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Bullying and associated factors in adolescents in the Southeast region according to the National School-based Health Survey

Bullying *e fatores associados em adolescentes da Região Sudeste segundo a Pesquisa Nacional de Saúde do Escolar*

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ABSTRACT: ***Objective:*** To estimate the prevalence of bullying from the perspective of victims in students from the Southeast region of Brazil and analyze its association with individual variables and family context. ***Methods:*** Information on 19,660 adolescents from the National School-based Health Survey was analyzed, calculating the association between bullying and sociodemographic variables, risk behaviors, mental health, and family background. Multivariate analysis and the calculation of *odds ratio* and confidence intervals were performed. ***Results:*** The prevalence of bullying was 7.8% (95%CI 6.5 – 9.2). After adjustment, the following associations were observed: students with less than 13 years of age (OR = 2.40; 1.4 – 3.93); protection for those aged 14, 15, and 16 years; male gender (OR = 1.47; 95%CI 1.35 – 1.59); black color (OR = 1.24; 95%CI 1.11 – 1.40); yellow color (OR = 1.38 95%CI 1.14 – 1.6); private school students (OR = 1.11; 95%CI 1.01 – 1.23); and students who work (OR = 1.30; 95%CI 1.16 – 1.45). Higher education of the mothers was a protective factor in all groups. Risk factors considered were feeling lonely (OR = 2.68; 95%CI 2.45 – 2.94), having insomnia (OR = 1.95; 95%CI 1.76 – 2.17), having no friends (OR = 1.47; 95%CI 1.24 – 1.75), suffering physical abuse from family members (OR = 1.83; 95%CI 1.66 – 2.03), missing classes without their parents' knowledge (OR = 1.23; 95%CI 1.12 – 1.34), as well as family supervision (OR = 1.14; 95%CI 1.05 – 1.23). To have drunk in the last 30 days (OR = 0.88 95%CI 0.8 – 0.97) was a protective factor. ***Conclusion:*** Bullying increases vulnerabilities among students, which suggests the need for an intersectoral approach in order to find measures to prevent them.

Keywords: Violence. Bullying. Adolescent. Schools. Family. Vulnerability.

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RESUMO: ***Objetivo:*** Estimar a prevalência de *bullying*, sob a perspectiva da vítima, em escolares da Região Sudeste e analisar sua associação com variáveis individuais e de contexto familiar. ***Métodos:*** Analisadas informações de 19.660 adolescentes da Pesquisa Nacional de Saúde do Escolar (PeNSE), calculando-se associação entre *bullying* e variáveis sociodemográficas, comportamentos de risco, saúde mental e contexto familiar. Foram realizadas análises multivariadas e efetuado cálculo *odds ratio* (OR), com respectivos valores de intervalo de confiança (IC95%). ***Resultados:*** A prevalência de *bullying* foi de 7,8% (IC95% 6,5 – 9,2). Após o ajuste, foi constatada a sua associação com: os escolares menores de 13 anos (OR = 2,40; 1,4 – 3,93) (p < 0,001); a proteção para estudantes de 14, 15 e 16 anos (p < 0,0001); o sexo masculino (OR = 1,47 IC95% 1,35 – 1,59); a cor preta (OR = 1,24 IC95% 1,11 – 1,40); a cor amarela (OR = 1,38 IC95% 1,14 – 1,6); os alunos de escola privada (OR = 1,11 IC95% 1,01 – 1,23) e os alunos que trabalham (OR = 1,30 IC95% 1,16 – 1,45). Maior escolaridade das mães mostrou-se fator protetor em todas as faixas. Foram considerados de risco: sentir-se sozinho (OR = 2,68 IC95% 2,45 – 2,94), ter insônia (OR = 1,95 IC95% 1,76 – 2,17), não ter amigos (OR = 1,47 IC95% 1,24 – 1,75), sofrer agressão física dos familiares (OR = 1,83 IC95% 1,66 – 2,03), faltar às aulas sem avisar aos pais (OR = 1,23 IC95% 1,12 – 1,34), além de supervisão familiar (OR = 1,14 IC95% 1,05 – 1,23). Como fator de proteção, ter bebido nos últimos 30 dias (OR = 0,88 IC95% 0,8 – 0,97). ***Conclusão:*** O *bullying* amplia as vulnerabilidades entre escolares, o que sugere necessidade de uma abordagem intersetorial na busca de medidas para sua prevenção.

