

# Why do young adolescents bully? Experience in Malaysian schools

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## Abstract

**Introduction:** To determine sociodemographic and psychological factors associated with bullying behavior among young adolescents in Malaysia. **Methods:** This is a cross-sectional study of four hundred ten 12-year-old adolescents from seven randomly sampled schools in the Federal Territory of Kuala Lumpur, Malaysia. Sociodemographic features of the adolescents and their parents, bullying behavior (Malaysian Bullying Questionnaire), ADHD symptoms (Conners Rating Scales), and internalizing and externalizing behavior (Child Behaviour Checklist) were obtained from adolescents, parents and teachers, respectively.

**Results:** Only male gender (OR = 7.071,  $p = 0.01^*$ , CI = 1.642–30.446) was a significant sociodemographic factor among bullies. Predominantly hyperactive (OR = 2.285,  $p = 0.00^*$ , CI = 1.507–3.467) and inattentive ADHD symptoms reported by teachers (OR = 1.829,  $p = 0.03^*$ , CI = 1.060–3.154) and parents (OR = 1.709,  $p = 0.03^*$ , CI = 1.046–2.793) were significant risk factors for bullying behavior while combined symptoms reported by young adolescents (OR = 0.729,  $p = 0.01^*$ , CI = 0.580–0.915) and teachers (OR = 0.643,  $p = 0.02^*$ , CI = 0.440–0.938) were protective against bullying behavior despite the influence of conduct behavior (OR = 3.160,  $p = 0.00^*$ , CI = 1.600–6.241). Internalizing behavior, that is, withdrawn (OR = 0.653,  $p = 0.04^*$ , CI = 0.436–0.977) and somatic complaints (OR = 0.619,  $p = 0.01^*$ , CI = 0.430–0.889) significantly protect against bullying behavior.

**Discussions:** Recognizing factors associated with bullying behavior, in particular factors distinctive to the local population, facilitates in strategizing effective interventions for school bullying among young adolescents in Malaysian schools.

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## 1. Introduction

Bullying refers to a repeated act of aggression toward a weaker victim [1]. It is a common phenomenon among children and adolescents worldwide [2] that needs to be curbed.

Why do adolescents bully? Bullying has been attributed to low self-control [3] and poor impulsivity [4] in adolescents. Young adolescents with bullying behavior were usually psychologically disturbed [5]. Psychiatric disorders such as attention-deficit hyperactivity disorder (ADHD) [6,7] and its comorbid conditions such as conduct disorder (CD) and oppositional defiant disorder (ODD) were

common among young adolescents with bullying behavior [7]. Common correlates of ADHD and bullying such as low self-control [3] and hyperactivity [8] explain the relationship between the two. A Korean study found bullies to commonly have depressive symptoms and low self-esteem [9]. Bullying probably provides for their need to control and also boost their self-esteem.

Family factors such as domestic violence and child abuse [10] have also been implicated in the etiology of bullying behavior. Adolescents may model the aggression they have been exposed to at home and exercise that to the vulnerable peers in school. A prospective study found maternal depression and low maternal warmth to be associated with bullying behavior but confounded by young adolescents' behavioral problems [10]. Most of the studies on bullying behavior came from the Western population, hence the difficulty to generalize findings to the non-Western counterparts.

Bullying is common [11–13] in Malaysian schools and it has received great attention due to the high prevalence. A study on risk-taking behavior among young adolescents aged

Publication of this supplement was supported by Universiti Kebangsaan Malaysian Medical Centre, Kuala Lumpur, Malaysia.

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13 years, in rural development schemes found the prevalence of bullying behavior at 14.4% [14]. A similar study among 280 young adolescents of the same age group but in an urban area in the south of Malaysia, reported a prevalence of 21.1% [15]. Yaakob et al [12] did a bigger study involving 2528 school children aged 10–12 years recruited from 29 schools in Perak and found that 53.2% of the respondents admitted their involvement in bullying behavior. Despite the figure showing more than half of the students involved in bully, many cases possibly remain unreported and dismissed as part of growing pains. However, bully is known to lead to multiple negative psychosocial complications such as depression, anxiety and aggression [16], particularly in urban society, where bullying is more common [17]. This is possibly due to social isolation being part of a city living. There is however, a paucity of data looking at the factors contributing to bullying behavior, in particular focusing at the associated psychiatric morbidity. This study therefore was aimed to determine the factors associated with bullying behavior among young adolescents attending schools in the Federal Territory of Kuala Lumpur, Malaysia. Identifying these factors would help to strategize the preventive and interventive measures to curb bullying behavior.

