



Effect of Educational Program on Level of Self -Esteem of School Age Children and Adolescents Exposed to Bullying

Zeinab El Sayed Hafez El Sayed¹, Mai Hassan HassanEl-Sharkawy², Amina Ahmed Wahba El salamony³, Marwa Abdelfatah Ahmed Zewiel⁴

1,2. Lecturer of Pediatric Nursing, Faculty of Nursing / Tanta University, Egypt.

3. Lecturer of psychiatric Nursing and mental health Faculty of Nursing / KafrElsheikh University, Egypt.

4. Lecturer of psychiatric Nursing and mental health Faculty of Nursing / Tanta University, Egypt.

Corresponding author: aminaahmed639@yahoo.com

ABSTRACT

Background: Bullying is the problem that many schools face all over the world and can be considered a complex problem in school children live in. **The aim** was to evaluate the effect of educational program on level of self -esteem of school age children and adolescents exposed to bullying. **Research design:** a quasi-experimental research design was used. **Setting:** the study was conducted at two basic education schools and one secondary school in Kafr Elsheikh city. **Subjects:** Convenience sample of fifty students were included. **Two tools** were used; **Tool I:** Rosenberg Self-Esteem Scale (RSES) , **Tool II:** The Child Adolescent Bullying Scale (CABS). **Results:** The level of self-esteem and bullying of the students was improved post educational program; also, there were a statistically significant negative correlation between total score of self-esteem and bullying of studied subjects. **Conclusion:** The educational program sessions played an important role in improving self -esteem and reducing bullying among school-age students and adolescents. **Recommendations:** implementing further educational program for students concerning effective coping strategies with stressors result from bullying was recommended.

Key words: Adolescents, Bullying, Educational program, Self-esteem, School age children.

Introduction

Bullying is a significant issue for both rich and developing countries' schoolchildren and youth. Similarly, bullying is not a culturally specific issue, but rather a worldwide issue. (Chan H. & Wong D. 2015; Chen J.& Wei H. 2011). Bullying is typically characterized as a sort of aggressive behavior with the aim to damage others, and it has four key characteristics: it is an intentional behavior, it may inflict injury, it involves a power imbalance, and it occurs over time. (Gendron B. et.al 2011)

The National Center for Educational Statistics illustrates that, bullying is reported by one out of every five students (20.2 percent). Male students report being physically bullied at a higher rate than female students

(6 percent vs. 4 percent), whereas female students report being subjected to rumors (18 percent vs. 9 percent) and being excluded from activities at a higher rate than male students (*National Center for Educational Statistics 2019*).

Bullying can take many forms, including physical (e.g. punching, kicking, or pushing someone), financial (e.g. stealing, hiding, or ruining someone's belongings), and verbal (e.g. threatening someone), forcing someone to do something he or she doesn't want to do), verbal (e.g. name calling, mocking, insulting), and relatedness bullying are all examples of bullying (e.g. refusing to talk to someone, spreading lies and rumors about someone, making someone feel left out) (*Drennan, J. et.al 2011; Responding*) Bullying in

schools can be caused by a diversification of factors, including personality attributes and reaction patterns, as well as physical strength or weakness. In addition to environmental influences, such as teacher attitudes, behaviors, and supervisory routines, teachers' attitudes, actions, and supervisory routines play a crucial role in discovering such problems in the classroom. Bullies or perpetrators, according to *Cook, Williams, and Guerra (2010)* have a wide range of internalizing and externalizing challenges, partly because to their failure to successfully connect with their surroundings (e.g., school, peers, etc.) and partly due to negative self-related cognitions (e.g., low-self-esteem). They've also grown up in an unwelcoming and unfriendly environment. (*Cook C. 2010*).