Palavras-chave: Violência. *Bullying*. Adolescentes. Escolas. Família. Vulnerabilidade.

INTRODUCTION

Childhood and adolescence are key periods in the process of human development. However, there has been a growing number of children and adolescents who use aggressive behavior in the school context[1]. The Brazilian society coexists with an increase in the diverse types of violence in schools, involving the different players in the school community in episodes such as verbal, physical, and symbolic aggressions, drawing the attention of the society[2].

Violent behavior observed in schools results from the interaction between individual development and social contexts, such as family, school, and community. One of the forms of school violence is bullying, a type of peer violence considered a public health problem.

It is characterized as the abuse of physical or psychological power, involving, on the one hand, domination and arrogance, and, on the other, submission, humiliation, conformism, and feelings of impotence, anger, and fear. It encompasses different actions, such as name-calling, humiliating, discriminating, beating, stealing, terrorizing, excluding, spreading malicious comments, and excluding socially, among others[3-5].

Studies show that this is a problem worldwide, common to many different countries and schools, with 20 – 56% of the world's adolescents being involved every year in bullying situations[6,7].

In Brazil, the first National School-based Health Survey (PeNSE) was conducted in 2009, with a sample of 60,973 9th grade students from 1,453 public and private schools,

representative of the 26 capitals of the Brazilian states and the Federal District. The survey showed that 5.4% (confidence interval – 95%CI 5.1% – 5.7%) of the students reported having suffered bullying almost always or always in the last 30 days[8]. In 2012, a new edition of PeNSE, with a sample of 109,104 students, in 2,842 public and private schools, showed 6.8% (95%CI 6.4 – 7.2) of bullying prevalence in capitals, indicating the growth of the problem in the country[9].

On the phenomenon, PeNSE 2012 identified that the occurrence of bullying among adolescents in schools corroborates the fact that the Brazilian school context is also becoming a space for the reproduction of violence[10].

National and international studies highlight the consequences of bullying in the short and long term in the lives of children and adolescents who experience this situation[11-13], interfering in cognitive and socioemotional development, whether as victims, aggressors, or even spectators of such events. When suffering bullying, children and adolescents are more exposed to difficulty concentrating, low self-esteem, anxiety, depression, suicidal ideation, attempted suicide, consummate suicide, self-harm, and psychological stress[12-17].

A study developed in the countryside in Southeast Brazil identified that adolescents who are victims of bullying present emotions such as feelings of anger, discouragement, sadness, and shame[11].

It has been shown that the effects of bullying interfere with the way of life of children and adolescents, affecting even the school performance of this age group[12,13,16-18].

In Brazil, young male adolescents are more subject to bullying, associated with risk situations, such as domestic violence, among others, which suggests a need for a holistic approach from education and health professionals, parents, and the community in the search for preventive measures[10].

It is worth stressing that there are still a few studies in other regions of the country, making regional analyses important. Thus, this study aimed to estimate the prevalence of bullying, from the perspective of the victim, in Brazilian students in the Southeast region of Brazil, as well as to analyze its association with individual and family context variables.

METHODS

This is a cross-sectional study and a documentary research, using data and information from PeNSE, conducted in 2012. This research investigated behavioral risk and health protection factors in a sample of students in the 9th grade (previous 8th grade) of elementary education, in the daytime shifts of public or private schools – located in urban or rural areas – of a set of municipalities throughout the Brazilian territory.

The sampling of PeNSE used the records of the 2010 School Census, and schools that reported having 9th grade classes in their day shift were included in the list. The sample size was estimated to determine the population parameters (proportions

or prevalences) in several geographic areas, covering the 27 capitals, the 5 major geographic regions of the country (North, Northeast, Southeast, South and Midwest), as well as the country as a whole. This study includes only students from the Southeast region of the country (capitals and sample of cities in the region's countryside).

The sampling process was probabilistic and the sampling plan was developed by the schools — primary sampling units — and their classes — secondary units. In the case of noncapital municipalities, the primary units were the municipalities' clusters and the secondary ones were the schools, and their classes were tertiary sampling units. Sample weights were used according to the schools, the classes, and the students enrolled, according to data from the 2012 School Census, provided by the Ministry of Education (MEC). Further methodological details can be found in other publications[19].

