

ANALYSIS OF THE INCIDENTS OF BULLYING AND ITS RELATION TO HEALTH-RELATED QUALITY OF LIFE IN INDONESIAN ADOLESCENTS

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ABSTRACT

This study aimed to analyze the incidence of bullying and its relation to health-related quality of life in Indonesian adolescents. This study used a quantitative study method with a cross-sectional approach. The sampling technique used consecutive sampling with 464 respondents in the Jakarta, Bogor, Depok, Tangerang, and Bekasi areas. The bullying instrument in this study was modified from various sources. The quality of life instrument for adolescents in this study used KIDSCREEN-27. The two instruments obtained validity test results that were greater than the R table, and the Cronbach alpha reliability test results were 0.755 and 0.759. Questionnaires were distributed via google Forms—a statistical test using chi-square. The results showed a relationship between the incidence of bullying, the status of bullying, and the type of bullying with the quality of life of adolescents ($p\text{-value} < 0.001$ $\alpha < 0.05$). What can be recommended is that special cross-sector management is needed to reduce the prevalence of bullying so that adolescents' quality of life improves.

Keywords: adolescents; bullying; quality of life

INTRODUCTION

Bullying is one of the most serious widespread problems in modern society. Bullying can occur anywhere at home, school, or community. Bullying is a form of aggressive behavior that aims to hurt or cause discomfort to others (Hidalgo-Rasmussen, Ramírez-López, Rajmil, Skalicky, & Martín, 2018). Study on bullying started in Europe in the 1970s by Olweus in 1993 and is now considered the best international study issue (Chapell, Hasselman, Kitchin, & Lomon, 2006). Olweus reports three characteristics that distinguish bullying from other forms of bullying, namely intentionality, long-term repetition, and an imbalance between perpetrator and victim (Çalışkan et al., 2019). Bullying can take many forms, including physical bullying (for example, hitting, kicking, tripping, and pinching), verbal bullying (for example, naming, insulting, and humiliating), social bullying (for example, joking about embarrassing, isolating, spreading stories, harm one's social reputation), and cyberbullying (e.g., causing others distress by using mobile phones and the internet in using social media) (Çalışkan et al., 2019; Olweus, 2012; Shaheen, Hammad, Haourani, & Nassar, 2018).

Several studies have highlighted the prevalence of bullying in different ways. The study conducted by Craig et al. explores bullying based on data from 40 countries. Studies show that the number of boys who experience bullying ranges from 8.6% to 45.2%, while the prevalence of girls ranges from 4.8% to 35.8% (Craig et al., 2009). Another study conducted in Mexico revealed that the prevalence of bullying varies across academic levels, with 52.7% in primary schools and 28% in universities (Ramos-Jiménez, Hernández-Torres, Murguía-Romero, & Villalobos-Molina, 2017). The first nationally representative sample of adolescents conducted in the Kingdom of Saudi Arabia revealed a prevalence of 25% experiencing verbal bullying and 20.8% experiencing bullying physical violence at school (AlBuhairan et al., 2017). Bullying frequently occurs in

schools and continues to increase. UNICEF 2015 reported that 40% of children experienced bullying at school. Bullying in Indonesia occurs in 26,000 children and continues to increase at a rate of 16.3% annually. Meanwhile, around 41% of adolescents experience bullying (Mundy et al., 2017; Setyawan, 2017). Study conducted by Damanik and Djuwita illustrates that the highest level of bullying among adolescents is in DKI Jakarta and West Java Provinces (Damanik & Djuwita, 2019).

Study has shown that bullying can be related and caused in various ways with negative physical and emotional health outcomes and negative social development consequences, as well as negative effects on later life, including academic achievement and to the point of causing suicide (Arseneault, Bowes, & Shakoor, 2010; Giesbrecht, Leadbeater, & Macdonald, 2011; Kowalski & Limber, 2013; Lestari & Koto, 2020). Furthermore, according to previous study conducted by Wilkins-Shurmer et al., school bullying is a significant determinant of children's quality of life and usually has negative long-term health implications (Wilkins-Shurmer et al., 2003). The concept of quality of life is defined by the World Health Organization (WHO) as "individuals' perception of their position in life in the context of the culture and value systems in which they live and concerning the goals, expectations, standards and concerns" (World Health Organization, 2018). Previous study has described that bullying incidents are related to the quality of life (AlBuhairan et al., 2017). Previous studies' quality of life measurement generally used *Health-Related Quality of Life/HRQoL*, but this instrument could not reliably be used on children and adolescent respondents. So that in this study, the KIDSCREEN-27 instrument will be used where the instrument has been proven to be used by children and adolescents, which is proven reliable. In Indonesia, there has never been a study using the KIDSCREEN-27 instrument. Based on the above, the researchers are interested in exploring and analyzing the incidence of bullying and its relation to health-related quality of life in Indonesian adolescents.

