

**PREVALENCE, AND CORRELATES OF  
SELF-REPORTED BULLYING, AND  
ASSOCIATIONS WITH MENTAL  
HEALTH PROBLEMS AMONG  
SECONDARY SCHOOL STUDENTS OF  
OSOGBO LOCAL GOVERNMENT,  
OSUN STATE**

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**A PROJECT SUBMITTED TO THE CENTRE FOR CHILD AND ADOLESCENT MENTAL  
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THE DEGREE OF MASTER OF SCIENCE, CHILD AND ADOLESCENT MENTAL  
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## DECLARATION

I hereby declare that this is my original work and was supervised by Dr. Tolulope Bella-Awusah and Dr. Joshua Akinyemi of the center for Child and Adolescent Mental Health, University of Ibadan, in partial fulfillment of the requirement for the award of the Degree of Master of Science in Child and Adolescent Mental Health of the University of Ibadan, and that it has not been submitted to any other institution for any award.

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## CERTIFICATION

This is to certify that conduct of this study and the preparation of the project were carried out by ADEbayo Peter Oluwatayo a student of the center for Child and Adolescent Mental Health, University of Ibadan under my supervision.

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I declare that this research was carried out by me and was submitted to the Centre for Child and Adolescent Mental Health (CCAMH) of the University of Ibadan. No part of this thesis has been previously presented or published anywhere else

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### Key to Abbreviations

<b>BYS-S</b>	Bully Survey Student Version.
<b>JSS</b>	Junior Secondary School
<b>SSS</b>	Senior Secondary School
<b>SDQ</b>	Strength and Difficulties Questionnaire
<b>WHO</b>	World Health Organization
<b>GSHS</b>	Global School-based Student Health Survey

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## **Abstract**

### **Background**

Globally, the prevalence of bullying among school students is high and studies have established negative mental health consequences associated with bullying. Despite the fact that there are many studies on bullying in Nigeria, few studies have examined the mental health consequences of bullying among school students in Nigeria. This cross-sectional study in Osogbo local government was conducted to determine the prevalence, correlates and mental health associations of bullying.

### **Methodology**

This was a cross-sectional study carried out among secondary school students in Osogbo local government of Osun state. Four private and public schools were randomly selected from the list of secondary schools in Osogbo local government. Self-report questionnaires were then completed by 688 students. The questionnaires included a socio-demographic questionnaire, The Bully survey- (BSY) student version and The Strength and Difficulties Questionnaire. Data was analyzed with SPSS version 21 using descriptive statistics such as frequencies, mean and standard deviation. Chi-square was used for test of association (P-value 0.05) with values found significant subjected to binary regression at 95% confidence interval.

### **Results**

There were 688 participants in the study aged 10-18 (mean age 14.1years; SD) among which a total of 331 (48.1%) students reported being bullied by other students. Most places where x

bullying occurred was during school (86.7) %. Some 28 (8.5%) of those that were bullied reported they were bullied online while 26 (7.8%) were via telephone. The most reported ways of getting bullied were verbal bullying (49.5%) and physical bullying (31.4%) with less people reporting relational bullying (27.5%).

Early adolescents (10-14 years), those that had lived with others than their parents, students who reported having difficulties with teachers and students who had seen the school counselor were found to be significantly more likely to report being bullied. After adjustment for age and sex, early adolescents were 1.7 times more likely to be bullied (CI: 1.278 to 2.393, p-value=0.001), Those who had lived with others than their parents were also 1.7 times more likely to be bullied (CI 1.251 to 2.375, P-value 0.001) and those having difficulties with teachers were also 1.8 times more likely to bully others (CI 1.130 to 2.732, p-value 0.012). Being bullied was also significantly associated with having peer problems on the strength and difficulties questionnaire.

## **Conclusion**

It is evident that the prevalence of bullying is high in schools and appears to impact on mental health of students affected. Interventions should target early adolescents and those having difficulties with teachers. There is a need for urgent interventions to prevent and combat bullying, as well as facilitate prompt referral of victims for appropriate mental health assessment.

# CHAPTER ONE

## BACKGROUND

### 1.1 Introduction

Bullying is described as an unprovoked and intentional attack that causes harm to the psychological, social or physical health of any child (Smith and Brain, 2000). A person is also said to be bullied when he or she is exposed repeatedly over time to negative actions by one or more others (Adefunke, 2010), excluding cases where two children of similar physical and psychological strength are fighting (Finkelhor, Turner and Hamby, 2012; Zhang, Osberg and Phipps, 2014).

Despite different definitions and measures for bullying, researchers have been able to categorize bullying into different types; traditional bullying which may be physical, verbal and relational (Bannink *et al.*, 2014; Desmet *et al.*, 2014). But with advent of the internet, another form of bullying has evolved which involves the use of electronic means. This form of bullying is described as cyberbullying (Sampasa-Kanyinga, Roumeliotis and Xu, 2014). Bullying may also be categorized to direct (open attacks that are physical or verbal in nature) and indirect (exclusion) (Gratzke *et al.*, 2006) due to the disparity in definitions and methods of assessing bullying among many researchers. Despite these variability, many researchers agreed that bullying is a deliberate harmful, aggressive behavior that is repetitive and there is always a power imbalance between the bully and his victim (Swearer *et al.*, 2010).

School bullying being the most common type of school-based violence, it is a major source of victimization among children and adolescents which make students be afraid of school, as they may not be able to predict what to expect from their peers thereby affecting their

educational performance (UNESCO, 2017). Being bullied is still often wrongly considered as a „normal rite of passage“ (Wolke and Lereya, 2015). This makes students affected by bullying receive little or no help from adults as it is quite unnoticeable or ignored. According to (Hunter, Boyle and Warden, 2004), suggested from her finding that bullied pupils are willing to seek help most especially when they view a situation as one in which something could be done to change their current situation. The support they seek may be a help to cope with negative emotions, and this may need to be emphasized to teachers (Hunter, Boyle and Warden, 2004).

For peers, involvement in bullying during pre-adolescence may evolve and may be associated to gang activity with aggressive peers during adolescence (Cairns, 1999). This may father antisocial and problematic behavior patterns which may result in serious physical and mental health problems among adolescent students.

Bullying is often seen among children as an experience of being a target of aggressive behavior from other children who may necessarily not be their age mates or siblings (Hawker and Boulton, 2000). These aggressive behaviors may have short term or long term effects on its victims that may last a life term (Bondü Rebecca, Rothmund Tobias, 2016). These effects of bullying on its victim may be presented as physical problems, emotional problems and social problems (Undheim and Sund, 2010; Lee, Jeong and Roh, 2018).

With many studies directed towards bullying to explore its consequences, it is of no doubt that bullying has a lot of adverse effect on the mental health of every student involved (Assembly and No, 2003; Desmet *et al.*, 2014; Wu, Luu and Luh, 2016). Bullied students,

however, show lower self-esteem, suffered more from depression, stress, and hopelessness, and are more likely to think about and attempt self-harm and suicide than others (Coggan *et al.*, 2003). Many more may suffer post-traumatic disorders (PTSD) and panic attacks which may be seen among those who are bullied and bystanders. Researches have also pointed out that many who bullies are often children with aggression, conduct disorders (Ilie *et al.*, 2014).

Bullying has also been generally proven to inhibit students learning abilities as a result of negative mental health effects on its victims (UNESCO, 2017). Since bullying occurs largely in our schools, a relationship exists between student bullying and school issues such as academic achievement, school bonding, and absenteeism (Richard J. Hunter and Lozada, 2012).

With these series of danger and adverse effects of bullying, it can be inferred from these descriptions that bullying is not only a problem but a problem that should not be left unresolved.

## **1.2 Justification**

Although several studies have been conducted in other countries most especially in the developed countries there are few studies in many parts of Africa which includes Nigeria.

Although some studies have been done in Nigeria checking for the prevalence of bullying and its effect on class attendance (Chikaodi *et al.*, 2017). Not much has been done in the area of its mental health implications and students perceptions about bullying. This research will

help us to understand what student knows about bullying and its psychological effects on them.

### **1.3 Aim**

To determine the prevalence, pattern and correlates of bullying among secondary school students of Osogbo local Government, Osun state.

### **1.4 Objectives**

1. To determine the prevalence and patterns of bullying among secondary school students of Osogbo local Government, Osun state.
2. To determine the socio-demographic correlates of being bullied.
3. To determine the prevalence of mental health problems among secondary school students of Osogbo local Government, Osun state.
4. To determine the association between being bullied and mental health problems among secondary school students of Osogbo local Government, Osun state.

## CHAPTER TWO LITERATURE

### 2.1 Adolescence: definitions and characteristics

Adolescence is a transitory age between childhood and adulthood (Shikha, 2015). World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19 (Encyclopædia Britannica, 2018). This age range falls within WHO's definition of young people, which refers to individuals between ages 10 and 24.

It is estimated that there are about 1.2 billion adolescents around the world with vast many of them in Africa and Asia (Csikszentmihalyi, 2017).

Adolescence itself is characterized by massive hormonal changes as they go through puberty which brings about rapid growth and changes to their body. During this period, it is no surprise that adolescents begin to conflict more with parents, question and query opinion of others which makes them be considered defiant and rebellious.

They get more emotionally sensitive and care about what others feel about them which makes them want more sense of belonging and acceptance by their peers which is a fundamental human motivation crucial for cognitive processes (Wilcox and Hirshkowitz, 2015). This sense of belonging and acceptance makes it easy for adolescents to form new relationships with other which enhance adolescents' social self-esteem and well-being, whereas negative feedback decreased their self-esteem and well-being (Patti M. Valkenburg,



Jochen Peter, 2006) this account for reasons why some adolescents are excluded deliberately by their peers.

## **2.2 Bullying: definitions**

Bullying simply refers to the use of superior strength to intimidate others, typically forcing them to do something typically they would not do (www.StopBullying.gov, no date). Another definition according to a paper published in 2005 by Nickel defined bullying as the "intentional", unprovoked abuse of power by one or more children to inflict pain or cause distress to another child (Nickel, 2005).

Bullying itself is not only limited to exist among children and young people; it exists in all spheres of life ranging across ages in workplaces, public spaces, social gatherings, etc.

People are often bullied for various reasons such as skin color, their body size, peoples appearance, gender, faith, medical conditions (Swearer, Collins and Berry, 2012; Lee, Jeong and Roh, 2018)

Bullying itself doesn't go alone, it often becomes victimization when the action becomes repeated on several occasions singling out an individual for cruel or unjust treatment (Desmet *et al.*, 2014).

Often times in our schools' Bullying and victimization go hand in hand which is mostly reported by the victims alone. In general sense, bullying victimization occurs when someone repeated say or do things which can inflict pain and hurt other individuals who have limited

or no power of strength to defend themselves (Omoteso, 2010). This may present as a form of repeated teasing, intentional exclusion of an individual from group by peers or friends, mean naming of an individual or funny names, threats, push, kicks, locked indoor e.g. inside washroom, false or bad comment about individual, sexual jokes or gestures, etc. (Olweus, 1995; Gratzke *et al.*, 2006; Omoteso, 2010; „and Psychological Health Among Senior High School Students in Ghana , West Africa“, 2011; Venter and Du Plessis, 2012; World Health Organization, 2013; Lee, Jeong and Roh, 2018). This excludes when peers of two equal strengths have confrontations which may be verbal or physical actions in a friendly manner, it cannot be regarded as bullying victimization (Finkelhor, Turner and Hamby, 2012; Zhang, Osberg and Phipps, 2014).

### **2.2.1 The Bullied**

Most bullying behavior occurs on the playground or in the classroom, but it is of no doubt that these acts also occur in corridors and in the school hall which all seems to be preventable but a good number (20%) of these students are bullied on the way to school or on their way back home (Assembly and No, 2003). Bank in his own study observed that some children are at more risk of becoming bullied and victims than others, although this is in no way predetermined but depends on a combination factors such as individual, school or life experiences, family and peer (Banks, 1997). Among the characteristics of children at greatest risk of bullying and victimization researchers have identified are those that are weak, timid, less confident and with easy temperament (Standards and Transition, 2011).