A total of 109,104 students participated in the PeNSE survey, representing 83% of those who were considered eligible for the study[19]. This study analyzed the students of the Southeast region, that is, 19,660 students.

The "having been bullied" outcome variable was considered, obtained through the question: "In the last 30 days, how often did any of your schoolmates messed with you, mocked, jeered at, intimidated or teased you in a way that you were hurt/annoyed/offended/humiliated?" The answers were categorized as "No" — never, rarely, sometimes — and "Yes" — most of the time, always.

The analysis was guided by a conceptual, multidimensional model used by Malta et al.[9], who considered that in the determination of bullying, there are sociodemographic and individual aspects related to risk behaviors, such as tobacco, alcohol, and drug use and early sexual activity, as well as mental health characteristics and family context.

Thus, the following dependent variables were considered:

1. sociodemographic characteristics: gender, age, race/color, school (public or private), maternal schooling, adolescent's work;
2. risk behavior:
   - regular consumption of alcohol (considered by the consumption of a glass or a dose of alcoholic beverage; a dose is equivalent to a beer can or a glass of wine or a dose of cachaça or whiskey, etc.);
   - regular consumption of tobacco (or smoking in the last 30 days);
   - experimentation with illegal drugs (having ever tried drugs, such as marijuana, cocaine, crack, cola, *loló/lança-perfume* (an ether-based aerosol drug), ecstasy, oxy, etc.);
   - having ever had sexual intercourse;
3. mental health marker variables:
   - feeling lonely in the last 12 months;
   - having had insomnia in the last 12 months;
   - not having friends (for those who answered having no friends);
4. family characteristics:
   - living with father and mother;

- family supervision – when students answered that their parents or guardians knew what they did in their free time;
- missing classes or school without the permission of their parents or guardians;
- suffering physical aggression from an adult in the family.

Initially, an estimate of the prevalence of the event with 95%CI was made. To verify the associated factors, a bivariate analysis was performed with estimates of odds ratios (ORs) with their respective confidence intervals. Subsequently, all variables of interest were added to the multivariate model, and those with a descriptive level equal to or smaller than 5% ($p < 0.05$) remained; only the statistically significant variables ($p < 0.05$) were maintained in the final adjusted model.

The analysis was made in SPSS software version 2.0, using the Complex Samples Module procedures, suitable for analysis of data obtained by a complex sampling plan.

The study was approved by the National Research Ethics Commission of the Ministry of Health, under protocol no. 16805, on March 27, 2012. This study has no conflict of interests.

RESULTS

Table 1 shows the distribution of students according to the bullying reported by 7.8% of them (95%CI 6.5 – 9.2), predominating in students aged under 13 years (17%; 95%CI 11.9 – 23.7), in students aged 13 years (9.0%; 95%CI 8.4 – 9.5), males (8.3%; 95%CI 7.8 – 8.8), with black (8.5%; 95%CI 7.8 – 9.3) and yellow skin color (9.6%; 95%CI 8.2 – 11.1). There was no difference between public and private schools.

Working students report more cases of bullying (11.4%; 95%CI 10.5 – 12.3). Higher education of the mother was a protective factor, compared with children of mothers with little or no education.

For the family context variables, adolescents with experience of physical aggression/family violence (14.7%; 95%CI 13.7 – 15.7) and those who reported missing classes without informing their parents (8.9%; 95%CI 8.4 – 9.5) reported to suffer more bullying. Family supervision or the report that parents know what adolescents do in their free time played a protective role (crude OR = 0.93; 95%CI 0.87 – 0.99) (Table 1).

Reports of risk behaviors such as smoking (9.3%; 95%CI 8.2 – 10.5), drug experimentation (10.6%; 95%CI 9.6 – 11.7), as well as sexual intercourse (8.3%; 95%CI 7.8 – 8.9), presented a higher prevalence of bullying victimization.

In relation to the variables corresponding to the mental health domain, students who suffered more bullying reported feeling lonelier (16.9%; 95%CI 15.9 – 18), having more episodes of insomnia (16.5%; 95%CI 15.3 – 17.6) and not having friends (13.5%; 95%CI 11.9 – 15.3) (Table 1).