METHOD

The study design used in this study used a *cross-sectional approach*. The variables of this study consist of the characteristics of the respondents, namely adolescent age, gender, domicile, parents' income, and type of school; the independent variables are incidents of bullying and bullying status; and the dependent variable is quality of life. The population in this study were adolescents in the Jakarta, Bogor, Depok, Tangerang, and Bekasi areas. The sampling technique used *consecutive sampling* with a total of 464 adolescents. The instrument used in this study was the bullying instrument modified from four sources divided into indicators of bullying, bullying status, verbal bullying, social bullying, and physical bullying. This instrument consists of 30 statements and the quality of life instrument for adolescents in this study used KIDSCREEN-27. KIDSCREEN-27 with five dimensions is generated. The five dimensions are the Rasch scale: Physical Well-being (5 items), Psychological Well-being (7 items), Autonomy & Parents (7 items), Peers & Social Support (4 items), and School Environment (4 items). The instruments in this study have been tested for validity and reliability on 20 adolescent respondents online. The validity test results for all statements above have an R table value of 0.468, so the bullying questionnaire is declared valid. The reliability test results obtained *Cronbach's alpha value* of 0.755, so the bullying questionnaire was declared reliable. At the same time, the results of the validity test of the KIDSCREEN-27 quality of life questionnaire obtained all statements above the R table value of 0.468, so they were declared valid. The reliability test results obtained *Cronbach's alpha value* of 0.759, declared reliable. Then the two instruments are distributed online.

Data analysis in this study was carried out using univariate and bivariate analysis. The univariate analysis consists of the characteristics of the respondents (adolescent age, gender, domicile, parents' income, type of school, namely by frequency distribution), independent variables (incidence of bullying, bullying status, verbal bullying, social bullying, physical bullying), namely by frequency distribution, and the dependent variable (quality of life) is the frequency distribution. Bivariate analysis in this study used the *chi-square* test.

RESULT AND DISCUSSION

This study illustrates that most adolescents are in the early adolescents category of 69%. At the same time, males dominate the sex of adolescents, and the domicile of most adolescents is in Jakarta, with a respective percentage of 62.1%. The income of most parents has an income, according to the Regional Minimum Wage (RMW), of 61%. Most adolescents school types are in state schools at 61.4%. The majority of adolescents experiencing bullying by 320 respondents, or 69%. The majority of adolescents who experience bullying have the status of perpetrators and victims 176 respondents or 55%, while most types of bullying experience verbal, social, and physical bullying 96 respondents or 30%. The quality of life variable was dominated by the bad category of 336 adolescents or 72.4%.

Table 1.
Relationship between Age, Gender, Domicile, and Parents' Income with Quality of Life in Adolescents (n=464)

Variable	Quality of Life				Total	p-value
	Good		Bad			
	f	%	f	%		
Age						
Early Adolescent	96		224		320	0.105
Middle Adolescent	32		112		144	
Gender						
Woman	128		48		176	< 0.001
Man	0		288		288	
Domicile						
Bekasi	16		0		16	< 0.001
Bogor	0		16		16	
Depok	32		80		112	
Tangerang	0		32		32	
Jakarta	80		208		288	
Parents' Income						
Under RMW	109		41		150	< 0.001
Above RMW	0		283		283	
RMW	19		12		31	
School Type						
Private	128		51		179	< 0.001
Government	0		285		285	

Table 1. illustrates no relationship between age and quality of life for adolescents ($p=0.105$, $\alpha>0.05$). As for the other characteristics of the respondents, there was a relationship between gender, domicile, parents' income, and type of school with the quality of life of adolescents (p -value < 0.001 , $\alpha<0.05$).

Table 2.
Relationship between Bullying Incidents, Bullying Status, and Types of Bullying with Quality of Life in Adolescents (n=464)

Variable	Quality of Life				Total	p-value
	Good		Bad			
	f	%	f	%		
Bullying Incident						
No	128		16		144	< 0.001
Yes	0		320		320	
Bullying Status						
No	128		16		144	< 0.001
Perpetrators Only	0		64		64	
Victims Only	0		80		80	
Perpetrators and Victims	0		176		176	
Types of Bullying						
No	128		16		144	< 0.001
Verbal Only	0		48		48	
Social Only	0		64		64	
Physical Only	0		16		16	
Verbal and Social	0		48		48	
Verbal and Physical	0		48		48	
Verbal, Social, and Physical	0		96		96	

Table 2. describes a relationship between the incidence of bullying, the status of the bullying, and the type of bullying with the quality of life of adolescents (p -value < 0.001 , $\alpha<0.05$). Adolescents with bullying status as perpetrators and victims will be at risk of poor quality of life compared to only perpetrators or victims. Meanwhile, adolescents who get or carry out verbal, social, and physical bullying will also be at risk of having a poor quality of life compared to only getting or doing one or two types of bullying.