Generally, students who get bullied can be regarded as being passive or being submissive victims (Schwartz David, Proctor Laura J, 2001). They are usually quiet, careful, sensitive,

and may start crying easily. They are unsure of themselves and have poor self-confidence or negative self-image (Olweus, 1995; Finkelhor, Turner and Hamby, 2012). These boys in this group do not like to fight, and they are often physically weaker than their classmates, especially the bullies, and they have few or no friends (Peters R, 2005).

These sets of children may also possess attributes such as the color of their skin, hair, body mass index or medical conditions such as sickle cell disease which has been known to their peers (Wilson *et al.*, 2013; Lee, Jeong and Roh, 2018). These attributes possessed by the victim already singles them out and makes them more vulnerable (Menesini and Salmivalli, 2017). These victims often times do not complain while the peer group silently colludes, rather they find a way to deal with these issues within themselves which are oftentimes not sufficient to overcome their emotions or stop their bully rather their resulting actions would instead reinforce the actions of the bully.

Asamu 2006 opined that many of bullying is carried out by older and students who are stronger both emotionally and physically toward younger and weaker ones. These older students expose the younger and weaker students to the act of bullying thereby creating a cycle that is passed on, turning the victim also to bullies of other weaker children. (Asamu, 2006)

### **2.2.2 The Bullies**

Unlike the bullied who are often the victim, the bullies on the other hand view violence more favorably than most students do (Omoteso, 2010). They are often aggressive toward adults, both parents, and teachers. They have a marked need to dominate and suppress other

students, to assert themselves by means of force and threats, and to get their own way. Boys in this group are often physically stronger than their peers most especially, their victims. They are often hot-tempered, impulsive, and not very tolerant of obstacles and delays (Omoteso, 2010). They find it difficult to fit in with rules. They appear to be tough and show little sympathy toward students who were bullied, and they are good at talking their way out of difficult situations (Omoteso, 2010).

Previously observations by researchers showed that those who bully tend to be children who are disruptive, impulsive and are most aggressive towards their peers, parents, teachers, and others (Adefunke, 2010). These sets of children tend to be confident, forceful and easily provoked who have high risks of repeated conduct disorders (Tsitsika *et al.*, 2014), Contrary to the general belief of traditional bullies who are labeled they are shy and anxious (Gratzke *et al.*, 2006).

Further explained, Olweus 2000 in his own opinion argued that male bullies are aggressive males who bully are not anxious and insecure under tough exterior and they do not suffer from poor self-esteem. Typically, male bullies have an aggressive personality with physical strength (Volk, V Dane and Marini, 2014). They are known to have inhabited empathy rather than lack of empathy for their victims and show no sense of remorse. (Evans, Fraser and Cotter, 2014). They do not take responsibility for their own actions and often will blame their victims for causing them to behave in such manner or they deserve they have done to them. (Churchill Schoelkopf, 2012)

(Omoniyi, 2013) further stated in his opinion that bullies may come from families where there is a lack of warmth and attention for the child, lack of supervision, and use of physical and verbal aggression (Omoniyi, 2013). They also had often been bullied themselves by adults and will continue bullying provided there are no consequences.

### **2.2.3 The Bystanders**

Bystanders can be described as passersby or viewers who play a very critical role in bullying, they are the set of people who knowingly or unknowingly have helped and contributed to the bully's effort to bully their victims (Stuart W. Twemlow, 2013). These sets of people do not have direct involvement in the actions of the bullies but are considered as "a person present but not involved" and can present in the form of assistance, helping bullies to bully victims by reinforcing, cheering and laughing to support bullies. These also include outsiders who pass by or watches from one side, and the defenders supporting or helping victims (Salmivalli, Voeten and Poskiparta, 2011; Stuart W. Twemlow, 2013).

## **2.3 Types of Bullying**

### **2.3.1 Traditional bullying**

It is observed that there are three forms of bullying that exist and are named to be physical, verbal and relational (Fleeson *et al.*, 2017). Physical bullying may involve behaviors in which the perpetrator might punch hit even go to the extent of stealing valuable items such as money from his or her victim whereas Verbal bullying could be characterized by behaviors in which the perpetrator makes rude remarks or nasty comments about their victims. They also could call them mean or funny names. In Relational bullying, which is also considered as

indirect bullying (Omoteso, 2010), this involves psychological harm and manipulation of the social system which involves a situation where the perpetrator might spread false rumors, backbite and exclude the victim from the peer group. This form of bullying is said to be most common among the female gender.

### **2.3.2 Cyberbullying**

As our world keeps evolving and changing so is everything around us changing- taking different forms days after days. These changes have given rise to another form of bullying in our societies and it is constantly on its rise as the big internet business keeps booming every day. Social media platforms: Facebook, Twitter, Instagram, and the likes hitting their billions of users already with a huge percentage of subscribers being adolescents and young people, more and more reports of harassments, nasty comments with more leaked nude pictures and videos of adolescents surfacing on the rise. This type of bullying is regarded as cyberbullying. In Cyberbullying, the perpetrator is not only limited to the use of uses social media but other electronic mediums such as text messaging, emails, pictures or video clips are also explored in other to bully his victims (Richard J. Hunter and Lozada, 2012).

Some authors think that the consequences of cyberbullying tend to parallel those of traditional bullying while others believe that cyberbullying may be even more psychologically distressing than regular traditional bullying.(H. Sampasa-Kanyinga, 2015)

Often times the victims do not recognize or know who their attackers are. For instance, a victim may continue to receive several text containing threats and a series of harassment from another Facebook account. In other to confuse more, the perpetrator may go to the

extent of registering the account with a fake name or even with the names of the victim. This completely hides the identity of who the perpetrator is.

## **2.4 Epidemiology of Bullying**

As the pioneer of bullying research, Olewu's popularly used definition of Bullying defines bullying states that "A student is being bullied or victimized when he or she is exposed, repeatedly and over time to negative actions on the part of one or more other students (Olweus, 1995). This action can consist of physical contact, verbal or use of words against other children, and relational which may be the intentional exclusion or by the use of facial or obscene gestures (Telljohann, 2009).

Globally, between 11.3% and 49.8% children had reported experiencing bullying (in predominantly highly industrialized contexts) (Telljohann, 2009), and between 7% and 59% children in South East Asian countries reported that they have been bullied.

Studies have found that 20.8% of in-school children within the ages of 12 and 18 reported being bullied at school in the USA (Statistics, 2016) while other studies on peer victimization conducted in developed countries (e.g., USA, Europe, and Canada) established the prevalence of bullying victimization to be between 10.6% and 81.0% (Evans, Fraser and Cotter, 2014).

Using Data from the Global School-based Student Health Survey, it suggests that the rate of having been bullied in the past months amidst 13 to 15-year-old students is 41.1% in Pakistan and 44.2% in Afghanistan (Factsheet, 2014). However, more studies recent conducted in

Pakistan and Afghanistan suggests that the practice of peer victimization may be much higher, with a recent research on violence against children in five provinces of Afghanistan suggested that 63% of children had been victimized by their peers (Corboz *et al.*, 2018) but another study conducted in one province of Pakistan showed prevalence of peer victimization among sixth grade children as high as 90.8% for boys and 75.3% for girls (Karmaliani *et al.*, 2017).

However, in Nigeria Asamu 2006 found 22.5% in students she studied in Ibadan, Nigeria who is below 15 years of age reported being bullied, 21% of male students studied to have bullied other students in the past (Asamu, 2006). According to Alex-Hart 2015 study, the prevalence of bullying in secondary schools in Port Harcourt was found to be 82.2% among his study participants who reported being victims of bullying, 64.9% reported being bullies, 9.7% and 11.8% reported to be neither bullies nor bullied, respectively (Kubwalo *et al.*, 2013). Bullying was noted to be significantly higher in the all-boys school with 90.8% and all-girls schools with (82.9%) than in the mixed schools (73.5%),  $p \leq 0.001$ . More males were victims (53.4%) and bullies (53.3%) but more females (55.4%) were bully-victims. The most common (57.5%) type of bullying was physical bullying (Alex-Hart BA, Okagua J, 2015).

Although direct bullying is a greater problem among boys, a good deal of bullying takes place among girls also but bullying between girls, however, involves less physical violence and can be more difficult to discover (Omoteso, 2010). Girls tend to use indirect and subtle methods of bullying, such as exclusion from a group of friends, backbiting, and



manipulations of friendships (Nelson and Guyer, 2012) greater number of boys than girls bully, and many girls are mostly bullied by boys, but both can be victims of bullying.

In a cross-sectional study done by (Hertz *et al.*, 2015), it was found that the chances of being a victim of both types of bullying (in-person or traditional bullying and electronic or cyberbullying) and having been only cyberbullied were higher among females than males while the occurrence of having been bullied in-person was higher in males than females (Hertz, Donato and Wright, 2013). It was also found in this same study that the prevalence of both types of bullying was higher in both white and Hispanic than in black students. When comparing between white students and Hispanic students, being bullied in person was higher in white students than in Hispanic students (Hertz, Donato and Wright, 2013).

## **2.5 Consequences of bullying**

Lots of studies had tried to establish various types of health concerns in relation to bullying which may affect physical health, present emotional problems, lots of social problems and possibly death (NICHD, 2017). These problems may be short term or could be a life term problem in adolescents far after the bullying has subsided (Bondü Rebecca, Rothmund Tobias, 2016). Given the prevalence of bullying and the growing evidence that bullying is associated with other negative health outcomes, it is very clear that bullying, including electronic bullying, is a public health concern. Many studies have tried to show the relationship between students that were bullied, and health problems presented after being bullied. While others show the relationship between health problems among students who were active bullying together with the symptom percentages for each health problem. It is a

known fact that children exposed to bullying at high-level experience more problems than their peers.

### **2.5.1 Physical outcome of bullying**

Among these health problems are the experience of headache, abdominal pain, stomachache, backache, skin problems, respiratory problems (Karatas and Ozturk, 2011).

Adolescents involved in bullying are at risk of physical health problems, these problems may become more severe with development and may be intensified for children and adolescents who experience chronic health difficulties and for children who experience more severe or frequent victimization (Dalglish *et al.*, 2007). Those who are constantly being bullied may end up in self-medication in order to deal with symptoms of physical health problems experienced which may also involve the use of psychoactive substance or other health risk behaviors (Muula *et al.*, 2009).

In weight-based victimization among school children, prior studies showed bullying is associated with adverse physical health outcomes with individuals being dissatisfied with their body, some are more likely to have negative reactions in and outside school such as avoidance strategies, binge eating, skipping schools, in the event of teasing or bullying by peers (Puhl R, 2011).

### **2.5.2 Emotional problems as a result of bullying**

Researchers have known that bullying can take a psychological toll on both bullies and victims, but it's been unclear just how long those effects would last (Pittman, 2013). These

emotional problems include feeling bad, crying restlessness, nervousness, sleeping problems, dizziness which more frequently which manifests as a result of internalizing and externalizing behaviors expressed by victim and perpetrators respectively (Kelly EV, Newton NC, Stapinski LA, Slade T, Barrett EL, Conrod PJ, 2015).

Prior studies found that students with internalizing problems are more likely to be victims than bullies while bullies are reported to have externalizing problems (Ivarsson T, Broberg AG, Arvidsson T, 2005). These internalizing problems include negative behaviors that are focused inward; these include fearfulness, social withdrawal, and somatic complaints unlike externalizing behaviors that are directed outward toward others (Soelberg, 2013).

