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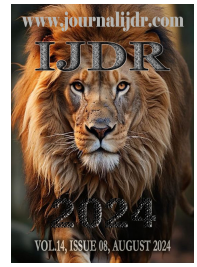
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RESEARCH ARTICLE

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A STUDY TO ASSESS THE EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREVENTION OF BULLYING BEHAVIOUR AMONG STUDENTS OF SELECTED NURSING COLLEGE, BENGALURU

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ABSTRACT

Introduction: Bullying has become a major issue in the social environment causing an impact on physical health, mental health and social life of an individual. It is pernicious in its impact even if it is often less visible and less readily identifiable than other public health concerns. It is very important to have updated Knowledge regarding the prevention of bullying behaviour among adolescents. **Methods:** A Quasi-experimental (pre-test post-test control group design) study was conducted to assess the effect of a structured teaching programme on knowledge regarding the prevention of bullying behaviour among 172 participants from Laasya college of nursing, Bengaluru. Non-probability convenient sampling technique was used. A self-structured questionnaire was used to collect data. An Independent t-test was used to find out the difference in knowledge score and a chi-square test was used to find association. **Results:** The results showed that there was a statistically significant [$t(170) = -18.230$ at $p < 0.05$] difference between the mean post-test knowledge score between the experimental group and control group and there was a statistically significant [$t(85) = -19.403$ at $p < 0.05$] difference between the mean pre-test and post-test knowledge score regarding prevention of bullying behaviour in the experimental group. Only a year of studying the course was found to have a significant association of the pre-test and post-test level of knowledge with the demographic variables at 0.05 level of significance. **Conclusion:** The study concludes that the intervention-structured teaching programme was effective in enhancing the knowledge regarding the prevention of bullying behaviour among students.

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INTRODUCTION

Bullying is one of the most worrying issues among teachers, parents, and students. It is an aggressive behaviour that causes physical or psychological trauma, affecting individuals not only in their adolescence but also later in their adulthood. Keashly and Neuman defined bullying as offending, harassing, excluding someone or negatively affecting someone's work tasks.¹ According to the Centers for Disease Control and Prevention, bullying among youths is "any unwanted aggressive behaviour(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times

or is highly likely to be repeated.² Bullying is a highly varied form of aggression where there is systematic use and abuse of power. Bullying can include physical aggression such as hitting and shoving, and verbal aggression, such as name-calling. It can also include social or relational forms of bullying in which a victim is excluded by peers or subjected to humiliation. Bullying can occur face-to-face or through digital media such as text messages, social media, and websites.³ The rates vary across different studies depending on how bullying is measured and at what level it occurs (that is, classroom or school). Thus, across studies, the rates of students involved with bullying range from 10 to 50 per cent of children and youth.⁴ Bullying presents one of the greatest health risks to children, youth, and young adults. It is pernicious in its impact even if often less visible and less readily

identifiable than other public health concerns. Its effects on victims, perpetrators, and even bystanders are both immediate and long-term and can affect the development and functioning of individuals across generations.⁵ The distress and suffering related to school-based bullying is immense; problems experienced by the victims of bullying include a wider range of serious mental health disorders. Participants who were bullied in childhood not only had higher rates of depression, anxiety disorders, and suicidality at the age of 23 but also reported a lack of social relationships, financial problems, and low perceived quality of life at the age of 50. Chronic victimization of any type increased the probability of later depression and suicidal ideation compared with sporadic and non-victimization.⁶ Moreover, accurate measurement of bullying can be challenging since victims may be reluctant to report bullying and self-report may underestimate the prevalence of bullying.⁴ The detailed description of the phenomenon then encouraged the appearance of studies concerned with describing the agents involved, analysing the problem's risk factors, and analysing the effects of the problem particularly among its victims.⁷ To address this problem, numerous anti-bullying interventions have been developed and implemented. Bullying is a significant problem both nationally and internationally. The educational settings in which it occurs and where prevention and intervention are possible need to be studied and understood as potential contexts for positive change. However, little research has longitudinally analyzed the role of multiple promoting factors at both the individual and classroom levels. So, there is a need to develop effective interventions to prevent bullying among adolescents so as to prepare them for self-efficacy and mental well-being.⁵

MATERIALS AND METHODS

Study Design & Sample Size

Quasi-experimental, pretest post-test control research design was used to assess the effectiveness of a structured teaching programme on the knowledge regarding the prevention of bullying behaviour. After obtaining permission from the Principal, Laasya Nursing College Bengaluru, 172 participants were recruited. The data were collected from March to May 2023.