Bullying victims, on the other hand, suffer the bodily and/or psychological consequences of their hostile behavior. The children who have been victimized have uttermost levels of psychological issues such as despair, loneliness, and anxiety. Furthermore, victims of bullying perpetration have been linked to suicidal behavior or an increased risk of developing diversified psychiatric disorders, including agoraphobia, anxiety disorders, panic disorder, and depression, as well as sleep issues, bedwetting, sadness, and headaches and stomachaches (*Klomek A. et.al 2007; Copeland E. et.al 2013; Takizawa R. et.al 2014*)

Self-esteem is frequently cited as one of the most crucial characteristics of bullying. A positive or negative attitude toward oneself, as well as an overall assessment of one's worth or value, are all characteristics of self-esteem,. According to *Rosenberg (1979)*, self-esteem provides as the foundation for self-attributions regarding one's level of connection to others, self-esteem appears to play an important role in a child's growth. It also assesses children's success in adapting to their circumference, as

well as the factors that has leverage or poor adaptation (*Rosenberg M. 1979*).

There is a huge amount of evidence that illustrates bullying is highly linked (either positively or negatively) to self-esteem. Evidence illustrates that there is a considerable negative bound between self-esteem and peer victimization when it comes to self-esteem and peer victimization (*Birkeland M. et.al 2014; Faris R. &Felmlee D. 2014; Fredstrom B. 2011*). People with low self-esteem are more likely to be victimized than those with strong self-esteem, according to research. In addition, those with poor self-esteem tend to be less capable of properly defending themselves, which encourages bullies to attack. Low self-esteem appears to trigger perpetrated behavior on the one hand, and victimization appears to lead to lower self-esteem on the other. As a result, bullying interactions may be both a cause and a result of low self-esteem. (*Bergagna E., and Stefano T. 2018*).

According to theory and previous research, It is easier to respond positively to unpleasant situations when one has a positive sense of self-esteem and a sense of control over one's situations. (*Lin-Siegler X. et. al 2016*). As a result, psychological interventions based on self-esteem exercises improve a person's ability to do better on any project while also assisting them in thriving in society. (*Rizwan M., and Riaz A. 2015*). Individual, group, self-administered, or professional-administered interventions to enhance self-esteem could take many various forms. There are numerous standardized and diverse interventions aimed at boosting self-esteem. These activities are great modulators, resulting in improved cognitive and behavioral performance in the pursuit of academic success (*Adamson J. et.al 2019*) The current study uses an intervention design to assess and evaluate the

efficacy of a self-esteem-related intervention in school-aged children and adolescents.

Aim of the study

The goal of this study was to evaluate the effect of educational program on level of self-esteem of school age children and adolescents exposed to bullying.

Research hypothesis:

- 1- **Directional hypothesis:** the educational program would improve level of self-esteem of school age children and adolescents exposed to bullying.
- 2- **Null hypothesis:** the educational program hasn't any effect on the level of self-esteem of school age children and adolescents exposed to bullying.

III. Subjects and Method

Study Design: The current study utilized a quasi-experimental research design. **Setting:** The study was carried out at two basic education schools and one secondary school in Kafrelsheikh city affiliated to Ministry of education. It was an online study through using Google forms. The respondents fill in an online electronic questionnaire.

Subjects:

The study subjects were composed of a convenience sample of fifty students from the previous settings calculated using Epi- Info software.

Tools of data collection

In this study two tools were used:

Tool I: Rosenberg Self-Esteem Scale (RSES)

It was created by M. Rosenberg, 1965 and adapted by researchers. It was created to assess self-esteem by measuring both positive and negative feelings about one self. It contained ten items, each of which was answered on a four-point

Likert scale ranging from strongly agree to strongly disagree "Strongly Disagree = 0, Disagree = 1, Agree = 2 and Strongly Agree = 3". To prevent mistakes during answering the scale, note the following items need to be reversed score: 2, 5, 6, 8, and 9

The scale had a total score ranging from 0 to 30 and was divided into the following categories:

1. Less than 15 indicated low self-esteem.
2. 15–25 indicated moderate self-esteem.
3. More than 25 indicated high self-esteem.

Tool II: The Child Adolescent Bullying Scale (CABS):

It consisted of two parts:

Part I: The CABS (Child, Adolescent Bullying Scale) was created by **Strout T. et al. (2018)** and adapted by researchers to identify youth who are at risk of being bullied. The CABS is a multifaceted questionnaire that measured both bullying perpetration and victimization in a variety of contexts: online, offline, physical, emotional, and intent to bully .