### **2.5.3 Social problems as a result of bullying**

Just as with other abilities, children vary widely in how well they are able to form friendships and gain peer acceptance. These abilities; though innate, social competencies just as other innate strengths and weaknesses in abilities such as attention, memory, language and motor skills take time to develop and mature, any weakness in these other skills can negatively affect a child's social competency and reading social cues appropriately (Lawson, 2003).

This may result in bullying behaviors which are deliberate aggressive behavior, happening repeatedly to attack the weak victim, bullying is influenced by factors of ability in social interaction (Cook *et al.*, 2010).

In adolescence, many of them pose not yet developed skills to manage the interpersonal relationship with low abilities in the social interaction; this, in turn, will make adolescents turn into aggressive action for addressing their social problems (Neto, 2005).

The impacts of bullying behaviors may result in other complex outcomes such as rejection of peers, deviant behavior, delinquency, crime action, psychological disorders, and depression (Prasetyo *et al.*, 2016).

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## CHAPTER THREE METHODOLOGY

### 3.1 Study area

The study was carried out among secondary school students of Osogbo local government of Osun state. Osun state is an inland state in south-western Nigeria; it has thirty local government areas with its capital at Osogbo. Osun state is bounded in the north by Kwara State, in the east partly by Ekiti State and partly by Ondo State, in the south by Ogun State and in the west by Oyo State. According to the 2016 census, Osun state homes a population of 4,705,600 while osogbo has a population of 214,200 inhabitants (<https://osun.gov.ng>, 2019). The state has a population of 810, 558 people within the age 10-19 years (<https://www.citypopulation.de>, 2019) and a gross enrollment in junior secondary schools of 141,107 students (Ibe-Moses, Kelechi. Comfort, Olatokunbo. Christopher and Paul-Obi, 2018).

The secondary school system in Nigeria runs for six years which is divided into two sub-stages: junior secondary and senior secondary school (JSS and SSS) respectively. Each of these sub-stages has three levels of JSS1, JSS2, and JSS3 while the other sub-stage has SSS1, SSS2, and SSS3. JSS1 being the lowest while SSS3 being the highest which corresponds to the first year and sixth year respectively. Osun state adopts the National school health policy frame work which goal is to enhance the quality of health in the school community. One of its focus; facilitating healthful school environment can be directly linked to bullying as one

of its stated characteristics is to promote healthy human relationships in the school community (FMOE, 2016).

### **3.2 Study design**

This study was a descriptive cross-sectional study that was conducted using self-administered questionnaires.

### **3.3 Study population**

This study was done among secondary school students of Osogbo local government area within the age bracket of 10 to 18 years.

### **3.4 Students were included if:**

1. Secondary school students in a secondary school located in Osogbo local government of Osun state.
2. Participants must be between the ages of 10 and 18.

### **3.5 Exclusion criteria**

1. Students whose parents have failed to give informed consent.
2. Students who were too ill to participate in the study.

### **3.6 Sample size calculation**

The sample size calculation was done using the formula

$n = \frac{Z^2 p q}{d^2}$

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P=82.2%

d = 3.0% margin of error

Z is the statistic corresponding to the level of confidence which will be taken for 95%

n= \_\_\_\_\_

Where n is the sample size

n = \_\_\_\_\_

n= \_\_\_\_\_

n= 625

The minimum sample size is 625

Anticipating a non-response rate of 10%

The adjusted sample size (n) = 688 rounded off to the nearest whole number.

Therefore, a total of 688 students was recruited for the study.



### 3.7 Sampling technique

A list of secondary schools in Osogbo local government was obtained from the state's ministry of education and then stratified into private and secondary school. Four schools each were randomly selected from each group respectively using balloting techniques making a total of eight schools selected from the list.

Considering variation in the schools' population, proportional allocation of the calculated sample size was apportioned to each of the eight schools using the formula:

$$n_h = (N_h/N)n \text{ (Trek, 2018)}$$

$n_h$  = desired sample size from each school

$N_h$  = population size for each school

$N$  = total population of the four schools

$n$  = minimum calculated size

Osogbo local government has 25 public schools in total and 29 private schools registered under the local government from which four schools was selected from both public and private schools.

In Osun state, rather than using the most familiar (JSS and SSS) naming structure, the state follows the Universal Basic Education protocol where classes are referred to as Grades. The

lowest class in the secondary school is denoted as Grade 7 (JSS1) while the highest class is Grade 12 (SS3). From the calculated sample size for each school, each grade was then stratified using the formula below:

$$n_h = (N_h/N)n \text{ (Trek, 2018)}$$

$n_h$  = desired sample size from each class

$N_h$  = population size for each class

$N$  = total population of a randomly selected school

$n$  = minimum calculated size

Students were selected randomly from each class by random sampling, using balloting technique. Based on the desired sample size from each class, students were asked to pick ballots containing either “yes” or “no”. Those that selected “yes” were the selected.

$$K = N_h/n_h \text{ (Trek, 2018)}$$

$K$  = sampling interval for each school

$N_h$  = population size for each school

$n_h$  = Desired sample size for each school

Each selected student who had given their assent to be enrolled to participate in the study after which their parents had also given informed consent and permission was then eligible to continue with the study.

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**Table 1: School population and allocated sample size**

Schools	JSS1	JSS2	JSS3	SS1	SS2	SS3	Total Population	Allocated sample size
A(public)				801	756	380	1937	257
B(public)	152	142	162				456	61
C(public)	223	303	314				840	111
D(public)	179	220	189				588	80
E(private)	175	121	147	174	162	158	916	122
F(private)	34	29	28	32	29	17	169	21
G(private)	23	22	16	16	29	25	132	18
H(private)	30	20	22	34	27	17	150	19

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### **3.8 Study procedure**

Eight research assistants were trained for the period of a week; this enabled them to understand what the research is all about. Their role was to help administer questionnaires to the students.

All students who had received parental consent were assembled in the school hall or any other classroom designated during the school approved time for extracurricular activity and were addressed by the researcher, other volunteered teachers helped to properly organize the students. The purpose of the address was to properly introduce and give an explanation about the study, its aim and objective, also to give clarification about what they may not understand and guidance on how they will complete the questionnaires. The questionnaires were then administered to the selected students. Each study participant then sat at the desk to complete their questionnaires individually and privately.

### **3.9 Instruments**

#### **3.9.1 Socio-demographic questionnaire**

The socio-demographic questionnaire obtained personal bio-data and other family background information to categorize families of each adolescent into appropriate social class using parents' educational attainment and occupation.(Omigbodun et al, 2008)

### **3.9.2 The Bully Survey – Student Version (BYS-S)**

Bully Survey – Student Version (BYS-S) is a multi-part measure, assessing experiences with bullying, perpetration, witnessing, and attitudes toward bullying (Hamburger, Basile and Vivolo, 2011). It was developed by Swearer and Carey in 2003 and was later modified by Swearer, Turner, Givens, and Pollack in 2008. Using Cronbach's alpha, its psychometrics has 0.79 for physical bullying and 0.85 for verbal bullying. (Hamburger, Basile and Vivolo, 2011)

The scale has four sections which also contain subsections under each which as questions about when the respondent is: (A) When you were bullied by others, (B) When you saw other students getting bullied, (C) When you were a bully and (D) Your thoughts about bullying. It provides researchers, prevention specialists, and health educators with tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully-victim experiences, and bystander experiences but for the sake of this research, focus was based on (A) when you were bullied by others. Although Bully Survey – Student Version (BYS-S) had not been used before in Africa but had been used several times among black students in the United States (Wang *et al.*, 2015). The instrument was then assessed for face validity and pretested among ten secondary school students in Egbedore local government, Osun State.

### **3.9.3 The Strengths and Difficulties Questionnaire (SDQ)**

The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioral screening questionnaire for children and young people (Petersen, Qualter and Humphrey, 2019). This tool can be used to capture the perspective of children and young people, parents or their teachers.

There are currently three versions of the SDQ: a short form, a longer form with an impact supplement (which assesses the impact of difficulties on the child's life) and a follow-up form. The 25 items in the SDQ comprise 5 scales of 5 items each which take between five and ten minutes to complete. The scales include:

- 1) Emotional symptoms subscale
- 2) Conduct problems subscale
- 3) Hyperactivity/inattention subscale
- 4) Peer relationships problem subscale
- 5) Pro-social behavior subscale

The SDQ can be used for various purposes, including clinical assessment, evaluation of outcomes, research and screening and can be completed by children and young people aged within the ages of 11 and 17 years old. SDQ has been proven to be very reliable, and has shown to demonstrate strong internal consistency, moderate test-retest reliability, good concurrent validity and a good discriminant validity as described by (Yao et al.; 2009., Muris, Meesters & van den Berg, 2003) and has also been used in Nigeria by (Adeniyi and Omigbodun, 2017) among others.

### **3.10 Translation of instruments**

The Bully Survey – Student Version (BYS-S) questionnaire was translated to Yoruba language and back-translated so as to ensure the originality and meaning of words and statements are maintained. The strength and difficulty questionnaire and socio-demographic questionnaires already have Yoruba translation (Omigbodun, 2008). The Yoruba version was used on request by a few adolescents who had difficulty understanding English.

### **3.11 Validation of Instrument**

The Bully Survey – Student Version (BYS-S) questionnaire was pretested among 20 secondary students in Egbedore local government of Osun state; this is to prevent possible contamination after which the instrument was adapted to fit our environment. Few words such as whimper was changed to weak, special education changed to extra-classes, and grade was changed class/grade.

### **3.12 Data Management**

Data were considered confidential and were treated as such. Each of these data was processed personally and coded with identification numbers. The data analysis was done using SPSS version 21 after sorting, cleaning and entry. Data was summarized by descriptive statistics such as means and percentages and were represented either with charts or tables. To test associations between categorical of demographic variable and categorical variables of **BYS-S and SDQ** scales, a Chi-square test was done and P-value was set at 0.05. Variables



that were found to show significant association were further tested using binary regression at a 95% confidence interval, adjusting for age and sex.

### **3.13 Ethical considerations**

Ethical approval was obtained from the Ministry of Health Ethics committee while access to school was obtained from Ministry Education, Osun State, Nigeria.

Informed consent and assent was also request from parents and participants.

### **3.14 Beneficence**

Participants are expected to benefit from the study as it is an opportunity to their perception about bullying and mental health problem resulting from this act that may not be noticed by both students and their teachers.

The result of the study will be made available to physicians in pediatrics, family medicine and Child and Adolescent Mental Health professionals of the University College Hospital, Ibadan as well as educators and other medical practitioners around the world through publication. The publication will enable health practitioners, educators and parents and policymakers to have a better understanding of how daily school experiences of adolescents could impact their mental health.

After each successful data collection in every school, a symposium on common mental health among children and adolescents was given to both students and teachers. This addresses the need to take care of our mental health and being supportive of others. Teachers were also encouraged to write reports and refer any suspected cases of mental health to the hospital as soon as possible while students were also encouraged to visit hospitals not only because of their physical health but also because of their mental health.

For those who recorded a high score in strength and difficulty questionnaire, brief psychotherapy was offered them and was then referred to Ladoke Akintola University of Technology Teaching Hospital for further assessment and treatment.

### **3.15 Non-Maleficence**

The study did not constitute any form of harm to the participants.

### **3.16 Right to withdraw from the study**

The study participants were assured their freedom to withdraw from the study at any given time without loss of benefits.

## CHAPTER FOUR RESULTS

### 4.0 Socio-demographic characteristics of participants

#### 4.1 Personal and Family related information of participants

The socio-demographic characteristics of the participants are shown in table 1 below. The ages of the adolescents ranged from 10-18 years with mean age of 14.1 years (S.D = 1.85). Over half of the population 390 (56.7%) were between ages 10-14 years, while the remaining 289 43.3% were 15-18 years. There were 388 (56.4%) male while female makes up the remaining 300(43.6%). Majority of the respondents 551 (80.1%) were from a monogamous family while those from polygamous family made up the remaining (137) 19.9%. of the total population, 549(79.8%) were currently living with their parents while one tenth 74 (10.8%) of them were living with their mothers only. Religion practiced by the participants, 332 (48.3%) practiced Islam while 243 (35.3%) were Pentecostal Christians, 101 (14.7%) were orthodox Christians, 6 (0.9) % were traditional and other religions respectively.

