown ($n=39$ students), yielding a final cohort of 15,408 students. In this cohort, 54.5% of the participants were female. There were 7032 (45.6%) students from secondary school, 5650 (36.7%) from high school and 2726 (17.7%) from occupational school. More than 11,011 (71.5%) participants reported having at least one sibling, 9410 (61.1%) students reported their family social economic status as the medium. The proportions of self-reported academic performance below the 25th percentile, between the 25th and 75th percentile and above the 75th percentile were 28.6%, 36.6% and 34.9%, respectively. The majority of the participants' parents had an education level equivalent to secondary school (i.e., 7–12 years). Table 1 presents more detailed demographic information.

3.2. Psychological and behavioral characteristics

Table 2 describes the psychological and behavioral characteristics of participants. 2440 (34.8%) male students and 2223 (26.5%) female students reported that they did not have frequent communication with their parents. A total of 3768 (24.5%) students had at least one absence from school in the 30 days prior to the survey. The proportions of school absence in the 30 days prior to the survey were 25% for males and 24% for females. In total, 3842 (26.7%) participants reported having ever used alcohol, of those who ever used alcohol; the proportion of males is significantly

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