International Journal of Pediatrics and Adolescent Medicine xxx (2017) 1–5

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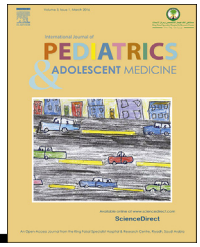
Contents lists available at ScienceDirect

International Journal of Pediatrics and Adolescent Medicine

journal homepage: http://www.elsevier.com/locate/ijpam



Original research article

The relationship of bullying and physical violence to mental health and academic performance: A cross-sectional study among adolescents in Saudi Arabia

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ARTICLE INFO

Article history:
Received 21 July 2016
Received in revised form
5 December 2016
Accepted 20 December 2016
Available online xxx

Keywords:
Aggression
School
Bullying
Adolescents
Academic performance
Depression
Anxiety
Mental health
Saudi Arabia

ABSTRACT

Background: Bullying and physical violence are serious public health concerns witnessed during adolescence and are associated with several health and behavioral problems that can persist into adulthood. The relationship between bullying/physical violence and mental health/academic performance in Saudi Arabia is unknown. This study aims to fill this gap by identifying the association between these health risk behaviors and mental health and academic performance.

Methods: A cross-sectional national survey was conducted in Saudi Arabia between 2011 and 2012. Adolescents attending intermediate and secondary schools were invited to participate through a multi-stage, stratified, cluster random sampling technique. A self-administered questionnaire was used to collect data. Data were analyzed using chi-square tests to identify associations, and odds ratios were calculated.

Results: A total of 9073 students participated. Twenty-six percent of adolescents reported exposure to bullying in the preceding 30 days, and one of every three adolescents reported exposure to physical violence at school during the past year. Both males and older adolescents were more likely to be exposed to bullying. Exposure to physical violence and bullying were both associated with higher odds of having more frequent symptoms of depression and anxiety. Those exposed to physical violence were at higher odds of having poorer academic performance. Bullying and physical violence among adolescent students in Saudi Arabia is prevalent and deserves special attention due to its harmful impact on the other aspects of students' wellbeing.

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1. Introduction

Identified as a significant public health concern, bullying among adolescents has gathered much attention at the global level. Systematic intervention research on bullying dates back to the 1980s when the Norwegian researcher Olweus [1,2] first shed light on this issue following an incident of three young Scandinavian boys who committed suicide after being severely bullied at school.

Bullying is a repeated aggressive behavior, involving power imbalance between the bully and the bullied [3]. Bullying behaviors can take several forms, including 1. physical bullying, e.g., hitting, pushing, kicking; 2. verbal bullying, e.g., name-calling, teasing,

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Peer review under responsibility of King Faisal Specialist Hospital & Research Centre (General Organization), Saudi Arabia.

http://dx.doi.org/10.1016/j.ijpam.2016.12.005

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threatening; 3. Relational/social bullying, e.g., rumors, exclusion [4]; and 4. cyber bullying [5].

There are important negative consequences to victims, perpetrators, schools, families and communities at large. Several studies have shown that victims of bullying are at increased odds of adverse outcomes including physical health problems [6], emotional and behavioral problems[3], and psychiatric disorders [7]. Bullied students have also been shown to have poor or impaired academic performance [8,9]. At the mental health level, evidence has linked being a victim of bullying to higher rates of depression, insomnia, feelings of hopelessness, loneliness [10,11], low self-esteem [12], suicide ideation and suicide attempts [13]. Similarly, bully victims are also at higher risk of suicide ideation [14] and suicidal behaviors [7].

The negative consequences of bullying do not stop at the actual incident itself but persist beyond and may be carried into adulthood in various forms including borderline personality disorder (BPD) [15], emotional disorders and increased suicide ideation for victims of bullying [7], as well as increased risk of antisocial personality disorder and adult intimate partner violence perpetration for bullies [7,16]. Likewise, PV can profoundly impact victims' integrity, social relationships and social integration ability. PV can also trigger violent behavior among the victims that can be directed toward peers and even teachers, which also impacts the classroom environment and hence the overall learning process [17].