In Table 2, after adjusting for all variables in the model, the following remained associated with bullying: age less than 13 years (OR = 2.40; 1.47 – 3.93) ($p < 0.0001$);

Table 1. Frequency of being bullied (% and 95%CI) among students of the 9th year of primary education in the Southeast region, according to age, sex, color/race, and school. National School-based Health Survey, 2012.

Variables	Being bullied (n = 19,660)						p-value
	%	95%CI		OR	95%CI		
		Inferior	Superior		Inferior	Superior	
Southeast region total	7.8	6.5	9.2	1.00	–	–	–
Age (years)							
< 13	17.0	11.9	23.7	2.08	1.37	3.15	0.001
13	9.0	8.4	9.5	1.00	–	–	–
14	7.6	7.0	8.2	0.83	0.76	0.90	< 0.001
15	7.3	6.6	8.0	0.80	0.72	0.89	< 0.001
16 or more	7.3	6.5	8.2	0.80	0.70	0.90	< 0.001
Sex							
Male	8.3	7.8	8.8	1.15	1.07	1.23	< 0.001
Female	7.3	7.0	7.7	1.00	–	–	–
Race							
White	7.5	7.1	7.9	1.00	–	–	–
Black	8.5	7.8	9.3	1.15	1.04	1.27	0.006
Yellow	9.6	8.2	11.1	1.30	1.10	1.53	0.002
Brown	7.6	7.1	8.2	1.02	0.94	1.10	0.712
Indigenous	8.6	7.3	10.1	1.16	0.97	1.39	0.105
School							
Private	8.2	7.6	8.8	1.06	0.98	1.15	0.159
Public	7.7	7.5	8.0	1.00	–	–	–
Lives with the mother and/or father							
No	8.5	7.4	9.9	1.00	–	–	–
Yes	7.8	6.7	9.1	0.91	0.77	1.07	0.231
Is currently working							
No	7.4	7.1	7.6	1.00	–	–	–
Yes	11.4	10.5	12.3	1.62	1.48	1.77	< 0.001
Maternal education							
No education	10.8	9.6	12.2	1.00	–	–	–
Primary (incomplete/complete)	7.3	6.3	8.3	0.65	0.56	0.75	< 0.001
Secondary (incomplete/complete)	7.7	6.7	8.9	0.69	0.60	0.80	< 0.001
Higher (incomplete/complete)	7.7	6.5	9.0	0.68	0.57	0.82	< 0.001
Feeling lonely							
No	6.0	5.8	6.3	1.00	–	–	–
Yes	16.9	15.9	18.0	3.18	2.96	3.41	< 0.001
Insomnia							
No	6.8	6.6	7.1	1.00	–	–	–
Yes	16.5	15.3	17.6	2.69	2.47	2.93	< 0.001
Friends							
I don't have any	13.5	11.9	15.3	1.90	1.64	2.19	< 0.001
One or more	7.6	7.4	7.9	1.00	–	–	–

Continue...

Table 1. Continuation.

Variables	Being bullied (n = 19,660)						p-value
	%	95%CI		OR	95%CI		
		Inferior	Superior		Inferior	Superior	
Physical aggression (from relatives)							
No	6.9	6.7	7.1	1.00	–	–	–
Yes	14.7	13.7	15.7	2.32	2.14	2.52	< 0.001
Family supervision							
No	8.1	7.8	8.5	1.00	–	–	–
Yes	7.6	7.2	8.1	0.93	0.87	0.99	0.034
Missing classes							
No	7.4	7.1	7.6	1.00	–	–	–
Yes	8.9	8.4	9.5	1.23	1.15	1.32	< 0.001
Regular tobacco consumption							
No	7.7	7.5	8.0	1.00	–	–	–
Yes	9.3	8.2	10.5	1.22	1.06	1.40	0.004
Regular alcohol consumption							
No	7.8	7.5	8.1	1.00	–	–	–
Yes	8.0	7.4	8.5	1.02	0.95	1.10	0.542
Drugs (experimentation)							
No	7.6	7.4	7.9	1.00	–	–	–
Yes	10.6	9.6	11.7	1.44	1.29	1.61	< 0.001
Sexual intercourse							
No	7.6	7.3	7.9	1.00	–	–	–
Yes	8.3	7.8	8.9	1.10	1.02	1.18	0.012