**Table 2: Personal and Family related information of participants**

(N=688)

Variables	Frequency (n)	Percentage %
Age (years)		
10-14	390	56.7
15-18	289	43.3
Sex		
Male	388	56.4
Female	300	43.6
Religion		
Islam	332	48.3
Orthodox Christian	101	14.7
Pentecostal Christian	243	35.3
Traditional religion	6	0.9
Others	6	0.9
Number of persons previously lived with		
Lived with parents only	439	63.8
Lived with others aside parents	249	36.2
Parents marital status		
Married	603	87.6
Single parent	85	12.4
Presently living with		
Parents	549	79.8
Mother only	74	10.8
Father only	14	2.0
Grandparents	12	1.7
Grandmother only	12	1.7
Grandfather only	5	0.7
Others	22	3.2
Number of mothers children		
Four below	513	74.6
Five and above	175	25.4

#### **4.1.2 School-related information of the respondents**

Respondents were also categorized based on the school type and classes, 509 (74.0%) of the participants came from government-owned schools while 179 (26.0%) were from privately owned schools. Half of the population were found to be from higher classes (senior secondary school) which make 348 (50.6%) of the total size while the remaining 340 (49.4%) belong to the lower classes (junior secondary schools). Majority of the students reported they liked their school with 95 (13.8%) reporting they had difficulties with their teachers with 217 (31.5%) saying they had gone to see the school counselor before.

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**Table 3: School related information of the respondents**

(N=688)

Variables	Frequency(n)	Percentage %
School type		
Public	509	74.0
Private	179	26.0
Class		
JSS(1-3)	340	49.4
SSS(1-3)	348	50.6
Do you like your school		
No	25	3.6
Yes	663	96.4
Difficulties with teachers		
No	593	86.2
Yes	95	13.8
Have you seen the school counselor		
No	471	68.5
Yes	217	31.5

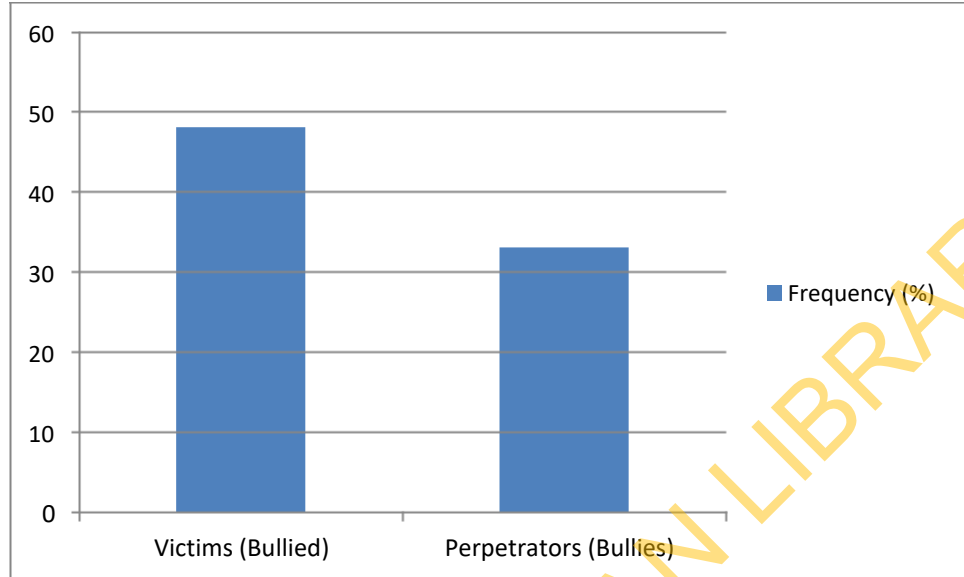
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#### 4.2 Prevalence of bullying among secondary school students.

Figure 1 bellow describes the prevalence of bullying among study participants N=688. The study revealed that many of the students 331(48.1%) reported they had been a victim of bullying themselves and 227 (33.0%) admitting they had bullied other students in the last six months.

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(N=688)



**Figure 1: Prevalence of bullying among secondary school students of Osogbo local government, Osun state**

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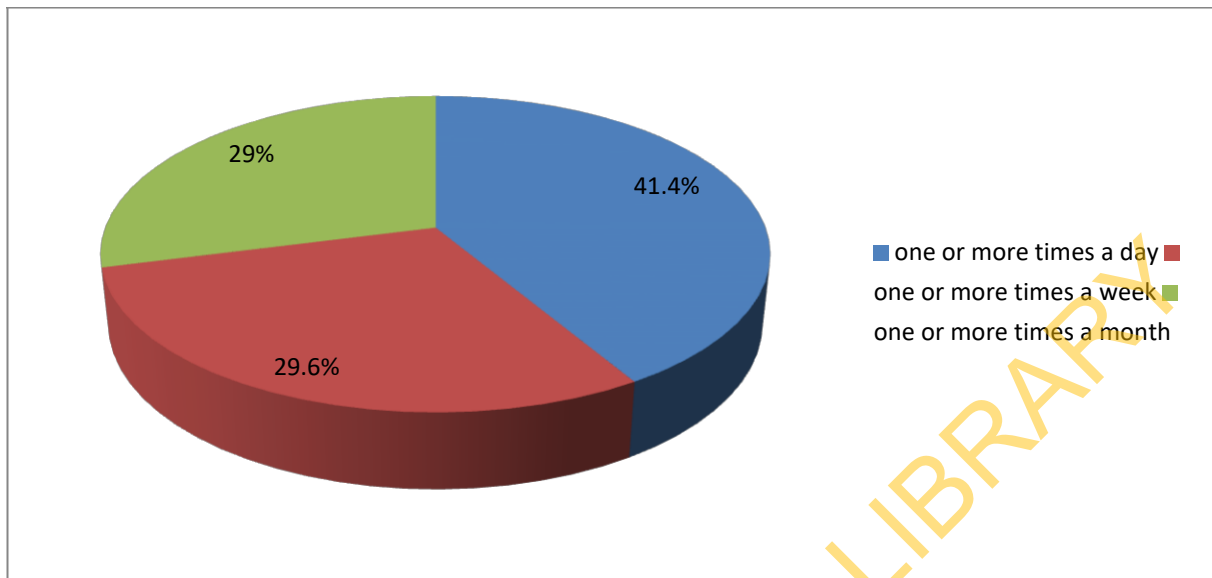
### **4.3 Patterns of bullying**

#### **4.3.1 Frequency of being bullied**

About 137 (41.4%) of the study participants reported that they were bullied one or more times a day while those who experienced it one or more times a week and one or more times a month were 98 (29.6%) and 96 (29%) respectively.

See figure 2 below for the number of times bullied as reported by victims.

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**Figure 2: Frequency of being bullied among secondary school students of Osogbo local government, Osun state**

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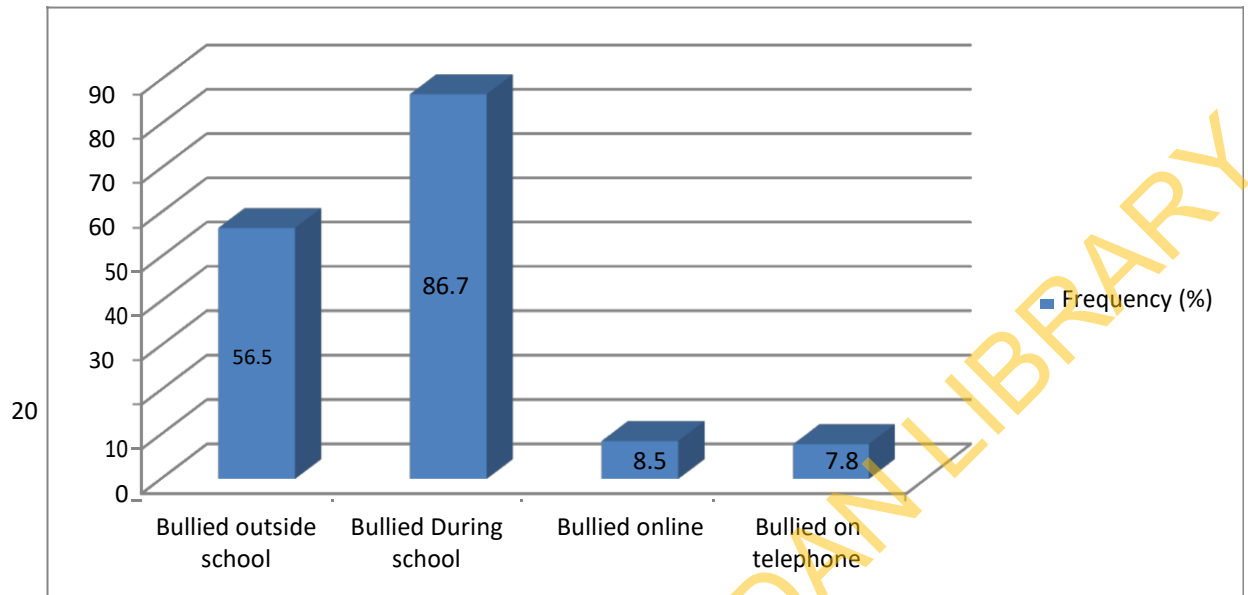
#### **4.3.2 Places where bullying occurred**

Most of the Students 286 (86.7%) reported that the bullying they experiend occurred during school, while 187 (56.5%) responed that they were bullied outside school. Online bullying and telephone accounted for 28 (8.5)% and 25 (7.8%) of those that had been bullied.

See figure 3 below for places where bullying they experience had occurred.

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(N= 331)



**Figure 3: Places where bullying occurred among secondary school students of Osogbo local government, Osun state**

### **4.3.3 How did you get bullied?**

The table below shows how students were bullied and its intensity categorized into verbal bullying ( name calling and saying mean things to victims), relational bullying ( not allowing to be part of a group and not talking to the victim) and physical bullying ( punching and kicking etc). Relational bullying was the least form of bullying experienced by the adolescents.

See Table 4 below.

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**Table 4: How did you get bullied?**

(n=331)

	Never happened N (%)	Rarely happened N (%)	Often happened N (%)
Verbal bullying	116 (35%)	49 (14.8%)	164 (49.5%)
Relational Bullying	194 (58.6)	45 (13.6%)	91 (27.5%)
Physical	174 (52.6%)	52 (15.7%)	104 (31.4%)

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#### 4.4 Socio-demographic correlates of that had been bullied.

When socio-demographic variables were compared with being bullied, it was found that there was a significant association between age and been bullied (p-value = 0.001). Over half (53.6%) of early adolescents (age 10-14) had been bullied compared with 40.9% of those belonging to late adolescence (age 15-18) who had also been bullied.

Among those having difficulties with teachers, only 57.9% of them were bullied while the remaining 42.1% were not bullied (p-value of 0.040), it can be concluded that there is an association between having difficulties with teachers and been bullied.

An association was also found between those seeing a school counselor and been bullied (p-value = 0.0039). More than half of those that had seen the school counselor had been bullied compared with less than half of those who had not seen the school counselor and had been bullied also.

Also, 56.6% of those that had lived with other people aside their parent had also been bullied compared with 43.3% of those who had not lived with other people and had been bullied (p-value = 0.001) and can be concluded there is a significant association between living with others and been bullied.

See Table 5a and b for correlates of being bullied by others.

