



BULLYING AND PSYCHOSOMATIC PROBLEMS AMONG CBSE SCHOOL STUDENTS

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Abstract

The study was conducted to study the knowledge of Bullying and Psychosomatic Problems of male and female students of CBSE secondary and senior secondary schools. Descriptive survey method has been used in the present study to obtain the appropriate and detailed information. The study was conducted on the sample of 539 CBSE school students. The data on knowledge of Bullying and Psychosomatic Problems was obtained by using Knowledge towards Bullying questionnaire and Psychosomatic Problems Scale. Quartile method was used to study the level of Knowledge towards bullying and Psychosomatic Problems, T-test was used to study the significance of difference between means and Co-relation was used to study the relationship between Knowledge of bullying and Psychosomatic Problems. The main findings of the study exhibit that (a) mostly male and female students are having average level of knowledge of bullying and psychosomatic problems (b) gender make the influence on the knowledge of Bullying and Psychosomatic Problems of secondary and senior secondary schools students. (c) there is negative relationship between knowledge of bullying and psychosomatic problems.

Keywords: Bullying, Psychosomatic Problems, CBSE School students

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1. Introduction

Today being the age of digital revolution, adolescents have taken to electronic media like fish to water. The effect of media on adolescents depends on issue like quantity, usage and content. Children now spend a lot of time in front of television and computer, they are chatting and surfing the internet/mobile phones for hours. Parent-adolescent arguments about videogames and mobile phones are part of twenty-first century India. The easily accessible, too wide range of global channels and the content of programs influence the attitudes, values and behaviors of young minds. Adolescents attempt to adopt the messages of media programs and incorporate them at their cognitive and behavioral level which leads to new types of emotional and behavioral problems amongst adolescents. Nuffield Foundation (2012) reported that the teenagers experience has been changed considerably over the last thirty to forty years. In teenagers there is significant increase in the rate of depression, anxiety and problems related to behavior. Besides these, bullying is also a problem in adolescents. In India, it is considered a part of the urban culture. It is called as Ragging in schools. Ragging is a behavior carried out by students who torment Eve Teasing, a junior student at school. They usually act like they are sexually assaulted or have sexual connotations. In ragging where the senior students torment the junior students. It is also known as Eve Teasing in schools.

The definition introduced by Olweus (1993) has gained considerable acceptance in the recent past. According to this definition bullying includes (a) physically harming a person like hit; kick and push and making fun of others and excluding and spreading rumors about a person (b) the victimization must occur repeatedly over time and (c) the victims do not have equal strength or power to the bully.

Galloway (1994) reported that Bullying occurs when a child or group

intentionally causes pain to another child or group. It can be carried out in various ways such as name-calling, physical abuse, and social exclusion. Sourander, Hestela, Helenius and Piha (2000); Liang, Fisher and Lombard (2007) define bullying as the deliberate exclusion of people from a group due to physical or psychological issues. It is the deliberate exclusion of a group of people from participating in various activities, such as playing and criticizing. Bullying can be done in various ways, such as spreading rumors, intentionally hiding rumors, and hitting and kicking.

According to Journal of Adolescent Health (2012) the prevalence rates of bullying behaviors are comparatively consistent across continents and cultures, with a range between 29.9% and 40%. Prevalence rates in Australia was 47.3% and the United States was 29.9%. It means in terms of school victimization and bullying prevalence, the rates are highest in India, South Korea, Taiwan, and South Africa.

Psychosomatic Problems

The word, 'psychosomatic,' has been derived from two Greek words 'psyche,' means mind and 'soma' means body. Psychosomatic describes a physical illness that results at least in part from psychological causes. If someone is under a lot of stress, the strain can trigger a psychosomatic condition like headache, stomach aches etc. The psycho-somatic disorders are defined as a disorder of body (the Soma) and are influenced by the mind (the psyche.) The coined term psychosomatic was introduced by Johann Christian Heinroth in 1818, in regard to insomnia. The word was later popularized by Maximilian Jacobi, a German Psychiatrist.

A psychosomatic problem is a disease involving both mind and body. In other words, some physical sickness is thought to be prone to get worse by mental factors such as anxiety and stress. A person's current mental state may affect

how bad a physical disease is at any particular moment. In psychosomatic problems physical symptoms are caused by psychological factors. So it is recognized that psychological factors play a role in the development of nearly all physical illness.