It consisted of 20 items every item was scaled in a five-point Likert type from 1=strongly disagree to 5=strongly agree, with a total score ranging between '20' and '100.' A higher score indicated a higher level of bullying exposure and vice versa. The total score was analyzed and classified as follows:

- (1) Low = less than 50%.
- (2) Moderate =50–75%.
- (3) High= more than 75%.

This instrument had a Cronbach's alpha coefficient of 0.97, suggesting great reliability.

Part II: Children's Socio-demographic

characteristics. It included data about socio-demographic characteristics of the studied subjects such as sex, age, residence, level of education.

Method:

- The appropriate authorities granted official approval to conduct the study.
- Ethical Considerations:
 - Online consent was obtained from students after being informed about the study's aim.
 - Privacy and confidentiality were assured. Students were reassured that the obtained information is confidential and used only for purpose of the study.
- The right of the students to withdraw from the study at any time was recognized.
- A jury of five professionals in the field of pediatric and psychiatric nursing evaluated all instruments for content validity.
- Tools of the study were translated into Arabic language and designed by Google forms to be an online questionnaire.
- All tools were tested for reliability using Cornbrash's Alpha test and found to be ($r=0.885$, 0.75 respectively).
- Online pilot study was conducted on 10% of study subjects to assess the tentative tools for clarity, feasibility, and the applicability and necessary modifications were done accordingly. Those students were excluded later from the actual study.
 - The actual study was divided into four phases:

A- Assessment phase:

In this phase, a Whats App groups and zoom meeting were introduced for all students and were

informed to explain the purpose of the study and to gain their cooperation. The researchers assigned the study tools on the respondents and explained how to fill an online questioner.

B- Planning Phase:

This phase was formulated based on assessment phase and extensive literature review. Goals and expected outcome criteria were taking into consideration when planning the educational program.

The studied students were divided into subgroups; each subgroup encompassed 10 students. Each subgroup was attending a total of 5 sessions. These sessions were scheduled over duration of 2 weeks. Each session lasted for about 30-45 minute .

The researchers used the following learning materials:

- Images.
- Videos.
- Voice recording
- Online meeting through zoom

C- Implementing Phase:

In this phase, the researchers were meeting the study subjects in online bases through WhatsApp group and zoom meeting

- *The content of the program was presented in the following sequences:*

1. The first session:

An introductory session that emphasized establishing rapport between the researchers and the respondents participating in the study and explanation of the purpose of the program.

2. The second session:

It involved definition of bullying, forms of bullying, consequence of bullying and its effect on self-esteem.

3. The third session:

Included education about where does bullying happen, best practices in preventing bullying.

4. The fourth session:

It composed of concept of self-esteem, foundation of self-esteem, importance of health self-esteem, signs of low self-esteem.

5. The fifth session:

It consisted of techniques to increase self-esteem. Summary of the program and the study questionnaires were given to the subjects to submit them as an immediate evaluation of the program.

Statistical analysis:

Using the mean, standard deviation, standard error, linear correlation coefficient, Analysis of variance [ANOVA] tests, Paired t-test, and chi-square, Using SPSS V19, the acquired data was processed, tabulated, coded, and statistically evaluated. (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. The level of significance was adopted at $p < 0.05$.

RESULTS:

Table (1): Percentage distribution of the studied subject according to their sociodemographic data; the result showed that, more than two thirds (68%) of the studied subject were females and half (50%) of them their age ranged from 16-18 years old with Mean +SD (3.9200+1.36785). More than three quarters (76%) of the studied subject were from rural areas and more than two thirds (68%) of them were at their secondary level of education.

Table (2): Percentage distribution of the studied children and adolescent regarding their level of self-esteem and bullying before and after implementation of the educational Program; the

result illustrated that, no one had high self-esteem before implementation of the educational program but increased to (48%) of the studied subject who had high self-esteem after implementation of the educational program and this difference were statistically significant while ($X^2=3.920$ & $P=.048$). Nearly three quarters (72%) of them reported that they had little exposure to bullying after implementation of the educational program with a statistically significant difference in bullying before and after implementation of the educational program while ($X^2=34.720$ & $P=0.000$).

