

# THE GENDERED IMPACTS OF BULLYING ON MENTAL HEALTH AMONG ADOLESCENTS IN LOW- AND MIDDLE-INCOME COUNTRIES: RECOMMENDATIONS FOR PROGRAMMING AND RESEARCH



Credit: Cultivating New Frontiers in Agriculture (CNFA).

## BACKGROUND

Globally, an estimated 67,000 adolescents (ages 10-19 years) die each year from self-harm, and far more—an estimated 10% of all adolescents—have intentionally harmed themselves (WHO, 2017). Suicide consistently ranks among the leading causes of death for older adolescent girls and boys globally, and depressive disorders, anxiety, behavioral problems, and self-harm are among the greatest contributors to the burden of disease for youth (WHO, 2017).

Good mental health is critical to ensuring healthy transitions to adulthood, with implications for overall well-being, growth and development, self-esteem, positive education outcomes, social cohesion and resilience in the face of future health and life changes (UNICEF, 2012). Contextual factors, including poverty and hunger, conflict and trauma, poor access to health care, and inequities serve to increase vulnerability to mental health problems (Votruba, 2014). Understanding adolescent girls' and boys' unique and common vulnerabilities to mental health risks, including the impacts of harmful gender norms and the factors that can protect and enhance their mental health and wellbeing, are crucial when considering appropriate policies and interventions. The gendered influences

associated with mental health problems need to be better understood, particularly in low- and middle-income countries (LMICs), where both evidence and interventions are scarce.

Peer victimization is a key risk factor for adolescent mental health problems and suicide (Copeland, Wolke, Angold, & Costello, 2013; Kim & Leventhal, 2008; van Geel, Vedder, & Taniol, 2014). Bullying is defined as intentional peer victimization, either physical or psychological, that can involve teasing, spreading rumors, deliberate exclusion from group activities, or physical violence, such as hitting and kicking (Carlyle & Steinman, 2007; Liang et al., 2007).

There are differences in the ways males and females bully, how they are bullied, and what they are bullied about. Bullying is frequently expressed or experienced in gendered ways; there can be considerable overlap with gender-based violence, as bullying can encompass acts or threats of a sexual nature or related to gender norms and stereotypes (Bhatla et al., 2014; UNESCO, 2015). Sexual harassment—such as non-consensual touching, witness, or exposure—is sometimes included within definitions of bullying, but critics argue that



harassment should be considered separate from bullying (RTI, 2016). Bullying also takes gender-differentiated forms: boys favor physical aggression while girls tend to use psychological intimidation, relational bullying (e.g., exclusion, gossiping, silent treatment, mean texts), or indirect aggression (Dunne et al, 2012; Roman and Murillo, 2011). Gender roles and gender-typical behaviors also appear to influence who gets bullied (Toomey et al., 2013).

Data from the Global School-based Health Survey (GSHS) in 19 LMICs found that bullying is associated with an elevated risk of symptoms of depression, including feeling sad or hopeless for more than two weeks, and experiencing loneliness, sleeplessness and suicidal ideation (Fleming & Jacobsen, 2009). Meta-analyses have clearly demonstrated the negative relationship between peer victimization and mental as well as physical health (Gini & Pizzoli, 2009; Hawker & Boulton, 2000). However, less research has explored the role that gender plays in shaping the relationship between peer victimization and mental health. The focus of this brief will be to investigate the differential impacts of bullying and violence on mental health as well as identify risk and protective factors among adolescent girls and boys (ages 13-17) in LMICs using data from the GSHS in Cambodia, El Salvador, Ghana, Iraq, Maldives, and Swaziland. Our hope is that improved understanding of how bullying and violence influence the mental health of adolescent girls and boys globally can help further research and programming in this area.

## WHAT THE EVIDENCE SHOWS

### PURPOSE AND METHODS

Working with the United States Agency for International Development (USAID), YouthPower Learning led a multi-country analysis of GSHS to investigate the associations between bullying, violence and other risk and protective factors that contribute to poor mental health among in-school adolescent girls and boys (ages 13–17). USAID was interested in investigating the gendered drivers of poor mental health and its association with other health and development outcomes including substance use, sexual activity, violence and suicide. The GSHS, developed by the World Health Organization (WHO) in collaboration with UNICEF, UNESCO and UNAIDS, uses a cross-sectional study design to assess self-reported student health and risk behaviors. This study includes data from six countries from different regions around the world—Cambodia, El Salvador, Ghana, Iraq, Maldives, and Swaziland—that participated in the GSHS between 2009 and 2013. The GSHS assesses a broad range of health behaviors (including mental health, sexual and reproductive health questions, and protective factors) for in-school adolescents.

Poor mental health was assessed using questions across all six countries that focused on feeling lonely, worry that affected sleep, and suicide plans within the past 12 months. Using multiple logistic regression analyses,



Mumbai, India - 08 January 2015: Two young Indian workers stand in street with hoes in hands. Young boys and girls work as cheap labor throughout India. Photocredit: Paul Prescott



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we used the GSHS data to investigate the associations between gender and school-related risk factors (bullying), substance use, parenting factors (whether a parent understands the adolescent's worries or problems, monitors his/her homework, or is aware of what s/he does on her/his free time), and mental health. We assessed peer victimization using a question about how often a student was bullied in the past 30 days.