Sesar and Sesar (2012) stated that psychosomatic problems are defined as clinical symptoms which do not have natural pathology. The most common psychosomatic symptoms manifested in the adolescence includes abdominal pains, headaches, chest pains, fatigue, back pains, leg pains, concerns for health and breathing problems.

Students who are involved in bullying had an increased risk of rising psychosomatic problems manifested as: anxiety, tension, fatigue without any clear reason and energy loss, (Fekkes et al., 2006) bed wetting, abdominal pains and tension (Rigby, 2001) in comparison with the students who are not involved in bullying behavior

Wolke and Lereya (2015) reported that children who are the victims of bullying have been constantly found to be at higher risk for psychosomatic problems such as headaches, stomach aches, sleeping problems, and smoking.

Sansone and Sansone (2008) reported that bullying affects the social development of a child. Because of bullying risk of social problem has been increased in victim. Social problem like behave younger than his own age, excessively dependent on seniors, acting socially immature etc. and this social problem leads to highlight the risk of social isolation. Besides this anxiety, depression and eating disorders are also the consequences of bullying.

Banks (2011) reported that bullying has negative lifelong consequences on the students who bully and who are the victims. Because of bullying both short term and long term consequences have been reflected on the victims and also on the bullies. Short term consequences are poor academic performance, reduced social

acceptance, and low self-esteem. According to Kim and Leventhal (2008) the most common type of school violence, has been frequently associated with a wide range of emotional, behavioral, and social problems. Third leading cause of mortality in children is Suicide.

Children and adolescents who have experienced bullying tend to report high rates of health related symptoms, including headaches, stomach aches, bedwetting, suicide ideation and poor sleeping habits (Fekkes et al., 2006; Hawker and Boulton, 2000; Wilkins-Shurmer et al., 2003). Individuals who reported involvement in bullying episodes during childhood are likely to be depressed, have poor self esteem and experience poorer sexual- relationships (Smith et al., 2005; Srabstein, McCarter, Shao and Huang, 2006). Brunstein et al. (2007) reported that individuals involved in bullying, as perpetrators, victims or both are more likely to experience cognitive, psychological and behavioral problems compared to individuals not involved in any form.

A national study that examined 123,227 students 11, 13, and 15 years-of-age from 28 countries found traditional bullying was strongly related to psychological and physical symptoms. These psychological symptoms are bad temperament, feeling nervous or low, sleep difficulty, morning fatigue, feeling left out, loneliness and helplessness and physical symptoms, such as headaches, stomach aches, backaches and dizziness (Due et al., 2005). Brunstein et al. 2007; Fekkes et al. 2006; Fosse & Holen, 2006; Mishna et al., 2005; Smith et al., 2005) reported that frequent exposure to bullying was significantly related to internalizing disorders, particularly for girls alike nervousness, depression, social withdrawal, reduced self-confidence and lessened sense of self-esteem, suicidal ideation and at the end suicide.

Espelage (2002) reported that bullies, in adulthood predominantly boys are more appropriate to participate in

delinquent and antisocial behaviours, such as burglary, damage, and drug abuse. According to Office of Juvenile Justice and Delinquency Prevention (2001) bullies are experienced negative consequences.

Kshirsagar et al. (2007) concluded that school phobia; vomiting and sleep disturbances are the consequences of bullying. One such case took place in Bangluru where a 12 year old child Akash started headaches and stomach aches. When his parents took him to a counsellor upon the school's suggestion, they found that he was being bullied. His disease was a physical symptom of his fear of school. Because of this fear he continuously refused to go to school. Anand (The Hindu, July 5, 2016).

Tshotsho and Thwala (2015) reported that bullying has adverse effect on the victim. Bullying victim experiences lack of attentiveness in class, low academic achievement, and go down in school performance. Harikesh (2013) described that in schools students also experience bullying by teachers. In their school life most of the students experienced physical and verbal mistreatment by teachers. Newspapers and T.V. news reported many of these incidences that a student has been beaten by teacher and that student tried to suicidal attempt. Media also reported sexual harassment by teachers. Annalakshmi and Lucy (2014) found that boys experienced oppression or peer victimization more commonly than girls. The researcher also examined that young boys are more engaged in bullying behavior than girls.