Table (3): Distribution of the studied children and adolescents relative to their total mean score of self-esteem and bullying pre and post implementation of the educational program.

This table showed that, the studied subjects had total mean score of self-esteem before implementation of the educational program 1.3600 ± 0.48487 , while this level became high after implementation of the educational program 2.3800 ± 0.66670 . and this difference was statistically significant where $t = -8.302$ & $P=0.000$).

Regarding bullying; before the educational program was implemented, the children in the study had a total mean score of 2.0000 ± 0.80812 , but this level dropped to 1.3600 ± 0.63116 after the program was implemented. While $t = 5.172$ & $P=0.000$, this difference was statistically significant. **Table (4): Correlation between the total score of self-esteem and bullying;** the result revealed that there was a statistically significant negative correlation between total self-esteem and bullying with $P\text{-value} = (0.000)$. $r = .623$. This meant that children with little exposure to bullying had high self-esteem.

Table (5): Relation between the total self -esteem score and demographic data; the result demonstrated that, there was no statistically significant relation between total score of self- esteem and any demographic data of studied subjects.

Table (6): Relation between the total bullying score and demographic data; the result proved that there was a relation between total bullying score and demographic data (sex, age, and educational level) but this relation wasn't statistically significant.

Table (1): Percentage distribution of the studied children and adolescents according to their Socio-demographic characteristics

Socio-demographic characteristics N =50		N	%
Sex	Male	16	32
	Female	34	68
Age	8-10	5	10
	10-12	4	8
	12-14	6	12
	14-16	10	20
	16-18	25	50
Mean +SD:		3.9200+1.36785	
RESIDENCE	Rural	38	76
	Urban	12	24
Education level	Primary	8	16
	Preparatory	8	16
	Secondary	34	68

Table (2): Percentage distribution of the studied children and adolescents in relation to their level of self-esteem and bullying pre and post implementation of the educational Program.

		Pre		Post		Chi-square	
		N	%	N	%	X ²	P-value
Self-esteem	Low	32	64	5	10	3.920	.048*
	Average	18	36	21	42		
	High	0	0	24	48		
Bullying	Little	16	32	36	72	34.720	.000*
	Fair	18	36	10	20		
	Much	16	32	4	8		

Table (3): Distribution of the studied children and adolescent in relation to their total mean score of self-esteem and bullying pre and post implementation of the educational program.

	Pre		Post		Difference		Paired T-test	
	Mean	SD	Mean	SD	Mean	SD	T	P-lue
self-esteem	1.3600	.48487	2.3800	.66670	-1.0200	.86873	-8.302-	.000
Bullying	2.0000	.80812	1.3600	.63116	.64000	.87505	5.172	.000

Table (4): Correlation between the total score of self-esteem and bullying

Correlation between self-esteem and bullying		
	Pre	Post
R	.332*	.623**
P-value	.018	.000

Table (5): Relation between the total self -esteem score and demographic data

Items	N	self-esteem	ANOVA test		
		Mean ± SD	F	P-value	
Sex	Male	16	1.9375±.2500	1.992	.148
	Female	34	2.0882±.57036		
Age	8-10	5	1.800±.44721	2.116	.132
	10-12	4	1.500±.57735		
	12-14	6	2.3333±.51640		
	14-16	10	2.100±.31623		
	16-18	25	2.080±.49329		
Residence	Rural	38	2.0263±.49248	2.258	.116
	Urban	12	2.0833±.51493		
Education level	Primary	8	1.6250±.51755	3.129	.053
	Preparatory	8	2.2500±.46291		
	Secondary	34	2.0882±.45177		

Table (6): Relation between the total bullying score and demographic data

Items	N	Bullying	ANOVA test		
		Mean ± SD	F	P-value	
Sex	Male	16	1.4375±.51235	2.492	.094
	Female	34	1.2647±.47121		
Age	8-10	5	1.6000±.54772	2.012	.145
	10-12	4	1.0000±.00000		
	12-14	6	1.3333±.51640		
	14-16	10	1.4000±.51640		
	16-18	25	1.2800±.45826		
Residence	Rural	38	1.3158±.47107	1.190	.314
	Urban	12	1.3333±.49237		
Education level	Primary	8	1.3750±.51755	3.060	.057
	Preparatory	8	1.2500±.46291		
	Secondary	34	1.3235±.47486		