## RESULTS

There were global trends across the GSHS countries:

- For both adolescent girls and boys, experiencing physical violence more than once in the past year increased the likelihood of feeling so worried that it affects their sleep; this was the case for adolescent girls in four countries, as well as for adolescent boys in five countries.
- Substance use across several countries increased the risk of experiencing worry and making suicide plans. Additionally, adolescents who reported having close friendships across countries also saw a reduction in risks of experiencing poor mental health.
- There was mixed evidence of the association and directionality of the role that parents play on feelings of loneliness, worry, and ever making a suicide plan, suggesting that further research

and better measurement scales are needed to understand the influence of parental support.

### Adolescent mental health

Adolescent girls throughout the GSHS countries examined were at increased risk for poor mental health compared to boys. Specifically, results found:

- Across four countries (Cambodia, El Salvador, Iraq, and Maldives), adolescent girls were significantly more likely to report feeling lonely and worrying so much that it affects sleep, compared to boys. Male adolescents in Cambodia, El Salvador, Ghana, Iraq, and Swaziland were roughly twice as likely to feel lonely when they reported experiencing a physical attack related to bullying more than once in the past 12 months.
- Across five of the six countries examined (all except Ghana), in-school adolescent girls reported higher levels of loneliness and feeling worried more frequently than their male peers. In El Salvador, for instance, girls, as compared with boys, were up to nine times more likely to experience feelings of loneliness most or all of the time during the past 12 months.
- GSHS data from Iraq, Ghana, and El Salvador illustrate that adolescent girls were between two and six times more likely to ever make suicide plans compared to boys.



Adolescents in Nwoya District, Uganda, attend an outreach event conducted by Nwoya Youth Center on sexual and reproductive health  
Photocredit: Juliette Brown/GlobeMed at UCLA, Courtesy of Photoshare

## Bullying and Mental Health

Between 16-36% of adolescents reported being bullied for 1-2 days and between 17-38% of adolescents reported being physically attacked more than once in the past 12 months. Results indicated:

- Being bullied based on one's appearance increased the risk of experiencing different mental health outcomes among adolescent girls, compared to adolescent boys. In El Salvador, Iraq, Maldives, and Swaziland, adolescent girls were at least three times more likely to feel lonely if they were bullied based on their appearance (face or body), compared to adolescent girls who reported that they weren't bullied.
- In Iraq, Maldives, and Swaziland, adolescent girls being bullied through sexual jokes, gestures, and comments showed an increased likelihood of feeling lonely.
- For adolescent males in El Salvador, Iraq, and Swaziland, bullying about appearance increased the likelihood of worrying so much that it affects their sleep.

Overall, the findings illuminate the gendered dimension of bullying. Interventions should take into account gender differences in the type of bullying and violence experienced and perpetrated.

## RECOMMENDATIONS FOR PROGRAMS AND RESEARCH

Preventing and reducing bullying and violence requires long-term and systematic, individual classroom, schoolwide, and community strategies that create a safe and positive school climate, improve peer relations, and increase awareness of and reduce the opportunities for bullying. Recommendations for how program implementers and researchers can address some of the gaps in understanding the connection between gender, bullying, violence, and mental health include:

### PROGRAM RECOMMENDATIONS

- **Awareness-raising and educational campaigns** – Integrated within school-wide programming, these campaigns can help to provide a deeper understanding of types of bullying, the differential impact on boys and girls, and associated risks and consequences. Awareness-raising efforts and interventions should emphasize dialogue among parents, school officials, community leaders, teachers, students, and health workers about the nature of bullying (e.g., the types of bullying that affect girls compared to boys), about who may be at risk, how it can be prevented and addressed, and how to help children and adolescents cope with distress and prevent gender-based discrimination and violence.

<sup>1</sup>Illustrative examples of gender-responsive mental health interventions can be found at: Kapungu, C. and Petroni, S. (2017). Understanding and Tackling the Gendered Drivers of Poor Adolescent Mental Health. Washington, DC: International Center for Research on Women. [https://www.icrw.org/wp-content/uploads/2017/09/ICRW\\_Unicef\\_MentalHealth\\_WhitePaper\\_FINAL.pdf](https://www.icrw.org/wp-content/uploads/2017/09/ICRW_Unicef_MentalHealth_WhitePaper_FINAL.pdf)

- **School-based psychosocial prevention interventions** – These programs can reduce the level of bullying within schools; however, studies do not show consistent effects across interventions (Cantone et al., 2015; Ttofi & Farrington, 2011). Prevention interventions should be tailored according to the type of experience associated with being a bully/victim, should integrate gender dynamics, and should be developmentally appropriate in order to be effective. Programs should provide reflection and consciousness-raising on gender identities, norms, and inequalities in order to increase tolerance and diversity.