## 2. Methods

This is a cross-sectional study of young adolescents, aged 12 years, who were recruited from public schools in the Federal Territory of Kuala Lumpur, Malaysia. Seven schools were randomly selected from a list of all public schools in the Federal Territory of Kuala Lumpur. All adolescents and their parents from the randomly selected schools who met the inclusion criteria were given information sheet providing the study details and parents' consent forms. The students whose parents consented were further approached to participate in the study.

Of the 826 adolescents approached, 183 did not consent whereas another 198 did not return the consent forms after two reminders and thus considered not consented. A total of 445 consented to participate but 35 were further excluded because they were absent during data collection or had language difficulty, leading to a final sample of 410 participants.

The attrition rate in this study was 50.36% ( $n = 416$ ) whereby almost half (43.99%;  $n = 183$ ) did not consent and more than half (47.59%;  $n = 198$ ) failed to return the forms, while 35 students were absent or had language difficulty during the survey. The poor response was expected in this type of study and therefore was taken into consideration in the calculation of sample size. The calculated sample size was 383 but the targeted size was 651 after considering an attrition rate of 70%. At 80% power and 95% significance level the sample size was adequate to detect the significance of the study.

Inclusion criteria were adolescents aged 12 years, who obtained the parents' consent to participate, and assented to

participate and had good understanding of Malay language, that is, the national language in Malaysia. Adolescents with language difficulty and/or from the special education class were excluded from the study. The adolescents with language difficulty were identified and screened by their respective teachers. The study was approved by the Ethics Committee of the Universiti Kebangsaan Malaysia and Ministry of Education Malaysia.

Self-administered questionnaires were used to obtain information on demographic features, bullying behavior, ADHD symptoms, and internalizing behavior and externalizing behavior. Demographic variables such as gender, ethnicity, number of siblings, academic performance, and family background such as parent's educational status, marital status, and time spent with their children were obtained from the adolescents and their parents.

Exclusive bullies referred to adolescents who bullied others but never been victimized, whereas bully–victims were adolescents who bullied others but had also been victimized. The victims were defined as adolescents who were victimized but never bullied others whereas the non-bully–victims were adolescents who never bullied or being bullied. This paper focused on exclusive bullies and bullying behavior only, which are referred to as bullies and bullying behavior.

Bullying behavior was measured using The Malaysian Bullying Questionnaire (MBQ) [12]. The reliability (Cronbach alpha) for the overall instrument is 0.86. The reliability values for bullying are 0.79 (physical bullying) and 0.8 (psychological bullying). Bullying behavior was defined as involvement in bullying three or more times in the past month, with the cutoff score of 12 and above in the bullying scale. For the purpose of this study, bullying was defined by at least six different behaviors (i.e. at least 6 items from the total of 11 items on bullying) to occur repeatedly (i.e. bullied three or four times). Therefore, a score of 2 per item in at least 6 items with a total score of 12 is taken as the cutoff score.

ADHD symptoms in the participants were reported by three sources of informants: (1) the adolescents themselves, (2) their parents, and (3) their teachers who completed Conners–Wells Self-Report: Short Form (CASS:S), Conners' Parents Rating Scale: Short Form (CPRS:S), and Conners Teachers Rating Scale: Short Form (CTRS:S), respectively [18]. The translated versions of Conners Rating Scales in the national language, that is, Malay language, were used in this study. The Cronbach alpha values for the subscale index (cognitive problems/inattention, hyperactivity, and ADHD index) of CASS-R:S are 0.635, 0.367 and 0.727, respectively. The Cronbach alpha values for the subscale index (cognitive problems/inattention, hyperactivity, and ADHD index) of CPRS-R:S are 0.916, 0.842 and 0.904, respectively. The Cronbach alpha values for the subscale index (cognitive problems/inattention, hyperactivity, and ADHD index) of CTRS-R:S are 0.793, 0.836 and 0.911, respectively.

The parents also completed Child Behaviour Check List (CBCL/1–18)[19] for their adolescents. The translated

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