From the reviews it is cleared that bullying can effect on the social development of a child, it can also affect the psychological development of a child. Behavior of the child can change as a result of bullying. The consequences of bullying are based upon the bullying situation that children have experienced during his childhood. In adult stage anxiety, depression which have been faced by children are the consequences of bullying

As a result they fall in lifelong psychological problems which effect sleeping, eating, exercising, working and other life issues. This kind of persons faced more difficulties to keep relationship with friends and partner. Bullying cause the emotional harm that last long in many years than physical harm. Being a continuity bullying target it changes the view of a child to see that he is as capable, confident & desirable person. The persons who have faced bullying during his childhood they are lack in confidence, they have difficulty in trusting people, and have tendency to be lonely during adulthood. They act less in favor of his defense and for his own happiness.

Most of the victims are generally passive, feeling insecure, upset, and anxious and facing problem to conferment the bullies and even they feel that have less confidence, they are stupid, unattractive and useless. The reasons for being a victim may varies, may be it can be physical, psychological & social. Usually victims have physically defects like, speaking problems, teeth problems, and different accents and suffer from obesity.

Objectives

1. To study the level of Knowledge towards bullying and Psychosomatic Problems faced by students of secondary and senior secondary schools.
2. To study the difference in knowledge of bullying and psychosomatic problems faced by male and female students of secondary and senior secondary schools.
3. To study the relationship of Knowledge of Bullying and Psychosomatic Problems faced by students of secondary and senior secondary schools.

Hypotheses

1. Male and Female school students do not differ significantly in their knowledge of bullying and psychosomatic problems faced by students.

2. There is no significant relationship between knowledge of bullying and psychosomatic problems faced by students.

2. Methodology

Keeping in view the objectives and nature of variables under study descriptive survey method has been employed.

Sample and procedure: The study has been conducted on secondary and senior secondary CBSE school students who are studying in different districts of Punjab. Researcher selected 10 CBSE schools from 5 districts of Punjab. The sample size comprised 539 students. Keeping in mind the nature of problem, Purposive sampling technique is used for collection of data. The sample distribution of students is presented below in table 1.

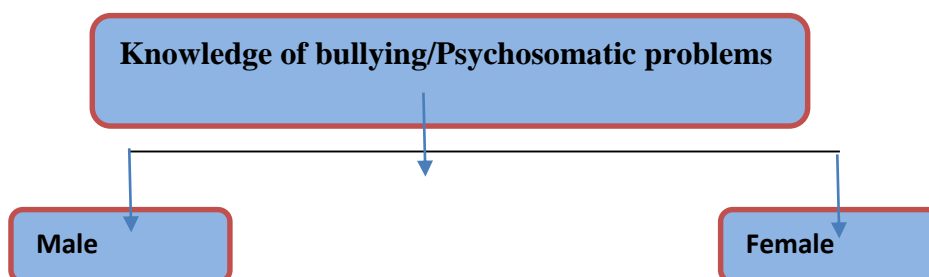
Table 1 Sample Distribution of CBSE School Students

District	Name of School	Female	Male	Total
Jalandhar	St. Soldier Divine Public School	16	34	50
Jalandhar	Chanakaya International School	26	17	43
Ludhiana	Shri Guru Ram Rai Public School	22	28	50
Ludhiana	G.H.G Academy	27	24	51
Kapurthala	K.V- 1, RCF	27	32	59
Kapurthala	Sant Sarvan Dass Model School	18	22	40
Hoshiarpur	MBBGRGC public School	20	15	35
Hoshiarpur	S.B.S Model School, Sadarpur	36	15	51
Hoshiarpur	St. Soldier Divine Public School	18	34	52
Nawanshahar	Shivalik Public School,	37	21	58
Nawanshahar	Sutlej Public School, Banga	26	24	50
TOTAL		273	266	539

Further every student is explained the purpose of the study and are given the Knowledge towards bullying questionnaire and Psychosomatic Problems scale to give their opinion on the items. After the collection of data, the data is tabulated and

subsequently put to analysis and interpretation. The conclusions are drawn on the basis of the results.

Design :



Tools used for data collection:

1. Questionnaire on Knowledge towards bullying is prepared by the researcher. Questionnaire has 16 items in which one right answer and three options are wrong.
2. Psychosomatic Problems Scale constructed by Daniel Bergh. It is a five point Likert

scale choices from 0-4 (where zero means never and four means always). It includes eight items that solicited the respondents how often they experience problems that relate to psychosomatic.

Statistical Technique

In order to analyze the data following statistical techniques had been used by the investigator:

1. Quartile method was used to study the level of Knowledge towards bullying and Psychosomatic Problems
2. T-test was used to study the significance of difference between means of Knowledge of bullying and Psychosomatic Problems.
3. Co-relation was used to study the relationship of Knowledge of bullying and Psychosomatic Problems.