Ethical Consideration: Ethical Permission was obtained from research committee, NIILM University, Kaithal. Data was collected after getting formal permission from the concerned authorities.

Data Collection Measures

A convenient sampling technique (Non-Probability Sampling Technique) used to select the sample. The tool was validated by experts and was found reliable. It is prepared in

Section A- It consists of demographic data with 07 items (gender, age, Religion, year of studying the course, experience of bullying, source of information regarding bullying, and ever bullied).

Section B - it consists of a self-structured multiple-choice questionnaire to assess the knowledge regarding the prevention of bullying behaviour. It contains 20 multiple-choice questions. Data was collected by self-report of knowledge questionnaire by study subjects. Each correct answer was given a score of "one" and the wrong answer was given a score of "zero". The total score given was 20. The score was interpreted as, Poor = 0 – 5, average = 6 – 10, Good = 11-15, Excellent = 16 – 20.

Data collection procedure

Statistical Analysis: Descriptive and Inferential statistics were used for the analysis of data as per the objectives and hypothesis. In the descriptive analysis calculations were done by using frequency and percentage, mean and SD & inferential statistics like t test was used to find the difference between the two groups mean & chi-square test

was used to find out the association between pre and post-test knowledge score regarding substances abuse and selected demographic variables.

RESULTS

The results shows that 100% of participants were female and the majority of the participants were in the age group of 21-22 years both in the experiment group (64.8%) and in the control group (51.2%). The majority (77.9%) of the participants were Hindu both in the experimental and control groups. According to a year of studying the course, 50% of participants belonged to 2nd and 3rd year in the experiment group and 50% of participants belonged to 1st and 4th year in the control group. Source-wise analysis of bullying behaviour revealed that the internet is the main source of information about bullying in the participants (24.4% in the experimental group and 31.4% in the control group) and few participants had no information about bullying in the experimental group (2.3%) and control group (1.2%) and 15.1% of the participants from the control group and 17.4% of the participants from the experimental group have faced bullying. Most of the participants faced bullying on body shaming with 5.8% and 9.3% in the experimental group and control group respectively, followed by social bullying with 4.7% and 3.5% in the experimental group and control respectively.

With regards to knowledge scores in the pre-test, 62.8% of participants in the experimental group and 45.3% of participants in the control group had average knowledge regarding the prevention of bullying behaviour. At the time of the Post-test, the majority of participants (74.4 %) in the experimental group scored excellent and 47.7 % of participants in the control group scored average knowledge regarding the prevention of bullying behaviour. This shows that the intervention was effective in enhancing the knowledge level of participants regarding the prevention of bullying behaviour among the experimental group. The comparison of the mean of pre-test and post-test knowledge scores regarding the prevention of bullying behaviour among the experimental group and control group shows that the pre-test knowledge there was no statistically significant [$t(170) = 4.905$ at $p > 0.05$] difference between the experimental and control group. However, In the post-test knowledge, there was a statistically significant [$t(170) = -18.230$ at $p < 0.05$] difference between the mean post-test knowledge scores between the experimental group and control group. This shows that intervention was effective in improving knowledge (Table 1).