Bullying is a life-changing experience that has drastically affected more than a third of adolescents in schools globally [18]. In the Arab region, only a few studies have addressed the issue of bullying and physical violence (PV) in schools. These studies have found varying prevalence rates across countries ranging from 20.9% in the United Arab Emirates to 44.2% in Jordan [10]. Similar rates (31%) have been reported from a nationally representative sample of Egyptian adolescents [19]. In the Kingdom of Saudi Arabia (KSA), the first nationally representative sample of adolescents was recently reported to have a prevalence of 25.0% of bullying and 20.8% of PV at schools [20]. The available local and regional literature has focused on prevalence rates. Attention now needs to be given to the seriousness and potential impact that bullying has on adolescents' health and academic achievements. The aim of this study was to assess the relationship between exposure to bullying/PV and adolescents' mental health and academic performance among adolescents in Saudi Arabia.

2. Methods

Data from the *Jeeluna* study were utilized for this analysis. *Jeeluna* is a national study addressing the health needs of adolescents in the KSA. Through student population proportionate sampling and a complex, multi-stage, stratified, cluster random sampling technique, adolescents from various regions across the country participated in this school-based study in 2011–2012. Participants included male and female intermediate (grades 7–9) and secondary (grades 10–12) grade students. Multiple domains were addressed in *Jeeluna*, including bullying and PV at schools [20]. A detailed methodology of Jeeluna was published earlier [20].

Data for variables addressing bullying, PV at schools, mental health symptoms, academic performance, and socio-demographics were extracted. Many of the questions addressing these variables were guided by the Global School-based Health Survey [21]. 'Bullying' refers to reported verbal/emotional forms of bullying during the preceding 30 days (yes/no), and PV refers to reported exposure to physical forms of bullying during the preceding 12 months (yes/no). Mental health was assessed by adolescent self-reports of depression and/or anxiety symptoms. Depression was assessed by responses to the following question: "*During the past 12 months, how often did you feel excessively sad or hopeless daily for 2 weeks or more to the extent that you stopped doing your usual activities (*e.g., *prevented you from going to school or to your social activities)*?" Anxiety was assessed by responses to the following question: "*During the past 12 months, how often have you felt so worried about something to the extent that you stopped doing your usual activities?*" Any indication of having such feelings was reported as being positive for depression and/or anxiety symptoms. Academic performance was based on self-reports of academic achievement during the preceding academic semester (average or below/above average, based on school letter grading system).

Sub-sample analysis was conducted using the Jeeluna data to examine the association between the main outcome variables, bullying and PV, with each of the independent variables, including socio-demographics, academic performance, depression, anxiety and any mental health problem (i.e., depression and/or anxiety). Descriptive statistics were obtained for the whole sample. A bivariate analysis was then performed to test the association between the dependent and the independent variables. Multivariate logistic regression models were fitted, and odds ratios were conducted adjusting for age and gender. Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 22, and *p values* ≤ 0.05 were considered to be statistically significant at the bivariate and multivariate levels.

This study was reviewed and approved by the Ethical Review Committee at the King Abdullah International Medical Research Center.

3. Results

3.1. Participant characteristics

A total of 9073 students answered the bullying and PV questions. The sample included slightly more males (52.6%). The majority were of Saudi Arabian origin (86.7%). Students in the sample were almost equally distributed among intermediate (49.1%) and secondary schools (50.9%). The mean age of students was 15.80 ± 1.842 years. Twenty-six percent of adolescents reported exposure to bullying in the preceding 30 days. The prevalence to any past year PV at school was 33.3%, with 21.2% reporting being a victim (bullied) and 24.3% being a perpetrator (bully). A total of 12.3% of the students were both victims and perpetrators of PV, and 11.5% reported being involved with bullying and PV at the same time. The majority of students (95.2%) reported having above average academic performance in the preceding semester. Among the sample, 53.2% and 36.4% of students reported having feelings of excessive sadness/hopelessness or worry/anxiety during the preceding year, respectively.

3.2. Association of bullying and physical violence with socio-demographic characteristics

Table 1 shows the association of bullying and PV with adolescents' socio-demographics. Exposure to bullying was more common among males and older adolescents, whereas PV was more common among males and younger adolescents (all p's < 0.001). Exposure to bullying or PV was more common among adolescents with a chronic illness ($p < 0.001$). Exposure to bullying, but not PV, was significantly associated with school absenteeism.

Mother's education level was associated with both bullying and PV; adolescents whose mothers had completed a higher level of education were more frequently exposed to bullying or PV. Higher paternal education was only positively associated with adolescents exposure to bullying. Poor adolescent relationship with his/her mother or father was strongly associated with exposure to bullying

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