OR: odds ratio; 95%CI: 95% confidence interval.

protection for students aged 14, 15, and 16 years ($p < 0.0001$); males (OR = 1.47; 95%CI 1.35 – 1.59) ($p < 0.0001$); black skin color (OR = 1.24; 95%CI 1.11 – 1.40); yellow skin color (OR = 1.38; 95%CI 1.14 – 1.6); private school students (OR = 1.11; 95%CI 1.01 – 1.23); and students who work (OR = 1.30; 95%CI 1.16 – 1.45). Higher maternal education showed a protection factor in all ranges, compared to mother with little or no education. Among the factors related to mental health, the following were considered risk factors: feeling lonely (OR = 2.68; 95%CI 2.45 – 2.94), having insomnia (OR = 1.95; 95%CI 1.7 – 2.1) and not having friends (OR = 1.47; 95%CI 1.24 – 1.75). In the family context, the following were judged to be risk factors: suffering physical aggression from the relatives (OR = 1.83; 95%CI 1.66 – 2.03) and missing classes without telling the parents (OR = 1.23; 95%CI 1.12 – 1.34), as well as Family supervision (OR = 1.14; 95%CI 1.05 – 1.23). Regular alcohol intake or in the last 30 days was considered a protection factor (OR = 0.88; 95%CI 0.8 – 0.97) (Table 2).

In the residue analyses of the final model, using Cook's distance, the distributions were adequate.

Table 2. Final multivariate model of the association of bullying among students of the 9th year of primary education in the Brazilian Southeast region. National School-based Health Survey, 2012.

Variables	OR	95%CI		p-value
		Inferior	Superior	
Age (years)				
< 13	2.40	1.47	3.93	< 0.001
13	1.00	–	–	–
14	0.84	0.76	0.92	< 0.001
15	0.64	0.56	0.73	< 0.001
16 or more	0.63	0.54	0.73	< 0.001
Sex				
Male	1.47	1.35	1.59	< 0.001
Female	1.00	–	–	–
Race				
White	1.00	–	–	–
Black	1.24	1.11	1.40	< 0.001
Yellow	1.38	1.14	1.66	0.001
Brown	1.05	0.96	1.15	0.311
Indigenous	1.23	1.00	1.51	0.048
School				
Private	1.11	1.01	1.23	0.037
Public	1.00	–	–	–
Is currently working				
No	1.00	–	–	–
Yes	1.30	1.16	1.45	< 0.001
Maternal education				
No education	1.00	–	–	–
Primary (incomplete/complete)	0.75	0.64	0.88	< 0.001
Secondary (incomplete/complete)	0.80	0.68	0.94	0.006
Higher (incomplete/complete)	0.73	0.60	0.89	0.002
Feeling lonely				
No	1.00	–	–	–
Yes	2.68	2.45	2.94	< 0.001
Insomnia				
No	1.00	–	–	–
Yes	1.95	1.76	2.17	< 0.001
Friends				
I don't have any	1.47	1.24	1.75	< 0.001
One or more	1.00	–	–	–
Physical aggression (from relatives)				
No	1.00	–	–	–
Yes	1.83	1.66	2.03	< 0.001
Family supervision				
No	1.00	–	–	–
Yes	1.14	1.05	1.23	0.003

Continue...

Table 2. Continuation.

Variables	OR	95%CI		p-value
		Inferior	Superior	
Missing classes				
No	1.00	–	–	–
Yes	1.23	1.12	1.34	< 0.001
Regular alcohol consumption				
No	1.00	–	–	–
Yes	0.88	0.80	0.97	0.007

OR: odds ratio; 95%CI: 95% confidence interval.

DISCUSSION

About one-twelfth of the students in the Southeast region suffered bullying. After adjusting for sociodemographic explanatory variables, risk behaviors, mental health, and family context, the following were associated: students aged under 13 years, students aged 13 years, males, black and yellow skin color, private school students, and those who work. Higher maternal education showed a protection factor in all ranges, compared to mothers with little or no education. Among the mental health factors, the following were considered risk factors: feeling lonely, having insomnia, and having no friends. Students reporting alcohol use suffered less bullying. In the family context, suffering physical aggression from relatives and missing classes without warning the parents were considered risk factors.

