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## Bullying and mental health of adolescents in Nepal

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### Abstract

Bullying is one of the common issues among children and adolescents, bearing significant implications on mental health and wellbeing. Although there are few studies, there remains a gap in the synthesized understanding of bullying and its link to the mental health of Nepalese adolescents. Hence, this narrative review has examined the literature centering on the prevalence and impact of bullying within the context of Nepalese adolescents. Although there was limited number of relevant articles, the findings from the review revealed that bullying is a widespread experience among Nepalese adolescents and is associated with several mental health challenges such as anxiety, depression, and tendencies towards self-harm and suicidal behavior. The review sheds light on the importance of addressing bullying in order to prevent psychological consequences and foster the mental health of adolescents in Nepal.

**Keywords:** adolescents, bullying, mental health, Nepal

## Introduction

Bullying is one of the widespread problems among adolescents all over the world.<sup>1-3</sup> Though a global public health problem, it is predominantly studied in high income countries<sup>2</sup> and little is known in low and middle income countries.<sup>3</sup> American Psychological Association defines bullying as “persistent threatening and aggressive physical behavior or verbal abuse directed towards other people, especially those who are younger, smaller, weaker, or in some other situation of relative disadvantage.”<sup>4</sup>

Several international studies have identified that bullying and victimization are common experiences among children and adolescents ranging from 7% to 36%.<sup>1,2,5-8</sup> A study among the countries of World Health Organisation (WHO) regions reported the highest prevalence observed at 95% CI was: Eastern Mediterranean Region 45.1% (44.3-46.0%) and African region 43.5% (43.0-44.3%), and the lowest in Europe 8.4% (8.0-9.0%).<sup>2</sup> While a scoping review among children and adolescents in South Asian Association for Regional Cooperation (SAARC) countries reported a large variation in the prevalence of bullying i.e., from 4.1% to 95% and from 16% to 85% for perpetration.<sup>9</sup> Furthermore, the previously mentioned research has also exposed disparities in gender when it comes to the occurrence and nature of bullying.<sup>9</sup> For instance, boys commonly resort to physical intimidation or threats, irrespective of the gender of those they target. In contrast, girls tend to engage in more verbal forms of bullying, typically directed at other girls.<sup>9</sup> Additionally, bullying has been documented in various online platforms, including chat rooms, email, and social networking sites, as reported by the American Academy of Child and Adolescent Psychiatry in 2017.<sup>1</sup> Studies have also identified that parental and peer supports are protective factors against bullying victimization with significantly higher odds and family and peer-based interventions can have beneficial roles in reducing the risk of bullying victimization.<sup>2</sup> However, this is not clear among Nepalese adolescents. Some international studies also observed more

victimization experiences among adolescent students who belong to a family with low socioeconomic status or whose fathers were illiterate.<sup>5</sup> It is worth noting that enduring bullying has been seen to wield a significant impact on the physical and mental health, psychosocial growth, and educational performance of children. These repercussions can endure into adulthood, ultimately influencing their lifelong health, well-being, and financial earnings.<sup>3</sup> It was found that being a victim of bullying was significantly connected to adverse mental health outcomes and boys who had experienced bullying were four times more likely to report such issues compared to those who had not been bullied, while for girls, the corresponding increase was 2.4 times.<sup>6</sup>

The effects of bullying are direct, pleiotropic, and long-lasting.<sup>10</sup> It is found that after controlling for childhood psychiatric problems or family hardships, individuals who have experienced bullying still exhibit a higher likelihood of developing conditions such as agoraphobia, generalized anxiety, and panic disorders. Additionally, those who have been both bullies and victims face an elevated risk of experiencing depression, panic disorder, and agoraphobia in females, as well as suicidal tendencies in males.<sup>11</sup> Meanwhile, individuals who have engaged in bullying themselves are primarily at risk for developing antisocial personality disorder.<sup>11</sup> Likewise, significant connections were noted between being a victim of bullying and various negative health and psychosocial issues. According to a study in 2017, the most robust causal links were found between bullying victimization and mental health challenges like depression, anxiety, overall health deterioration, as well as suicidal behavior.<sup>12</sup> Additionally, it was probable that bullying victimization was causally linked to tobacco and illicit drugs use.<sup>12</sup> Hence, it is important to understand the consequences of bullying in adolescents' mental health, to better address the issue, however, there are limited articles focused on impact of bullying and most of the studies are focused on prevalence of bullying in Nepalese adolescents with variable findings. Consequently, there is a pressing need for a

comprehensive study that consolidates information on what is the prevalence and impacts of bullying in adolescents in Nepal.