**Table 5a: Personal and family related socio-demographic characteristics associated with being bullied**

(N=688)

Correlates	Being Bullied		$\chi^2$	P value
	No N (%)	Yes N (%)		
<b>Age</b>				
Early adolescents (age 10-14)	181 (46.4)	209 (53.6)	10.828	0.001*
Late adolescents (age 15-18)	176 (59.1)	122 (40.9)		
<b>Sex</b>				
Male	297 (50.8)	191 (49.2)	0.444	0.505
Female	160 (53.3)	140 (46.7)		
<b>Family type</b>				
Monogamous	288 (52.3)	263 (47.7)	0.159	0.690
Polygamous	69 (50.4)	68 (49.6)		
<b>No of mother's children</b>				
Below four	270 (52.6)	243 (47.4)	0.445	0.505
than four	87 (49.7)	88 (50.3)		
<b>Parents Marital Status</b>				
Married	319 (52.9)	284 (47.1)	2.005	0.157
Single parent	38 (44.7)	47 (55.3)		
<b>Lived with others</b>				
No	249 (56.7)	190 (43.3)	11.337	0.001*
Yes	108 (43.4)	141 (56.6)		



**Table 5b: school-related characteristics associated with being bullied**

(N=688)

Correlates	Being Bullied		$\chi^2$	P value
	No N (%)	Yes N (%)		
<b>Class</b>				
Junior secondary school	167 (49.1)	173 (50.9)	2.069	0.150
Senior secondary school	190 (54.6)	158 (45.4)		
<b>School</b>				
Public	269 (52.8)	240 (47.2)	0.721	0.396
Private	88 (49.2)	91 (50.8)		
<b>Academic performance</b>				
Not doing well	15 (65.2)	8 (34.8)	1.693	0.193
Doing well	342 (51.4)	323 (48.6)		
<b>Difficulties with teachers</b>				
No	317 (53.5)	276 (46.5)	4.227	0.040*
Yes	40 (42.1)	55 (57.9)		
<b>Do you have a school counselor</b>				
No	67 (50.8)	65 (49.2)	0.084	0.772
Yes	290 (52.2)	266 (47.8)		
<b>Seen school counselor</b>				
No	257 (54.6)	214 (45.4)	4.281	0.039*
Yes	100 (46.1)	117 (53.9)		
<b>Do you like your school</b>				
No	14 (56.0)	11 (44.0)	0.176	0.675
Yes	343 (51.7)	320 (48.3)		

#### **4.4.1 Logistic regression for correlates of being bullied**

Early adolescents were 1.7 times more likely to be bullied compared to those that were in their late adolescence (CI = 1.278 to 2.393) while those who had lived with some other persons aside from their parents were 1.7 times more likely to be bullied compared to those that had only lived with their parents (CI of 1.251 to 2.375).

See Table 6 for logistic regression.

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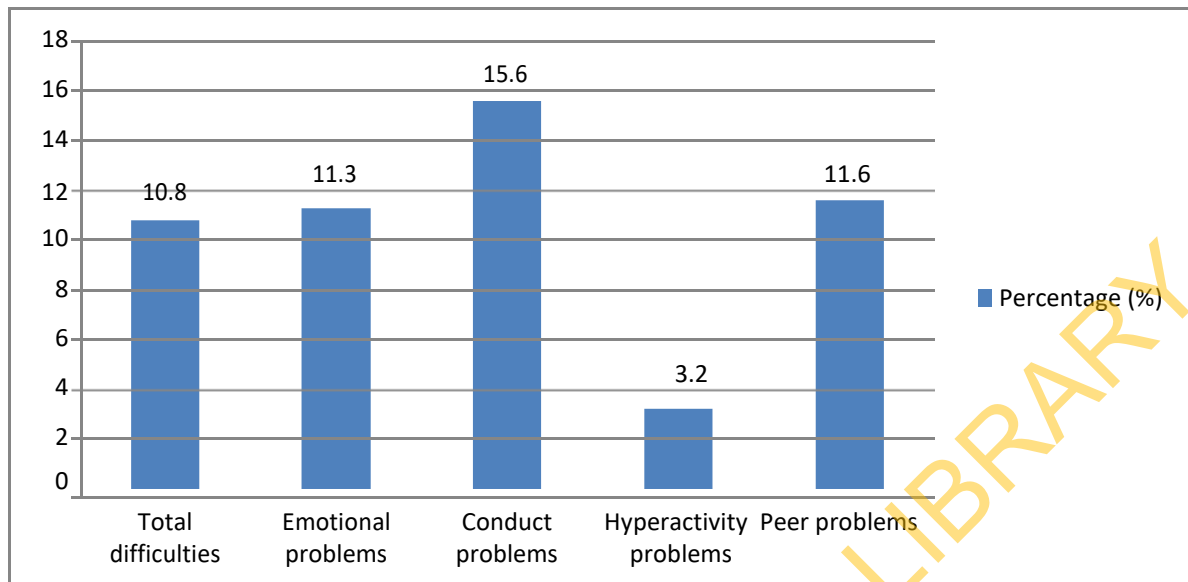
**Table 6: Logistic regression for correlates of being bullied**

Category	adjusted odds ratio	P value	95% CI	
			Lower	Upper
Age	1.749	0.001	1.278	2.393
Early adolescence (1)				
late adolescence				
Sex	1.207	0.236	0.884	1.649
Male				
Female (1)				
Difficulty with teachers	1.4782	0.085	0.947	2.317
No				
Yes (1)				
Seen school counselor	1.308	0.112	0.940	1.820
No				
Yes (1)				
Lived with other people	1.723	0.001	1.251	2.375
No				
Yes (1)				

#### **4.5 Prevalence of mental health problems among students of Osogbo local government, Osun state.**

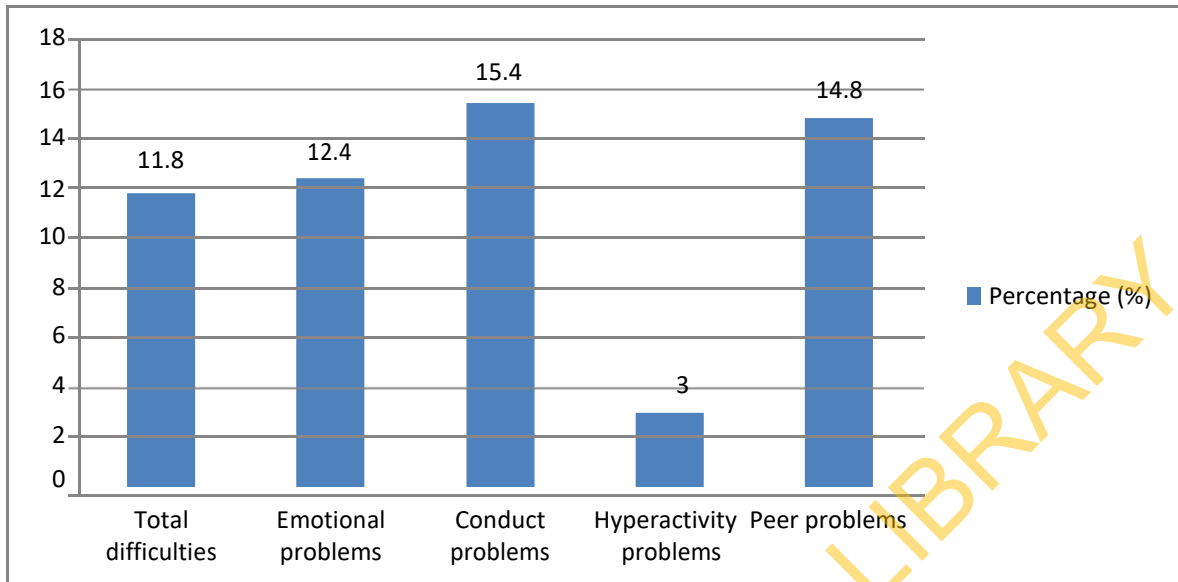
Among the 688 study participants, 74 (10.8%) had an abnormal score on the SDQ total difficulties score. Emotional problems had prevalence of 78 (11.3%), conduct problems 107 (15.6%), Hyperactivity problems 22 (3.2%), peer problems 80 (11.6%). Among 331 participants who reported to have been bullied by others, 39 (11.8%) had abnormal scores in total difficulties while 14 (12.4%) were found to have emotional problems, 51 (15.4%) had conduct problems, 10 (3.0%) had hyperactivity problems and 49 (14.8%) had peer problems.

See Figure 4 and 5 for prevalence of mental health problems



**Figure 4: Prevalence of mental health problems among secondary school students of Osogbo Local government, Osun State**

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**Figure 5: Prevalence of mental health problems among students who reported to have been bullied.**

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#### **4.6 Association between bullying mental health problems among secondary school students of Osogbo local Government, Osun state.**

After testing for an association between being bullied and mental health problems, it was found that there was no significant association between been bullied and having abnormal score for total difficulties. There was a significant association between being bullied and having peer problems, 49 (14.8%) of those who had been bullied had peer problems compared to the 31 (8.7%) of those who were not been bullied but had peer problem. (P-value = 0.012, Ratio of likelihood 1.8 times more likely to have peer problems, CI= 1.134 – 2.945) from the logistic regression.

See Table 7 for Association between been bullied and mental health problems.

**Table 7: Association between being bullied and mental health problems**

(N=688)

Mental health problems	Bullied by others		$\chi^2$	P value
	Not bullied N (%)	Bullied N (%)		
<b>Emotional problems</b>				
Absent	320 (89.6)	290 (87.6)	0.699	0.403
Present	37 (10.4)	41 (12.4)		
<b>Conduct problems</b>				
Absent	301 (84.3)	280 (84.6)	0.010	0.920
Present	56 (15.7)	51 (15.4)		
<b>Hyperactivity problems</b>				
Absent	345 (96.6)	321 (97.0)	0.064	0.800
Present	12 (3.4)	10 (3.0)		
<b>Peer problems</b>				
Absent	326 (91.3)	282 (85.2)	6.261	0.012*
Present	31 (8.7)	49 (14.8)		
<b>Total difficulties</b>				
Normal	322 (90.2)	292 (88.2)	0.700	0.403
Abnormal	35 (9.8)	39 (11.8)		



## **CHAPTER FIVE**

### **DISCUSSION, CONCLUSION AND RECOMMENDATION**

The study aimed to find the prevalence and correlates of self-reported bullying among secondary school students of Osogbo local government, Osun state which is discussed in this chapter.

#### **5.1 Discussion**

##### **5.1.1 socio-demographic characteristics of participants**

This study was a school-based cross-sectional study done among 688 secondary school students of Osogbo local governments of Osun state.

There were more males than females in this school study with a male of 1.0: 1.3. The finding of more male than female respondents is no different from other school studies which showed more male than female (Omigbodun, 2008; Akinbi and Akinbi, 2015). Gender disparities in secondary education have barely changed in sub-Saharan Africa since 1999, with still only around 8 girls for every 10 boys enrolling (Bokova and Report, 2015). Despite the ever going awareness on girl child education, many girls are still not enrolled because of the cultural preference for a male child in many African cultures.

The majority of the study participants were from a monogamous family setting with only 6.1% of the population reporting that their parents were separated or divorced which is in line with (Jude and Abiola, 2011) found in Ondo state (South-West) Nigeria. This may be due to

the fact that there are predominantly more Christians in south-west Nigeria and as it is known that Christianity encourages monogamous family type while the religious teaching condemns the practices of polygamous family setting.

One-fifth of the participants were living with either of their separated parents or living with other family members. Studies have shown that children and adolescents separated from their parents to live with other family members at a young age or who experience family dysfunction are more likely to suffer from mental disorders (Behere, Basnet and Campbell, 2017). With stagnation or decrease in family income causing more people to get caught up in poverty line, children are sent to live with other supportive and affluent family members or close family friends for continued educational support and financial needs. This cultural practice has been identified in southwestern Nigeria (Omigbodun, 2004) which may pose an adverse effect on their mental health. These children when living with other people may then be exposed to various forms of abuse and violence which then leads to high rate of childhood bullying (Schwarz, 2006).