Evidence-based programs from high-income countries can be adapted and tested in LMICs. The Olweus Bullying Prevention Program (OBPP), an evidence-based, multi-level, multi-component program in elementary and middle schools, has been found to be effective in Norway and the United States. Evidence in LMICs is limited but reductions in bullying have been found in Iran using OBPP approach (Azad & Amiri, 2012). A multidisciplinary whole-school approach that includes some combination of schoolwide rules and sanctions, teacher training, classroom curriculum, conflict resolution training, and individual counseling has been found to reduce bullying in high-income countries (Vreeman & Carroll, 2007).

- **Gender-responsive mental health interventions** – Develop & implement evidence-based treatments targeting the mental health of adolescents. Specific attention should include understanding the gender-specific risk factors among adolescent girls and boys.

- **Gender and culturally-responsive programming** – These programs should be designed and implemented so they deliberately aim to shift gender norms and power dynamics while taking into account ethnicity, culture, community social norms, and prevailing gender norms. School-based curriculums that discuss and critically reflect on issues related to inequitable gender norms and violence can increase opposition to gender discrimination and improve reactions to violence and sexual harassment (ICRW, 2011).
- **Evidence-based PYD and social emotional learning strategies** – Programs focused on positive youth development and social emotional learning can help to strengthen children’s life skills and values, including empathy, responsibility to foster safety, communication, conflict resolution, and to inform children about ways of preventing violent behavior. Evidence shows that integrating gender into positive youth development programs can improve program outcomes and increase equality between girls and boys and between women and men (Alvarado et al., 2017).
- **Technical guidance and school codes of conduct** – Policies and procedures for schools should be developed, in partnership with students, on how to reduce bullying and violence, both generally and as it relates specifically to gender (Ttofi & Farrington, 2010).
- **Capacity-building for teachers and administrators** – Professional development programs are important to helping address bullying incidents and the mental health issues that arise due to harassment at school (UNESCO, 2015). Given the differences found between girls and boys, these trainings should place a particular emphasis



Educating girls helps break the cycle of poverty. Photo credit: Jessica Lea

on the different forms of bullying that boys and girls experience and the ways that these manifest themselves in terms of mental health outcomes. Gender awareness trainings help foster gender-equitable attitudes and school and classroom management by teachers.

- **Girls and boys clubs and “safe spaces”** – Ensuring a safe physical space can support bullying prevention efforts and create a nurturing and supportive environment that helps adolescents build strong bonds with one another and develop feelings of belonging (Leach, Dunne & Salvi, 2014). Creating safe, violence-free learning environments where boys and girls have equal opportunities is important.

## RESEARCH RECOMMENDATIONS

In general, there are gaps in research on bullying in LMICs and a lack of gender-sensitive research that examines the gender-related factors that influence how bullying and other forms of violence impact adolescent girls and boys.

- Research is needed about the gendered and sexual nature of bullying. Very little research has also focused on the gendered nature of cyberbullying, despite the fact that women and young girls are disproportionately affected by technology-based harms.
- More investments in research can help to identify the gendered pathways through which different types of bullying lead to specific mental health outcomes, like depression and suicide ideation. Understanding the differences in the risk factors for and outcomes of bullying by sex, age, and socio-economic class and culture, as well as the protective factors associated with peer victimization/bullying and violence, can inform prevention interventions.
- More research is needed to understand the types of policies and interventions that can effectively reduce bullying in LMICs. Implementation studies can help to understand what aspects of school-wide prevention programs are yielding reductions in bullying and other forms of school violence.

## CONCLUSIONS

Efforts to tackle peer bullying have often lagged behind those for other forms of violence affecting adolescents, but the United Nations General Assembly (2014) Resolution on protecting children from bullying—together with the 2030 Sustainable Development Goals, with specific targets on protecting children from violence, abuse, and exploitation—offer important opportunities to help stimulate greater international and national attention around violence affecting youth more generally, as well as the specific dynamics of bullying. However, more investments in research is needed to understand what programs work, for whom and the effective ingredients of programs in LMICs. The pathway from bullying to poor adolescent mental health is different for adolescent males and females, therefore, understanding gender differences within bullying will assist in the effort to create effective school-based interventions to prevent and reduce bullying.



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**Recommended Citation:** Juan, C., Kapungu, C., Jessee, C. L. & Edmeades, J.E. (2018). The gendered impacts of bullying on mental health among adolescents in low- and middle-income countries: Recommendations for programming and research. Washington, DC: YouthPower Learning, Making Cents International.

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USAID YouthPower Learning generates and disseminates knowledge about the implementation and impact of positive youth development (PYD) and cross-sectoral approaches in international development. The project leads research, evaluations, and events designed to build the evidence base related to PYD. Concurrently, YouthPower Learning employs expertise in learning and knowledge sharing to promote engagement and inform the global community about how to successfully help transition young people into productive, healthy adults. YouthPower Learning supports the implementation of the 2012 USAID Youth in Development Policy to improve capacity and enable the aspirations of youth so that they can contribute to, and benefit from, more stable, democratic, and prosperous communities.

This brief is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Making Cents International through YouthPower: Evidence and Evaluation Task Order 1 (YouthPower Learning) AID Contract # AID-OAA-I-15-00034/AID-OAA-TO-15-00011. This report does not necessarily reflect the views of USAID or the United States Government