## Method

A comprehensive literature review was conducted of empirical literature available in PubMed, Google Scholar, ProQuest, HINARI, NepJol, and other databases. The keywords used in the search were bullying, adolescents, Nepal, bullying, and mental health. The articles published in the English language from 2010 to September 2023 and those full text available were included. Book chapters, conference proceedings, editorials, and commentaries were excluded. Due to very limited studies available from Nepal, this study includes 14 full articles. Then, collated data was summarized into the given headings as the results of this study.

## Result

### 1. Bullying among adolescents in Nepal

The findings from different studies in Nepal revealed the varied prevalence of bullying among adolescents, with rates ranging from 10% to 98%. A larger-scale study which reviewed nationally representative data from the Global School-Based Student Health Survey, 2015 to assess the health behaviors and factors associated with major causes of death and morbidity among school-going adolescents in Nepal found half of the students were bullied at school (50.7%) with a high prevalence among males (55.7%).<sup>13</sup> A cross-sectional analysis from the data extracted from the global school-based student health survey in Bangladesh (N=2,989), 2014 and in Nepal (N=6,529), 2015 revealed that prevalence of bullying victimization that occurred for a minimum of one day during the 30 days preceding the survey was 24.5% in Bangladesh and 50.9% in Nepal.<sup>14</sup> Some studies in different districts of Nepal showed variable prevalence. A study done in Pyuthan Municipality, Mid-Western Nepal among 405 students of eighth, ninth and tenth grade revealed the prevalence of bullying as 52.3% for bully, 58.0% for victim and 41.2% for bully-victim, making the overall

prevalence of bullying behavior (either bully or victim) 69.14%.<sup>15</sup> Similar findings regarding the prevalence of bullying was seen in a study in the public and private level secondary schools of Kathmandu in 2018, among 222 boy students and 222 girl students which revealed that the boys who got bullied were 176(79.28%) whereas girls were 144(64.85%).<sup>16</sup> However, a study in 2021, the prevalence of bullying victimization in different schools in Kathmandu was only 20.4%.<sup>17</sup> Among them, boys were more victimized (63.8%) than girls (36.2%). A study conducted among 164 adolescent students in Dharan in 2019 reported that 98.2% of respondents indicated that bullying occurred in their school. Among them, 84.8% of the respondents were doing mild forms of bullying, 11.6% were doing moderate forms of bullying, and 1.3% were doing severe forms of bullying. On the other hand, 82.3% of the respondents were mildly victimized, 15.2% were moderately victimized and 2.4% were severely victimized.<sup>18</sup> Another study in southern Nepal among 539 adolescent students showed that over 10% experienced bullying.<sup>19</sup> One of the studies also indicated that verbal bullying is higher among the students ( $p=0.03$ ) with a significant difference in mean score of verbal, social and physical bullying.<sup>20</sup>

The varying prevalence of bullying of adolescents in Nepal which is similar to the prevalence of other countries as well.<sup>1,2,5-9</sup> The bullying among children and adolescents in Nepal is a significant issue as prevalent in other parts of the world.

### 2. Factors associated with bullying

Different studies suggested gender differences linked to bullying with a higher percentage of males being victimized/experiencing bullying than of females. A study in Kathmandu revealed significantly higher bullying in males than females ( $p=0.04$ ).<sup>20</sup> And a study from Dharan also showed an association of gender and bullying.<sup>18</sup> Similarly, a cross-national comparative study among 28 countries including Nepal detected that 25.6% of the boys suffered bullying, compared to 16% of

the girls.<sup>21</sup> The bullying experience varied across different age groups within the adolescent population, i.e., the study in Dharan showed the significant association between age, grade and bullying among adolescent students,<sup>18</sup> whereas, a study in Kathmandu showed no significant relationships between age and any form of bullying or victimization.<sup>21</sup> One of the studies also revealed the association between ethnicity and bullying, i.e., a higher prevalence of bullying (55.8%) among students of relatively advantaged Janajati whereas victims (64.86%) belonged to disadvantaged Janajatis.<sup>15</sup> Moreover, a significant difference was found according to type of school, i.e., bullying behavior was higher in private schools than in public schools.<sup>15</sup> But, a study from Kathmandu reported community schools had higher bullying than private schools ( $p=0.009$ ).<sup>20</sup> In addition, significant association was seen between bullying and family monthly income and academic percentage obtained in the previous year.<sup>18</sup> Moreover, school-level support has a negative association with bullying victimization was identified by a study among adolescent girls in Tanahun and Nuwakot district.<sup>22</sup>