### **5.1.2 Prevalence of bullying among participants**

Bullying as a form of violence takes place in every sphere of life but this research is focused on it happening within our secondary school setting. Globally, between 11.3% and 49.8% of children had reported experiencing bullying (in predominantly highly industrialized contexts) (Telljohann, 2009). The prevalence of self-reported bullying in this study was lower what was reported in Port Harcourt by (Alex-Hart BA, Okagua J, 2015) 48.1% reported they have been bullied, 67.0% admitted they had at one point or the other witnessed others been bullied while one third 33% said they had bullied other students using the self-report questionnaire.

An earlier study carried out among secondary school students in Port Harcourt (South-South) Nigeria reported a prevalence of 82.2% among his study participants who reported being victims of bullying, 64.9% reported being bullies, 9.7% and 11.8% reported to be neither bullies nor bullied, respectively (Kubwalo *et al.*, 2013). The difference in population size and violence rate as the oil-rich south-south region of Nigeria is well known for violence and militancy coupled with a socio-economic stressor may have contributed a higher prevalence of bullying in Port Harcourt compared to the result of this same research in Osogbo.

### **5.1.3 Pattern of bullying**

#### **Places where bullying occurred**

With over a fourth of those that had been bullied reporting that the bullying they experienced took place during the school, many students also reported that they had experienced bullying outside school (before school or after school). This result was found to be similar to finding demonstrated in an Australian study by (Rigby, 2017) which found over ten percent of his participants reporting other places they had been bullied aside during school hours. This may be due to the fact that most students goes to schools closer to their neighborhood and are seen walking in groups to or from school with easy transfer of issues from school to outside of school.

#### **How did you get bullied?**

As earlier reported by (Dorcas, 2015), this new study also found the most common form of bullying as reported by the victims to be verbal and physical bullying which is easily identified by the victim or any other person witnessing the event. The two form of bullying

includes name calling , making fun of and physical engagement which includes punching, kicking, attacks and other use of physical force etc. (Omoteso, 2010). Relational bullying is least common of all three forms of bullying; this includes not allowing someone to be a part of a group, rejecting their participation in an event etc. This form of bullying is often common among female and it's easily deniable as there are no concrete evidence to prove by the victim.

#### **5.1.4 Socio-demographic correlates of bullying**

Similarly to (Chikaodi *et al.*, 2017), this new study found a significant association between age and been bullied. Adolescents in their early stage were 1.7 times more likely to be bullied compared to their peers in their late adolescence this can be further justified by literature finding perpetrators to be older children who are often bigger, stronger and more powerful (Neto, 2005; Karatas and Ozturk, 2011; Omoniyi, 2013; Evans, Fraser and Cotter, 2014; Chan and Wong, 2015; Wolke and Lereya, 2015). This tends to give them the chance to dominate the younger who are often weaker and less power to defend themselves.

Although there was no significant association between school type and been bullied by others, but those who had difficulties with teachers were found to be 1.6 times more likely to be bullied compared to those that were not having difficulties with teachers. Those having difficulties with teachers are often singled out and labeled by the teachers as a result of their short comings which may in turn encourage or reinforce other students to bully them (Sosteric, 2012).

More students that had seen the school counselor reported been bullied which places the school counselor to be crucial in the eradication of bullying in our schools. The role of a school counselor is to provide vital (academic, emotional and social) supports for students when need which makes her to come in regular contact with students so he or she will need to familiarize herself with various forms of bullying and measure to control and help in such situation.

#### **5.1.5 Prevalence of mental health problems among study participants.**

Globally, 10–20% of children and adolescents have a mental health problem of some type (Schulte-Körne, 2016). This new study found the prevalence of mental health problems among study participants to be 10.8% which is slightly higher than 10.5% prevalence found by (Atilola *et al.*, 2013) where he also found emotional and conduct problem to be the most prevalent problem while this new study found emotional, conduct and peer problem to be most prevalent which are all above 10%.

Although studies had shown that bullying may be associated with emotional problems presenting with many internalizing problems (Kelly EV, Newton NC, Stapinski LA, Slade T, Barrett EL, Conrod PJ, 2015) this current study did not find any significant association between been bullied and having emotional problems. The reason for this may be as it is seen in many black cultures where elements of bullying such as teasing and playing jokes on other are referred to as common ways of interaction among adolescents and young people (Douglass *et al.*, 2016). Often times they are considered harmless and is generally considered acceptable.

More people that were bullied were found to also have peer problem than those that were not bullied as they then to exhibit poor social skill which may be because of an inability to form friendships and gain peer acceptance or difficulties relating with others which might influence been bullied by others or bullying others (Pozzoli, Gini and Alto, 2017).

## **5.2 Limitation**

Since this study was done using a self-reported questionnaire, participants may have exaggerated their opinion in order to make their situation seem worse, or they may under-report the severity or frequency of their experiences in order to minimize their problems. Students might also had simply mistaken or misremembered the material covered by the survey which might have resulted to various biases like social desirability bias which might have affected the results.

## **5.3 Conclusion**

Bullying is a problem that affects not only the bully and the victim, but all students at school which occurs not only within the school hour but also outside school and online. Students are been bullied either verbally, physically or by relational bullying and it consequences includes feeling sick, feeling bad and sad, difficulty learning in school, problem making friends which are experienced often by victims of bullying. Children at their early adolescences are also more likely to be bullied while victims of bullying are also more likely to develop peer problems.

Therefore, health professionals, teachers and parents should consider that such symptoms of children may be related to bullying and a quick intervention and policies should be developed to further combat the incidence of bullying in our schools.

#### **5.4 Recommendations**

Further studies should be conducted to identify problems by type of bullying and by gender, identify who the perpetrators of bullying are and reasons why students are bullied in our school; students, parents and teachers should also be included in the studies all together, testing their attitude towards reported cases of bullying; large scale studies should be conducted with larger samples including both victims-bullies and the observer students; prevention programs should be developed in order to prevent negative effects of bullying and more studies should also be carried out so as to determine the effect of prevention programs on health symptoms.

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## APPENDIX I

Serial Number: \_\_\_\_\_

Today's Date: \_\_\_/\_\_\_/\_\_\_

### SCHOOL HEALTH QUESTIONNAIRE IN ENGLISH & YORUBA

Please write the answers to the questions or draw a circle where it applies to you. This is not an examination it is only to find out about you and your health.

Jọwọ kọ idahun si awọn ibeere ti o jẹ mọ ọ, tabi ki o fa igi si abẹ eyi to o jẹ mọ ọ. Eleyii kii ẹ idanwo; a kan fẹ mọ nipa ẹ ati ilera ẹ ni.

#### SECTION I

##### Personal Information

1. Name of School (1. Orukọ ile-iwe):

2. Class (2. Kilaasi):

3. Where do you live? (Address of Present Abode):

3. Nibo ni o n gbe? (Ibugbe):

4. What is your date of birth? Date of Birth: \_\_\_\_\_

4. Kini oṣu ibi ẹ? Oṣu ibi: Day Month Year  
oṣu oṣu oṣu

5. How old are you? 5. Oṣu oṣu melo ni ọ? \_\_\_\_\_

6. Are you a boy or a girl? (a) boy (b) girl

6. Ẹ okunrin tabi obinrin? (a) Okunrin (b) Obinrin

7. Do you practise any religion? No Yes

7. Njẹ ẹ manse ẹsin kankan? Bẹkọ Bẹni

8. Please write down the exact place you attend for worship

8. Kọ ibi ti o ti maa njọsin

---

(a) Islam (b) Orthodox Christian (c) Pentecostal Christian (d) Traditional religion (e) Other

9. How much does the teaching of your religion guide your behaviour?

9. Bawo ni igbagbọ rẹ ẹ nto ihuwasi rẹ?

(a) Very much (b) much (c) Just a little (d) Not at all

(a) O nto ọ gan an (b) O nto ọ (c) O nto ọ die (d) Ko to ọ rara

10. How much does the teaching of your religion guide your family life?

10. Bawo ni ẹsin naa se se pataki to ni ẹbi ẹ?

(a) Very much (b) much (c) Just a little (d) Not at all

(a) O ẹ pataki gan-an (b) O ẹ pataki (c) O ẹ pataki die (d) Ko ẹ pataki

### Family Information

11. Family Type:

11. Iru ẹbi:

(a) Monogamous (b) Polygamous

(a) Oniyawo kan (b) Oniyawo meji tabi ju beḷo

12. Number of Mother's Children:

12. Ọmọ melo ni Iya rẹ ni?:

13. Number of Father's Children:

13. Ọmọ melo ni Baba rẹ ni?:

14. What is your position among your father's children?

14. Ipo wo lo wa ninu awon ọmọ baba rẹ?

15. What is your position among your mother's children?

15. Ipo wo lo wa ninu awon ọmọ iya rẹ?

16. Marital Status of Parents:

16. Ibagbepon awon obi rẹ:

(a) Married (b) Separated/Divorced (c) Father is dead (d) Mother is dead (e) Mother & Father are dead

(a) Ẹ wọn gbe pọ? (b) Ẹ wọn ti kọ ra wọn silẹ? (c) Baba ti ku (d) Iya ti ku (e) Iya ati Baba ti ku

17. How many husbands has your mother had?

17. Ọkọ melo ni Iya rẹ ti ni ni?

18. Who do you live with presently?

18. Tani o n gbe pelu lowolowo?

(a) Parents (b) Mother (c) Father (d) Grandparents (e) Grandmother

(a) Awon obi (b) Iya nikan (c) Baba nikan (d) Iya ati Baba Agba (e) Iya Agba nikan

(f) Grandfather (g) Other [please specify] \_\_\_\_\_

(f) Baba Agba nikan (g) Awon Iyoku [Jowo so nipato] \_\_\_\_\_

19. Who brought you up from your childhood?

19. Talo to ẹ dagba lati kekere?

(a) Parents (b) Mother (c) Father (d) Grandparents (e) Grandmother (a) Awon obi (b)

Iya nikan (c) Baba nikan (d) Iya ati Baba Agba (e) Iya Agba nikan (f) Grandfather (g)

Other [please specify] \_\_\_\_\_

(f) Baba Agba nikan (g) Awon Iyoku [Jowo so nipato] \_\_\_\_\_

20. How many different people have you left your parents to live with from your childhood? \_\_\_\_\_

20. Awon eniyan ototo melo ni o fi awon obi re sila lati lo gbe pelu won? \_\_\_\_\_

21. If more than one person, list the people, time spent and whether experience was good or bad?

21. Ti o ba ju enikan lo, ka won, akoko ti o lo lodu enikokan ati bi o ba dara tabi ko dara?

Person lived with	From which age to which age	Experience (good or bad)
-------------------	-----------------------------	--------------------------

Eni ti o ba gbe	Omọ odun melo ni o nigba naa	Iri ri re nibe (O dara tabi ko dara)
-----------------	------------------------------	--------------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Do you do any kind of work to earn money before or after school? Yes No

22. Nje o maa nsi se lati ri owo lehin tabi saaju ki o to lo si ile iwe? (Be ni tabi beko)

23. If yes, please describe what you do \_\_\_\_\_

23. Ti o ba je be ni, se alaaye ohun ti o se \_\_\_\_\_

24. Level of Father's Education

24. Iwe melo ni baba re ka?

(a) No Formal Education (b) Koranic School (c) Primary School (d) Secondary School

(a) Ko kawē rara (b) Ile-keu (c) Ile-Iwe Alakọbẹrẹ (d) Ile iwe girama

(e) Post Secondary (Non-University) (f) University Degree and above (e) I do not know