Bullying has been studied in different contexts and has shown different prevalences, which vary according to social contexts. In most studies, it is more commonly and frequently found in boys and younger students[20,21], as described in the 2012 PeNSE, for the Southeast region of Brazil, although another study[22], carried out in a Brazilian urban center, did not find a significant difference between the sexes.

The present study with students from the Southeast region also found that students who report feeling lonely, who have insomnia, and do not have friends have a greater chance of being bullied. All of these aspects can affect the health of adolescents[10]. It should be pointed out, therefore, that these traits may evidence that victims of bullying are more likely to have depressive symptoms and high levels of suicidal ideation than do non-victims[23].

Studies have shown an association between victimization and risk behaviors, such as tobacco[24,25], alcohol[26-28], and illegal drugs[29-31]. In the current study, substance use was seen in the bivariate model, but did not remain in the final model, except for alcohol use, seen as a protective factor. This finding should be further investigated. Although other studies indicate that students who use alcohol tend to be more popular, this trait, coupled with having more friends, could justify the protection status conferred by alcohol in case of victimization[29]. This fact may be consistent with the way alcohol is used in our culture, being associated with pleasure, coexistence, celebrations, and parties, and its use in social interactions is encouraged[29].

Sexual activity also showed no association in the final model, although other studies point to the relationship between sexual activity and victims of bullying[10,32].

Studies show that family aggression results in unsafe environments, higher frequencies of substance use, low self-esteem, repeated violence, poor school performance, and bullying[31]. This was confirmed in this study, that is, family violence was associated with victimization in school.

In addition, studies have described that the monitoring and involvement of parents in children's attitudes, such as being attentive to their actions, such as missing classes[30,31] without their consent, works as a protective effect against bullying, which was confirmed in the present study. These aspects were present in the univariate analysis, but they lost statistical significance in the final model, or the supervision showed the opposite: that it was a risk factor. This result should be looked at with caution and may be due to interaction with the other variables.

This study showed that bullying goes beyond socioeconomic barriers, with higher proportions in private schools, unlike other studies that did not show a significant difference in the incidence of bullying between public and private educational institutions[33,34]. This aspect corroborates the idea that bullying is a phenomenon that happens across society, which manifests itself in most schools, regardless of the social, cultural, and economic characteristics of its students.

The data in this investigation also showed that students who work reported suffering more bullying. It is observed that the dynamics of bullying and its occurrence usually involve actions of hostility and stigmatization, especially when the victims present characteristics that are socially represented as negative or inferior[35] – generating prejudice –, which may be related to the working students.

Bullying is an expression of prejudice and intolerance to social, structural, and personal situations that are different from a pattern idealized by our consumer society[35].

In this sense, it is understood that bullying situations result from the interactions between individual development and the social contexts in which adolescents find themselves, such as family, school, and their relationships in society. These are marked by processes of exclusion and delineated by individualistic and competitive prejudices, beliefs, and values, which results in the reproduction of the social and cultural life of the young person in the school environment, such as peer violence[36].

CONCLUSION

Considering the magnitude and results presented on bullying in the school context, we emphasize that the health and education areas, as social practices, should establish a caretaking dimension in the perspective of promoting individual and collective health through interdisciplinary and intersectoral practices.

Thus, it is important to consider that educational actions are carried out in a problematizing, horizontalized, and interdisciplinary perspective in order to provide victims with a

concrete space of interpersonal trust, since the greatest difficulties in addressing bullying victims are reflected by silence.

It is understood that bullying exposes students to a condition of vulnerability, having personal, family, school, social, and cultural variables as determining factors. It is also known that the school is not the only one responsible for the production of violence, since it is a complex, dynamic, multifaceted, and multi-causal phenomenon, with roots in macrosocial and macroeconomic issues. Therefore, this requires confrontations in the context of inter-sectoriality and systematic educational actions through the valorization of youth protagonism, the encouragement of social participation and reflection, involving students, educators, and families, recognizing young people as subjects of needs and rights, and health and education as rights for the construction of citizenship. Therefore, it is important to consider that the work of prevention and minimization of bullying situations in school should be anchored in the concept of health promotion and integral care, which has to consider violence as a sociocultural phenomenon, which affects society, institutions, groups, and subjects, and that has to be approached and studied in a holistic way, considering all the aspects involved in this problem.

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