The purpose of this study was to describe the prevalence of bullying in adolescents. Not only the incidence of bullying but, more specifically, related to the bullying status and the type of bullying; univariate analysis was also carried out. In addition, an overview of the quality of life of adolescents was also analyzed. The results of this study describe that most adolescents experience bullying by 69%. The percentage of bullying incidents in this study was greater than the incidence of bullying experienced by adolescents in Jazan at 64.64% (Elmahdy et al., 2022). The status of bullying in this study is the perpetrator and the victim. This is a higher incidence rate than only adolescents, who are only perpetrators or victims, only 55%. This means that the more bullying statuses you get, the higher the number of bullying incidents will be. Consistent study illustrates that most types of bullying experienced three types simultaneously, namely verbal, social, and physical, among 96 respondents, or 30% (Rana, Gupta, Malhi, Grover, & Kaur, 2020). Whereas previous study

illustrated that verbal bullying, followed by social bullying, had the highest incidence rate of 35.10% and 26.30% (Damanik & Djuwita, 2019).

This study also describes the characteristics of respondents, such as age, gender, domicile, parental income, and type of school for adolescents. The majority of adolescents in this study were in the early adolescent category. This aligns with study conducted in the Eastern Mediterranean, Western Pacific, and European regions that most early adolescents experience bullying more often (Biswas et al., 2020). Early adolescents are more often bullied as victims because of an imbalance of power they have; generally, early adolescents are weaker than middle or late adolescents. Males dominated the sex of adolescents in this study. Previous study also described boys as having a much higher risk of becoming victims or perpetrators than girls (Rana et al., 2020). This study found that most of the domiciles of adolescents were in Jakarta. Previous study stated that bullying incidents were more prevalent in DKI Jakarta than in West Java (Damanik & Djuwita, 2019). The parent's income in this study was below the minimum wage by 6.7%, and most of the parents' income was according to the minimum wage with a percentage of 61%. Study published in 2020 illustrates that 20.8% of bullying incidents originate in low-income countries, and 19.1% originate in upper-middle-income countries (Biswas et al., 2020). Other study adds that children from lower socioeconomic backgrounds are at risk of experiencing bullying (Fu, Land, & Lamb, 2013). The types of adolescents schools in this study were mostly in-state schools at 61.4%. Previous studies also described the same thing, namely that most bullying incidents came from public schools (Rana et al., 2020).

The results of the bivariate analysis found a relationship between the incidence of bullying, the status of the bullying, and the type of bullying with the quality of life of adolescents (p -value < 0.001 ; $\alpha < 0.05$). A similar study was conducted on 1723 adolescents in Spain, which aimed to determine the prevalence of different bullying and homophobic bullying roles and the relationship between these roles in both types of bullying and levels of quality of life, depression, and anxiety. Although the results show a lower prevalence of the role of homophobic bullying when compared to traditional bullying in general, in the case of victims, the prevalence is higher in cases of homophobic bullying. When differences between roles in the quality of life, depression, and anxiety are evaluated for both types of bullying, adolescents who are not involved show the best outcomes. Adolescent victims of bullying have a poorer quality of life (Albaladejo-Blázquez et al., 2019). Other studies have also described the degree of bullying as having a significant correlation and a greater impact on psychological well-being and the school environment (González-Cabrera, Machimbarrena, Ortega-Barón, & Álvarez-Bardón, 2020). Previous researchers also carried out other findings that describe the same relationship. Bullied adolescents have worse life functions and quality of life (Frisén & Bjarnelind, 2010). Another study describes that when someone is bullied, they are twice as likely to have a lower quality of life (Hidalgo-Rasmussen et al., 2018). Another study examined that bullying is significantly associated with decreased HRQOL, and an increased risk of depression, anxiety, and stress in adolescents (Ngo et al., 2021).

Quality of life in adolescents consists of five domains: physical well-being, psychological well-being, autonomy and relationships with parents and peers, social support, and the school and learning environment (Ravens-Sieberer, 2022). This study found that adolescents had worse physical well-being, worse psychological well-being, reduced feelings of autonomy and connection with parents, reduced feelings about peers and social support, and reduced feelings

about the school environment and learning. On the psychological well-being aspect, the lowest score was obtained; adolescents have an unpleasant life, have a bad mood, feel sad and bad, feel lonely, and are unhappy. The causes of perpetrators of bullying come from within and outside the perpetrators of bullying. Adolescents who become perpetrators of bullying generally experience depression, have poor academic achievement, have bad relationships with peers, and have poor communication with their families. While victims of bullying generally have less power than the perpetrators of bullying. Adolescents who are victims of bullying tend to withdraw, easily become anxious, depressed, and feel low self-esteem. Based on the characteristics of the perpetrators and victims of bullying, it will lead to a poor quality of life which can affect conditions of physical well-being, psychological well-being, autonomy, relationships with parents, peers, social support, and the school environment.

CONCLUSION

This study shows that the incidence of bullying, the status of the bullying, and the type of bullying with the quality of life of adolescents have a significant relationship. Adolescents who experience bullying as perpetrators and victims will be at risk of having a poor quality of life in almost every aspect of functioning and quality of life. This will have a major effect on many aspects of adolescent life. Special cross-sector management is needed to reduce the prevalence of bullying so that adolescents' quality of life improves. For future study, appropriate methods are needed to manage bullying in adolescents.

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