The association between bullying and several factors such as age, gender, ethnicity, family income, school grade, type of school, academic achievement, and school-level support in Nepalese adolescents are in line with findings of studies from different parts of the world.<sup>25</sup>

### 3. Bullying and mental health of adolescents in Nepal

Regarding the association between bullying and adverse mental health, there seems a significant association between bullying behaviour and depression ( $p=0.0001$ ) and psychosomatic symptoms ( $p=0.0001$ ).<sup>15</sup> Another study further emphasized that among 602 orphans and vulnerable adolescents (OVAs) aged 13-17 years living in 22 childcare homes (CCHs) from five districts of Nepal, those who had been bullied were 1.97 times more likely to develop depressive symptoms than those who were not bullied

was 1.97 (1.23-3.15) at 95% CI.<sup>23</sup> Furthermore, it is indicated that bullied adolescents more commonly reported mental health problems with higher risk of loneliness at 95% CI aOR was 1.36 (1.12-1.64), anxiety 2.04 (1.65-2.52), suicide attempt 2.08; (1.54-2.81), school absenteeism due to fear 1.72; (1.34-2.21) and school truancy 1.48; (1.17-1.87). It was also associated with health risk behaviours like drinking alcohol at 95% CI was 72.51% (60.68-81.84%), sexual risk behaviour 65.14% (54.95-74.12%), and aOR at 95% CI was: physical fights 3.64 (2.94-4.51), and tobacco use 2.05; (1.15-3.65).<sup>13</sup> A qualitative study revealed the risk factors of depression were bullying, and friendship problems, and cyberbullying, and leaking of personal information.<sup>24</sup> Another study in Kathmandu also added that being electronically bullied was one of the significant factors of depression.<sup>25</sup>

There has been evidence of other mental health issues also linked to bullying, i.e., bullying students had higher aggression ( $p=0.03$ ).<sup>20</sup> The findings from the study among 4,098 adolescents in four lower and middle-income countries including Nepal as part of the Healthy School Development Project revealed that being bullied was associated with psychological distress in all four countries.<sup>26</sup> The analysis from the global school-based student health survey (GSHS) in Bangladesh (N=2,989), 2014, and in Nepal (N=6,529), 2015 identified the associations between bullying victimization and adverse health outcomes, such as suicidal behavior and depression.

In addition, a large-scale, school-based survey among older adolescents in southwestern Nepal (N=539) observed significant positive associations between bullying and anxiety, as well as, negative associations between bullying and grit.<sup>19</sup> Regarding an indicator of mental well-being a study among 12,623 children aged 10 years old from 15 countries including Nepal showed the impact of bullying and exclusion on the happiness of children and adolescents. The strongest effects of bullying on child happiness were observed in Germany, Malta, and Norway, while the smallest effects were detected in Nepal,

Colombia, and South Africa. Second, results also indicated that children who suffered exclusion at school reported less happiness than those who did not.<sup>21</sup>

A number of studies in Nepal showed the effect of bullying on the mental well-being of adolescents. That includes issues like anxiety, depression, suicide, lower happiness, psychosomatic symptoms, aggression, loneliness, substance use, sexual risk behaviour, and physical fights. In support of these findings, several studies from different countries have revealed the impact of bullying on mental health. There is evidence of an effect on lifelong health, well-being, and financial earnings.<sup>3</sup> A clear connection between being a victim of bullying and adverse mental health outcomes are noted (i.e., four times more likely among boys who were bullied and twice more likely in the case of girls).<sup>6</sup> Moreover, international studies have shown a higher likelihood of developing generalized anxiety, panic disorders, depression, and suicidal tendencies in agreement with the findings of adolescents in Nepal.<sup>11</sup>

### Conclusion

This narrative review provides an overview of the prevalence of bullying and its association and or effect on the mental health of adolescents in Nepal. The findings indicated that bullying is a significant issue affecting a substantial portion of adolescents with various consequences on their mental well-being such as anxiety, depression, suicidal behavior, substance use, aggression, and lower levels of happiness. The findings highlight the need for addressing bullying in children and adolescents with a multi-faceted approach i.e., at family, community, peer, and school level preventive programs in order to promote and maintain the mental well-being of children

### Conflict of Interest

None

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### Author Contribution

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