DISCUSSION

Bullying is defined as repeated, deliberate, and aggressive behavior directed towards a victim in which there is a real or perceived power imbalance, and the victims feel helpless and powerless to defend themselves. It manifests as repetitive verbal, physical, or social actions with the intention of causing bodily, social, or psychic harm. (Faris R. & Felmlee D. 2014). Bullying also affects academic achievement and at the

same time it affects child's personality and self-confidence. Self-esteem is one of the most risk factors that negatively affected by bullying behavior. In addition, the current study was done to assess the impact of an educational program on the level of self-esteem of school-age children and adolescents who had been bullied. (*Dawson B and Trapp R. 2001*).

The current study's findings demonstrated that the program has a favorable impact on the self-esteem of school-age children and adolescents exposed to bullying immediately and after implementation of the program. This could be attributed to effective developing of the program which consisted of six sessions about self-esteem and mainly based on the studied children needs in addition to its clarity, simplicity, periodical repetition, motivating children to participate in sessions of the program and also as a result of the way of implementation of program in which researchers used online discussion through WhatsApp group and zoom as a method of teaching and implementing of program .This was congruent with *Erika &Pertiwi(2017)* founded in their study that bullying had crucial effect in reducing child's self-esteem and vice versa (*Siang C. &Chien P. 2018; Erik k, and Pertiwi D. 2017*)

Elevating child's self-esteem considers the main factor and helpful entrance to decrease child's bullying score, and on the other hand low level of self-esteem acts as a huge barrier to decrease child's bullying behaviors. Consistent with this point, the findings of this study indicated that, there was a statistically significant correlation between the child's total self-esteem score and bullying score. This mean that there is an enhancement of total score of self-esteem after implementing the educational program and this was in agreement with *El-Daw and Hammoud(2015)* who stated that self-esteem program activities would give a

share in improving self-esteem of students (*American Academy of Child and Adolescent Psychiatry 2018; Yubero S. and Navarro R.2017; El-Daw B, and Hammoud H.2015*)

Also, the study illustrated that there was negative correlation between the total score of self-esteem and bullying. This could be because children's involvement in bullying, whether as a victim or a bully, has a negative impact on their health. Bullying victims are more likely to develop low self-esteem, poor physical health, and psychological difficulties such as anxiety, psychotic symptoms, and depression in the future. In agreement with our study *O'Moore and Kirkham (2001)* stated that bullying behavior affected students' psychological adaptations such as self-perception, self-concept, and self-esteem, and that being a victim of bullying has a detrimental impact on student self-esteem. (*O'Moore M and Kirkham C.2001*).

Finally, it is worth to mention that there was non-significant relation between the total score of self-esteem, bullying and demographic data for studied sample, this result meant that there wasn't any effect of demographic data on enhancement of children self-esteem this referred to high success rate of this program as researchers use simple language during implementation of program that was suitable to all thinking level, and cover huge range of knowledge.

Conclusion

Based on the outcomes of this study, it may be concluded, that educational program sessions contributed significantly to the improvement of self-esteem and reducing bullying among school-age students and adolescents.

Recommendations

The following recommendations were made based on the findings of the current study:

- The role of pediatric and psychiatric nursing should not be ignored, because they can have a valuable role in elevating self esteem.
- Implementing further educational program for students concerning effective coping strategies with stressors result from bullying.
- Increase social media channels to reduce danger of bullying.
- Encourage school principals and counselors to adopt whole-school interventions that take a holistic approach to peer victimization and capture youth's experiences.
- Incorporating a qualitative research technique that broadens the students' theoretical and practical knowledge of how to boost self-esteem and defend themselves against bullying.