Analysis and Interpretation: Level of Knowledge of Bullying and Psychosomatic Problems

In order to study the level of Knowledge of bullying and Psychosomatic Problems, data had been analyzed by using percentage. These levels had been identified with respect to gender. The details have been given in the following table:

Table 2 Level of Knowledge of Bullying And Psychosomatic Problems

Students Levels of Knowledge of bullying	Male	Female
High	13% (36)	10% (27)
Average	69 % (183)	80% (219)
Low	18% (47)	10% (27)

It had been observed that 13% male students come under high Knowledge of bullying 69% comes under average Knowledge of bullying category and 18% male students comes under low Knowledge of bullying category. On the other hand, 10% female students lie under high Knowledge of bullying category, 80% female students lie under average

Knowledge of bullying and other 10% female students lie under low Knowledge of bullying category. It is concluded that maximum number of male and female students lies under average Knowledge of bullying.

Level of Psychosomatic Problems

Table 3 Level of Psychosomatic Problems

Students Levels of Psychosomatic Problems	Male SES (%)	Female SES (%)
High	13% (32)	12% (32)
Average	69% (182)	75% (205)
Low	18% (46)	13% (36)

It has been observed that 13% male students come under high Psychosomatic Problems category 69% male students comes under average Psychosomatic

Problems and 18% comes under low Psychosomatic Problems category. On the other hand, 12% female students lie under high Psychosomatic Problems, 75% female

students lie under Psychosomatic Problems and other 13% female students lies under low Psychosomatic Problems.

Comparison of knowledge of bullying and psychosomatic problems among secondary and senior secondary school students

Firstly, the comparison of Knowledge of bullying among secondary and senior secondary school students had been explored with respect to gender, Secondly, comparison of Psychosomatic

Problems had been explored with respect to gender.

Knowledge of bullying of male and female secondary and senior secondary school students

The data was analyzed and interpreted; “t” was used for comparing the mean and to see the difference of Knowledge of bullying among secondary and senior secondary school students. Analyses and interpretation of the data has been given below in the table.

Table 4 Mean, S.D And t- Test of Knowledge of Bullying of Male and Female Secondary and Senior Secondary School Students

Gender	N	Mean	Std. Dev.	t-test
Male	266	10.4210526	3.3188098	.047
Female	273	10.967033	3.04422265	

It has been observed that in the case of knowledge of bullying the mean value of male students was turned out to be 10.42 whereas for female students it was 10.97. The standard deviation for male students was turned out to be 3.319 whereas for female university teachers it was 3.044. Then the t-value was calculated and it came out as 0.047 which was significant at even at 0.05 level of significance.

Therefore, the hypothesis that “Male and Female secondary and senior secondary school students do not differ significantly in their knowledge of bullying” was rejected. Results revealed that there is significant difference in knowledge of bullying among male and female secondary and senior secondary school students.

Table 5 Psychosomatic problems of male and female male and female secondary and senior secondary school students

Gender	N	Mean	Std. dev	t-test
Male	266	11.8797	4.917489	.005
Female	273	13.14652	5.467195	

It has been observed that the mean value of male students was turned out to be 11.88 whereas for female students it was 13.15. The standard deviation for male students was turned out to be 4.917 whereas for female teachers it was 5.467. Then the

t-value was calculated and it came out as .005 which is significant.

Therefore, the hypothesis that “Male and female students do not differ significantly in their psychosomatic problems” is rejected. Results revealed that there is significant difference of

psychosomatic problems secondary and senior secondary school students.

Table 6 Relationship between knowledge of bullying and psychosomatic problems among secondary and senior secondary school students

Variables	N	Pearson Correlation
knowledge of bullying and psychosomatic problems	539	-0.02425

It is clear that the value regarding knowledge of bullying and psychosomatic problems of secondary and senior secondary school students. is found out to be -0.024 which signified negative relationship between knowledge of bullying and psychosomatic problems of secondary and senior secondary school students. So the hypothesis that “There is no significant relationship between knowledge of bullying and psychosomatic problems” was rejected. It indicated that there is negative relationship between knowledge of bullying and psychosomatic problems.

3. Conclusions

1. It has been observed that mostly male and female students are having average level of knowledge of bullying and psychosomatic problems.
2. It has been concluded that male and female students differ significantly in their knowledge of bullying and psychosomatic problems.
3. It has been concluded that knowledge of bullying is significant relationship with psychosomatic problems. It indicates that there is negative relationship between knowledge of bullying and psychosomatic problems.

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