(e) Ile-iwe agba (Yatọ fun yunifasiti) (f) Yunifasiti ati ju bẹẹ lọ (e) Nko mo

25. Occupation of Father: [Write the exact occupation] \_\_\_\_\_ / I do not know

25. Işę wo ni Baba rẹ n ęe: [Kọ işę ti wọn nęe pato lẹkunrẹrẹ] \_\_\_\_\_ / Nko mo

26. Level of Mother's Education

(a) No Formal Education (b) Koranic School (c) Primary School (d) Secondary School

(a) Ko kawē rara (b) Ile-keu (c) Ile-Iwe Alakọbẹrẹ (d) Ile iwe girama

(e) Post Secondary (Non-University) (f) University Degree and above (e) I do not know

(e) Ile-iwe agba (Yato fun yunifasiti) (f) Yunifasiti ati ju bẹẹ lọ (e) Nko mo

27. Occupation of Mother: [Write in the exact occupation] \_\_\_\_\_ / I do not know

27. Işę wo ni iya rẹ nęe: [Kọ işę ti wọn nęe pato lẹkunrẹrẹ] \_\_\_\_\_

28. Do you like your family? Yes No

28. ęe o fẹran ẹbi rẹ? Bẹni/Bẹko

29a. If Yes, Why? \_\_\_\_\_

29a. Bẹni, ęe alaye? \_\_\_\_\_

29b. If No, Why? \_\_\_\_\_

29b. Bẹkọ, Ẹ alaye? \_\_\_\_\_

### School-Related Questions

30. Do you like your school? Yes/ No

30. Ẹ o fẹran ile-iwe rẹ? Bẹni / Bẹkọ

31. How many children are there in your class? \_\_\_\_\_

31. Akekọ melo ni o wa ni kilaasi rẹ? \_\_\_\_\_

32. Do you do well academically? Yes No

32. Njẹ o nṣe daada ninu ẹkọ rẹ? Bẹni/ Bẹkọ

33a. If Yes, explain \_\_\_\_\_

33a. Bẹni, Ẹ  
alaye \_\_\_\_\_

explain \_\_\_\_\_

33b. Bẹkọ, Ẹ  
alaye \_\_\_\_\_

34. Are you having difficulties with your teachers? Yes No

34. Njẹ o ni iṣoro kankan pẹlu awọn olukọ rẹ? Bẹni Bẹkọ

35. If yes, what sort of difficulties?  
\_\_\_\_\_

35. Ti o ba jẹ bẹni, iru iṣoro wo ni?  
\_\_\_\_\_

36. Do you have guidance counsellors in your school? Yes No

36. Njẹ ẹ ni awon Oludamoran Atonisona ni ile-Ẹkọ rẹ? Bẹni Bẹkọ

37. Have you ever gone to see them? Yes No

37. Njẹ o ti lo sọdọ wọn ri? Bẹni Bẹkọ

38. If yes, what did you go to see them for?

\_\_\_\_\_

38. Ti o ba jẹ bẹni, ki ni o lọ ri wọn

fun? \_\_\_\_\_

39. If you have a problem at school would you go to the guidance counsellor for help? Yes  
No

39. Ti o ba ni idaamu ni Ile-Ẹkọ, njẹ iwọ o lọ ri Oludamọran Atonisọna? Bẹni Bẹkọ

40a. If yes, why would you go?

40a. Bẹni, Ẹ

alaye \_\_\_\_\_

40b. If no, why not?

40b. Bẹkọ, Ẹ

alaye \_\_\_\_\_

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APPENDIX II

**Bully Survey**

**The Bully Survey – Student Version (BYS-S) English version**

**Instructions:**

In this survey you will be asked to respond to questions and statements about “bullies” and “bullying.”

Bullying happens when someone hurts or scares another person on purpose and the person being bullied has a hard time defending himself or herself. Usually, bullying happens over and over. Examples include the following:

- Punching, shoving, and other acts that hurt people physically
- Spreading bad rumors about people
- Keeping certain people out of a “group”
- Teasing people in a mean way
- Getting certain people to “gang up” on others

There are four parts to this survey: (A) When you were bullied by others, (B) When you saw other students getting bullied, (C) When you were a bully, and (D) Your thoughts about bullying.

**The Bully Survey - Part A**

**Have you been bullied this school year?**

- Yes  No

**IF YES, how often have you been bullied? (Check one)**

- one or more times a day,  one or more times a week,  one or more times a month.

**If you have not been bullied this year, you may move on to Part B.**

**1a. Where have you been bullied? Check all the places:**

- hostel  cafeteria
- academic class  before school
- bus  after school
- gym  dances
- hallway  sporting events
- toilet/bathroom  online
- telephone  text message

**1b. From the list above, circle the ONE place you have been bullied the most.**

**2. How did you get bullied? (Check how often this happened)**

	<b>Never happened</b>	<b>Rarely Happened</b>	<b>Sometimes Happened</b>	<b>Often happened</b>	<b>Always happened</b>
a. Called me names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Made fun of me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Said they will do bad things to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- d. Played jokes on me
- e. Won't let me be a part of their group
- f. Broke my things
- g. Attacked me
- h. Nobody would talk to me
- i. Wrote bad things about me
- j. Said mean things behind my back
- k. Pushed or shoved me

l. Other ways you were bullied:

- 3. Who bullied you most often (check all that are true):**  older boys  older girls  
 younger boys  younger girls  
 boys in my grade  girls in my grade  
 someone who is strong  someone who is an adult   
 someone who is powerful  someone who is popular  
 someone who has many friends  someone who is smart  
 other \_\_\_\_\_  someone who I didn't know

**4. How much of a problem was the bullying for you?**

	<b>Never a problem</b>	<b>Rarely a problem</b>	<b>Sometime s Problem</b>	<b>Often a proble m</b>	<b>Always a problem</b>
a. Made me feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I couldn't make friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Made me feel bad or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Made it difficult to learn at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Didn't come to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

school

f. I had problems with        
my family

g. Other:-----  
-----

**5a. Why do you think you were bullied? Check all that are true. Because:**

- they think my face looks funny  of their religion (if yes, specify the religion) \_\_\_\_\_
- they think I'm fat  my parents
- they think I'm skinny  my brother
- they think I look too old  my sister
- they think I look too young  my family is poor
- they think I am a wimp  my family has a lot of money
- they think my friends are weird  someone in my family has a disability
- I'm sick a lot  I am too tall
- I'm disabled  I am too short
- I get good grades  I am in special education  I get bad grades  I get angry a lot
- where I live  I cry a lot
- the clothes I wear  I can't get along with other people  the color of my skin  they say I'm gay
- the country I'm from  the way I talk
- I am different  other (describe) \_\_\_\_\_

**5b. From the list above, circle the MAIN reason you were bullied.**

**6. Did the teachers and school staff know about the bullying that happened to you?**

- Yes  No  I don't know

**7a. How do you think your teachers and school staff took care of the bullying?**

- Very well  Okay  Bad  I don't know

**8. Tell us what the teachers and school staff did to take care of the bully.**

---

---

---

**9a. Did your parents know about the bullying that happened to you?**

- Yes  No  I don't know

**9b. Tell us what your parents did to take care of the bullying.**

---

---

**10. Were you able to defend yourself from the bullying?**

- Yes  No

**Explain:**

---

---

- 11. Does anyone bully you at home? (Check everyone who has bullied you)**  no one  sister  
 friend  
 father  stepfather  other relative  
 mother  stepmother  neighbor  
 brother  grandparent  other: \_\_\_\_\_

**11a. Is the bullying at home different from the bullying at school? If so, how?**

---

\_\_\_\_\_ **Did you ever see a student other than yourself who was bullied this school year?**

- Yes  No

**Did you ever bully anyone this school year?**

- Yes  No

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## Bully survey Yoruba version

Iwadi Bully

Igbese 2

Ilana:

Ni apakan yii ao beere fun ọ lati dahun ibeere ati awon alaye nipa "ipanilaya."

Ibanuje waye nigba ti enikan ba ni ibanuje tabi deruba enikan miran ni idiyele ati pe eni ti o ni o ni o ni akoko lile lati dabobo ara re. Nigbagbogbo, ipanilaya se le lori ati siwaju.

Awon apeere pelu awon wonyi:

Gigun, fifun, ati awon ise miiran ti o npa eniyan lara

- Gbigbon awon agbaso oro buburu nipa eniyan
- Toju awon eniyan kan lati inu "egbe"
- Teasing eniyan ni ona ti o to
- Ngba awon eniyan kan lati "tapo soke" lori awon omiiran

Awon ona meji wa si iwadi yii: (A) Nigbati awon elomiran ba o ni eru, (B) Awon ero re nipa ipanilaya.

Iwadi Bully

Ni apakan yii, ao beere lowo re nipa awon igba nigba ti o ni oran. Nje o ti gba o lenu ni odun ile-iwe yii?

Beeni  Beeko

TI BEENI, ni igba melo ni o ti se oran? (Sayewo okan)

okan tabi die sii ni igba ojo kan,  okan tabi die sii ni igba ose,  okan tabi die sii igba ni oshu kan.

1a. Nibo ni o ti se oran? Sayewo gbogbo awon ibi:

- ile ile-ise  saaju ile-iwe
- ni ile-iwe  lehin ile-iwe
- ni ile-iwe ile-iwe  Eko oko
- nigba awon ise sise afikun
- online  telefono  ifranse oro

Nje awon ibiti o wa ni ibiti o ti gbe o loju? pato \_\_\_\_\_

1b. Lati akojo ti o wa loke, sinko ni ibi kan ti o ti je ju lo ju lo.

1. Bawo ni o se je alailegbe? (Sayewo bi igba igba ti o sele)

	Ko seese ri	sele Nigba miran	Sele lekoka	sele Nigbagbogbo	Sele dede
a. N pe awon oruko mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fun mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Won so pe won yoo se awon ohun buburu si mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ti se afefe idaraya lori mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ma se je ki mi je apakan ti egbe won	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. kan nkan mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. so naa demi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ko si enikan ti yoo ba mi soro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Nkan buburu nipa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Awon nkan ti o tumo si lehin mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Fo tabi pa mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Awon ona miiran ti o ti wa ni  
ibanju \_\_\_\_\_

3. Ta ni o se o ni igbagbogbo (sayewo gbogbo awon ti o je otito): Okookan ticked tumo  
si beeni  ti a ko ni ayewo ni

awon omode arugbo  awon omobirin ti o gbooro

omodekunrin kekere  awon omode

awon omode ninu kilasi / keeko  awon omobirin ninu kilasi / ipele mi

awon omode ni awon omode-iwe giga  awon omobirin ni awon kilasi giga

enikan ti o ni agbara  enikan ti o je agbalagba

enikan ti o ni agbara  enikan ti o je gbajumo

enikan ti o ni opolopo awon ore  enikan ti o ni ologbon

miiran \_\_\_\_\_  enikan ti emi ko mo

4 Elo ni isoro kan ni ipanilaya fun o?

	Ko si išoro Lailopin a	isoro Nigba miran	Isoro Nigbagbogbo a	isoro Nigbagbogbo a	isoro
a. Še mi ni ailera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emi ko le še oře	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Še mi ni ailera tabi ibanuje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Še o soro lati ko ęko ni ile-iwe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ko wa si ile- iwe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Mo ni awon išoro pe lu ębi mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Miiran: -----

5a. Ęše ti o fi rò pe o ti ni ibanuje? Šayewo gbogbo awon ti o je otito. Nitiori:

won ro pe oju mi še oju-didun  ti ęsin won (ti o ba je be, pato ęsin)

- won ro pe mo wara  awon obi mi  
 won ro pe ara mi ni alaafia  arakunrin mi  
 won ro pe mo ti di arugbo  Arabinrin mi  
 won ro pe mo ti še odo rara  idile mi ko dara  
 won ro pe mo je alapolopo  idile mi ni opolopo owo  
 won ro pe awon oře mi je iro  ęnikan ninu idile mi ni ailera  
 Mo šaisan pupo  Mo ga ju  
 Mo še alaabo  Mo kuru ju  
 Mo gba awon ipele to dara  Mo wa ni ęko ęko  
pataki  Mo gba awon ipele ti o dara  Mo binu pupo   
 ibiti mo n gbe  Mo nkigbe pupo  
 awon ašo ti mo wo  Emi ko le še alailegbę pelu awon eniyan  
miiran  awo ti awo ara mi  won so pe mo je onibaje  orile-ede ti  
Mo wa lati  ona ti mo soro  
 Mo yatọ si  miiran (šajuwe) \_\_\_\_\_

5b. Lati akojo ti o wa loke, šaarin awon NI idi ti o fi še eru.