REFERENCES

1. **Adamson J., CansuOzenc C., & Kate T. 2019.** "Self-Esteem Group: Useful Intervention for Inpatients with Anorexia Nervosa?" *Brain Sciences* 9 (1). <https://doi.org/10.3390/brainsci9010012>.
2. American Academy of Child and Adolescent Psychiatry 2018.
3. **Bergagna E., and Stefano T. 2018.** "Self-Esteem, Social Comparison, and Facebook Use." *Europe's Journal of Psychology* 14 (4): 831–45. <https://doi.org/10.5964/ejop.v14i4.1592>.
4. **Birkeland M., Breivik K., &Wold B. 2014.** Peer acceptance protects global self-esteem from negative effects of low closeness to parents during adolescence and early adulthood. *Journal of Youth and Adolescence*; 43(1): 70–80.
5. **Chan H., & Wong D. 2015.** The overlap between school bullying perpetration and victimization: Assessing the psychological, familiar, and school factors of Chinese adolescents in Hong Kong. *Journal of Child and Family Studies*; 24(3): 3224–3234.
6. **Chen J., &Wei H. 2011.** The impact of school violence on self-esteem and depression among Taiwanese junior high school students. *Social Indicators Research*; 100(65): 479–498.
7. **Cook C., Williams K. & Guerra N. 2010.** Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*; 25(45): 65–83.
8. **Copeland E., Wolke D., Angold A., & Costello E. 2013.** Adult psychiatric outcomes of bullying and being bullied bt peers in childhood and adolescence. *JAMA Psychiatry*, 20, E1–E8.
9. **Dawson B. and Trapp R. 2001.** *Reading The Medical Literature: Basic & Clinical Biostatistics*. 3rded. New York: McGraw – Hill Co. Ch. 7-9; 161-218 and Ch. 13; 305-14.
10. **Drennan J., Brown R., & Mort S. 2011.** Phone bullying: Impact on self-esteem and well-being. *Young Consumers*;12(4): 295–309.
11. **El-Daw B, and Hammoud H. 2015.** The Effect of Building Up Self-esteem Training on Students' Social and Academic Skills. *Procedia - Social and Behavioral Sciences journal*.
12. **Erik k., and Pertiwi D. 2017.** Bullying behavior of adolescents based on gender, gang, and family *Journal ners*; 12(1):126 - 32.

13. **Faris R., &Felmlee D. 2014.** Casualties of social combat: school networks of peer victimization and their consequences. *American Sociological Review*; 79(2): 228–257.
14. **Fredstrom B., Adams E., & Gilman R. 2011.** Electronic and school-based victimization: Unique contexts for adjustment difficulties during adolescence. *Journal of Youth and Adolescence*; 40(55): 405–415.
15. **Gendron B., Williams R. & Guerra G. 2011.** An analysis of bullying among students within schools: Estimating the effects of individual normative beliefs, self-esteem, and school climate. *Journal of School Violence*; 10(6):150–164.
16. **Klomek A., Marrocco F., Kleinman M., Schonfeld I., & Gould M. 2007.** Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*; 46(34): 40–49.
17. **Lin-Siegler, X., Carol S., and Geoffrey L. 2016.** “Introduction: Instructional Interventions That Motivate Classroom Learning.” *Journal of Educational Psychology* 108 (3): 295–99.
18. **National Center for Educational Statistics. 2019.** Student reports of bullying: Results from the 2017 School Crime Supplement to the National Victimization Survey. US Department of Education. Retrieved from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2015056> .
19. **O’Moore M. and Kirkham C. 2001.** Self-esteem and its relationship to bullying behavior. *Aggressive behavior journal*; 27 (4): 269-83.
20. **Responding to Cyberbullying. Thousand Oaks, CA: Sage Publications.**
21. **Rizwan M., and Riaz A. 2015.** “Self-Esteem Deficits Among Psychiatric Patients.” *SAGE Open* 5 (2): 21-58.
22. **Rosenberg M. 1965.** Society and the adolescent self-image. Princeton, NJ: Princeton University Press.
23. **Rosenberg M. 1979.** Conceiving the self. New York: Basic Books.
24. **Siang C. &Chien P. 2018** Self-Esteem and Tendency of Bullying, *Journal of Educational Psychology*; 5 (2): 21-58.