6. Še awon oluko ati awon ile-iše ile-iwe mo nipa ipanilaya ti o sele si o?

Bẹni  Bẹko  Emi ko mo

7a. Bawo ni o se ro pe awon oluko re ati awon osise ile-iwe se itoju ti ipanilaya?  Daradara  Otun  Buburu  Emi ko mo

8. So fun wa ohun ti awon oluko ati awon ile-ise ile-iwe se lati se abojuto awon alaboju naa.

9a. Nje awon obi re mo nipa ipanilaya ti o sele si o?

Bẹni  Bẹko  Emi ko mo

9b. So fun wa ohun ti awon obi re se lati se abojuto ipanilaya.

10. Nje o le dabobo ara re kuro ninu ipanilaya?

Bẹni  Bẹko

Se alaye:

11. Nje eniken se ote ni ile? (Sayewo gbogbo eniyan ti o ti se o loju)  ko si okan

arabinrin  ore

baba  baba obi  ojulumo miiran

iyaabi  iyaagbe  aladugbo

egbon arakunrin  obibi  miiran: \_\_\_\_\_

11a. Se ipanilaya ni ile yato si ibanuje ni ile-iwe? Ti o ba je be, bawo ni?

Nje o ti ri omo-iwe kan yato si ti ara re ti o ti kolu odun-eko ile-iwe yii?

Bẹni  Bẹko

Nje o ti da eniken laye ni odun ile-iwe yii?

Bẹni  Bẹko

11. Nje eniken se ote ni ile? (Sayewo gbogbo eniyan ti o ti ko o

lenu) Okokan ti a tumo ni beni (1) ti a ko ni nkan ti o je (0)

ko si okan  arabinrin  ore

baba  baba obi  ojulumo miiran

iyaabi  iyaagbe  aladugbo

egbon arakunrin  obibi  miiran: \_\_\_\_\_

11a. Se ipanilaya ni ile yato si ibanuje ni ile-iwe? Ti o ba je be, bawo ni?

### APPENDIX III

#### Strengths and Difficulties Questionnaire (English version)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not true /Somewhat true /certainly true		
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own.			
I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Agbara ati Awon Nla Questionnaire (Yoruba version)

Fun ohunkankan, jowo samisi apoti fun Ko Otito, Tii otito tabi Otito Otito. O yoo se iranlowo fun wa ti o ba dahun gbogbo awon ohun kan bi o se dara juloo ti o le paapaa ti o ko ba dajudaju tabi ohun ti o daba! Jowo fun idahun re lori ilana ti awon ohun ti wa fun o ni awon osu mefa to koja.

	Ko otito / Bikita otito / esan otito		
Mo gbiyanju lati dara si awon eniyan miiran.			
Mo bikita nipa ikunsinu won	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo wa ni isinmi, Mo ko le duro si tun fun igba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo gba opolopo awon efori, awon isun-inu tabi aisan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo maa n pin pelu awon omiiran (ounje, awon ere, awon kaadi ati bebe lo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo gba ibinu pupo ati nigbagbogbo mo se afera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo wa lori ara mi.			
Mo maa sese nikan tabi toju si ara mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo maa n se bi a ti so mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo se aniyan pupo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo se iranlowo ti o ba je ipalara, ibinu tabi ailera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo n safihan nigbagbogbo tabi iduro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo ni ore kan to dara tabi die sii	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo ja pupo. Mo le se awon eniyan miiran se ohun ti Mo fe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo maa n ni aibanuje, aibale tabi aira	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awon eniyan miiran ojo ori mi nigbagbogbo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo se roorun lora, Mo nira lati soro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo wa aifokanbale ni awon ipo titun. Mo ni irora fomu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo se ore si awon omode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo ni esun igbagbo tabi itanje	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awon omode miiran tabi awon odomokunrin gba mi tabi fifun mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo maa n yoda lati ran awon elomiran lowo (awon obi, awon oluko, awon omo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo ro pe ki n se nkan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo gba awon ohun ti kii se ti ile, ile-iwe tabi ibomiran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo gba dara pelu awon agbalagba ju pelu awon eniyan ti ara mi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo ni opolopo awon iberubojo, Mo ni irorun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mo pari ise ti n se. Ifarabale mi dara	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INFORMED CONSENT**

**Adebayo Peter Oluwatayo**  
**University of Ibadan**  
**Center for Child and Adolescent Mental Health**  
**08066768011**

Informed consent for: child/ward's participation in an academic research

**Adebayo Peter O**

**University of Ibadan**

**Prevalence and Correlates of Bullying among Secondary School Students in Osogbo Local Government of Osun State**

Dear sir/ma:

This Informed Consent Form has two parts:

- Information Sheet (to share information about the study with you)
- Certificate of Consent (for signatures if you agree that your child may participate)

You will be given a copy of the full Informed Consent

Form Introduction

This research is an academic research in the completion of my Masters of Science in Child and Adolescent Mental Health.

The research topic is Prevalence and Correlates of Bullying among Secondary School Students in Osogbo Local Government of Osun State. Its objectives are:

5. To determine the prevalence of bullying among secondary school students of Osogbo local Government, Osun state.
6. To determine the prevalence of mental health problems among students who have been involved in bullying.

7. To determine the socio-demographic correlates of bullying.
8. To determine the association between bullying and mental health problems among secondary school students of Osogbo local Government, Osun state.

For the purpose of this research, 704 students from eight randomly selected schools which includes both private and public schools in Osogbo local government.

In the course of this research, students will be given questionnaire to be filled and should be returned after they might have completed it.

After a successful completion of the questionnaire, all students will be given a seminar about mental health.

The research is purely voluntary and that any student who is not willing to participate or want to withdraw from the research at any time is free to do so at their own discretion.

There are no risks involved in this research and every questionnaire will be treated with the best confidentiality protocol as it will not involve name of any student in particular.

Please note that the purpose of this research is purely for academic and any information gotten from a students or school in particular will not be given to government or other organizations. The research findings as a whole may be published to increase our currently available scientific knowledge.

For further enquiry or query, please contact:

Centre for Child and Adolescent Mental Health, University of Ibadan.

ccamh.ui.edu.ng; 2348109854936

Thanks

Adebayo Peter O

Certificate of Consent

This is to request permission for your child/ ward participation in academic research tittle Prevalence and Correlates of Bullying Among Secondary School Students in Osogbo Loacal Government, Osun State.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate as a participant in this study.

Print Name of Parent or Guardian \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year

I have witnessed the accurate reading of the consent form to the parent of the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

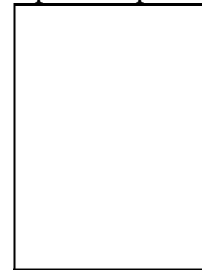
Print name of witness \_\_\_\_\_ AND

Thumb print of participant

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_

Day/month/year



I have accurately read out the information sheet to the parent of the potential participant, and to the best of my ability made sure that the person understands that the following will be done:

- 1.
- 2.
- 3.

I confirm that the parent was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

To be completed by researcher.

A copy of this Informed Consent Form has been provided to the parent or guardian of the participant \_\_\_\_

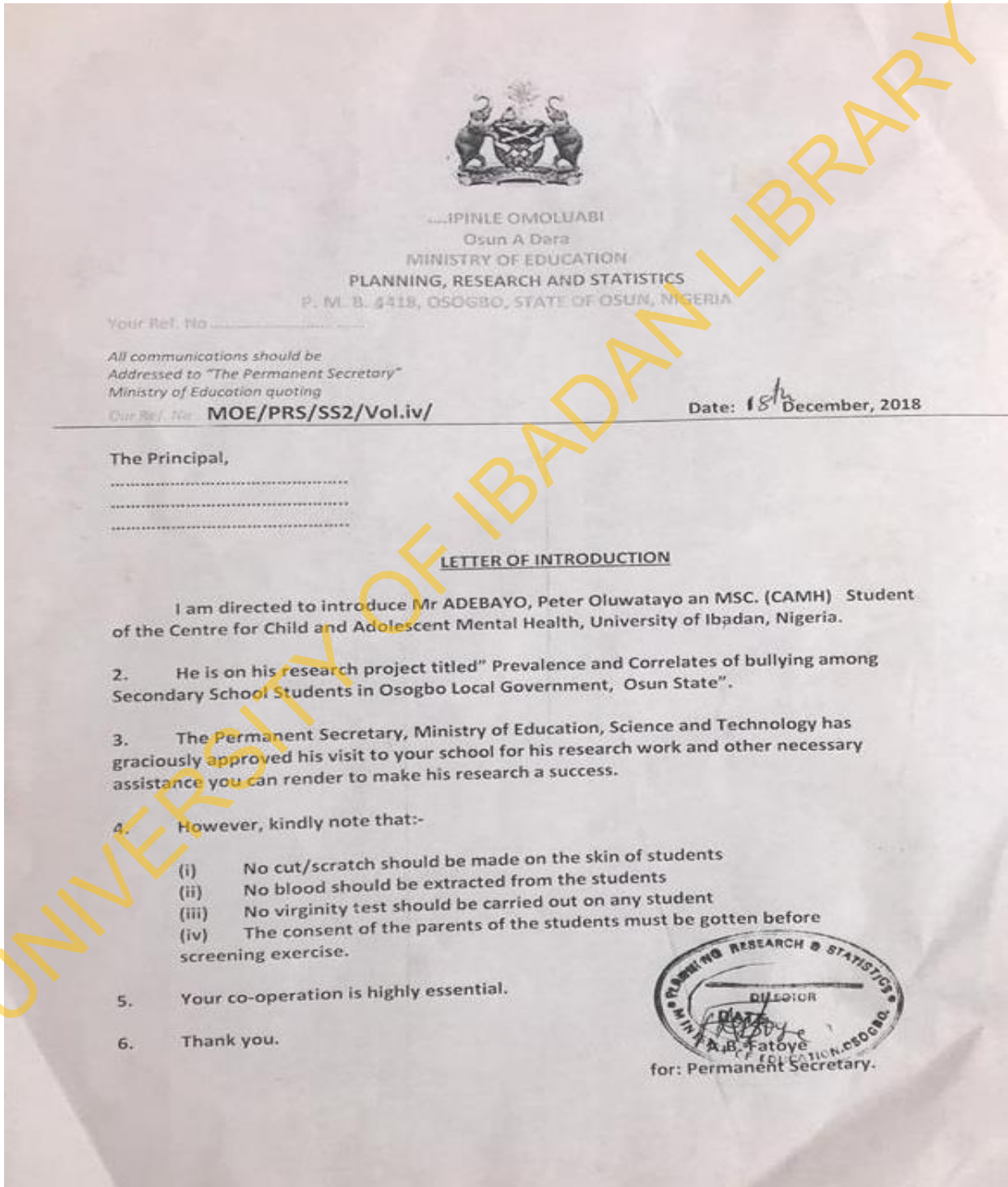
Print Name of Researcher/person taking the consent \_\_\_\_\_

An Informed Assent Form will \_\_\_\_ OR will not \_\_\_\_ be completed.

UNIVERSITY OF IBADAN LIBRARY

APPENDIX V

Permission to access school by Osun state ministry of Education



APPENDIX VI

**ETHICAL APPROVAL FROM MINISTRY OF HEALTH**