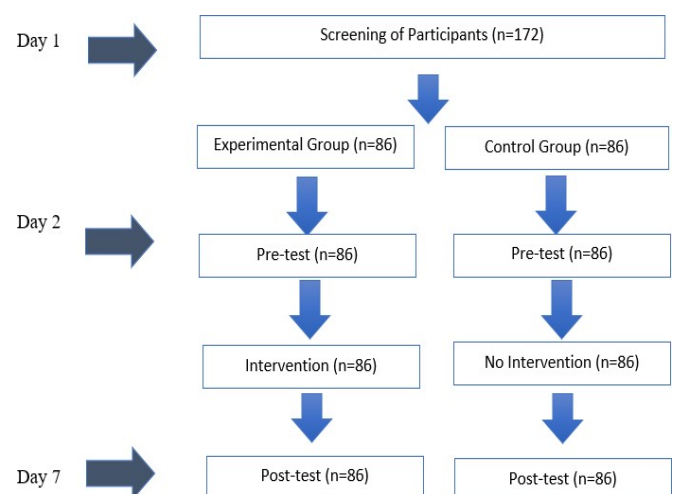


Figure 1. Data collection procedure

The association between knowledge scores with demographic data shows that only a year of studying of course was found to have a significant association of the pre-test & Post-test level of knowledge with the demographic variables at 0.05% level of significance (Table 2).

Table 1. Comparison of mean of pre-test and post-test knowledge score regarding prevention of bullying behaviour among experimental group and control group

Group	Experiment group			Control group			't' value	df	p value
	n	Mean	SD	n	Mean	SD			
Pre-test	86	7.8256	2.82506	86	10.0698	3.16522	4.905	170	0.237
Post-test	86	16.6860	3.51220	86	7.8256	2.82506	-18.230*	170	0.0270
	t = -19.403*			t = 5.326					
	df = 85			df = 85					

n=172

* = significant

Table 2. Association between Post test Level of Knowledge and their Demographic and Bullying behaviour related variables among experimental group and control group

Sr. No	Variables	Post-test score				ChiSquare	df	P-value
		Poor	Average	Good	Excellent			
1	Female Gender	27	93	50	2			
2	Age(year) 17-18 19-20 21-22 23-24 >24	0 1 9 8 0	1 9 32 9 1	1 13 19 5 0	0 9 42 12 1	16.732	12	.111
3	Religion Hindu Muslim Buddhist Christian	15 0 1 2	42 3 0 7	31 3 0 4	61 1 0 2	13.206	9	.542
4	Year of studying of course 1 st year 2 nd year 3 rd year 4 th year	6 0 0 12	18 6 5 23	19 5 6 8	0 32 32 0	21.883	9	.011*
5	Source Television Newspaper Internet Seminar Peer/Friends From class All the above None	1 0 6 0 2 2 6 1	6 0 15 0 5 6 20 0	4 0 10 0 5 4 14 1	8 2 17 3 7 11 15 1	15.756*	21	.783
6	Ever bullied No Yes	14 4	46 6	32 6	52 12	1.792	3	.655
7	if yes, types Neverbullied Socialbully Physical bully Body shaming Caste discrimination	14 2 0 2 0 1	46 0 0 5 1	32 1 1 3 1	53 4 3 3 1	10.574	12	.577

DISCUSSION

The study found that the structured teaching programme was effective in increasing the knowledge regarding the prevention of bullying behaviour among the experimental group in comparison with the control group. In this study, the majority of participants i.e., 74.4 % of participants in the experimental group scored excellent and 47.7 % of participants in the control group scored average knowledge regarding prevention of bullying behaviour during post-test. A study done by Peng Z²⁰ et al in 2022 showed similar results i.e., 35 % of participants in the experimental group had excellent knowledge and 32 % of participants in the control group had average knowledge regarding bullying and its prevention after intervention. In this study, there was a statistically significant [t (170) = -18.230 at p<0.05] difference between the mean post-test knowledge scores between the experimental group and the control group. In the experimental group, there was a statistically significant [t (85) = -19.403 at p<0.05] difference between the mean pre-test and mean post-test knowledge score regarding the prevention of bullying behaviour. A study supported by Peng Z²⁰ et al in 2022 showed that the intervention group's awareness of bullying students' acceptance of anti-bullying

education (before vs. after intervention: 89.3% vs. 97.6%, P < 0.05) was improved after the intervention. Another similar study done by Putri NF²¹ et al showed that there was an increase in participant's knowledge after bullying psychoeducation. The findings also show, only a year of studying the course was found to have a significant association of the pre-test and post-test level of knowledge with the demographic and bullying behaviour-related variables as p value < 0.05.

A contrary study done by Nick Axford et al²³ showed the impact on victimization was not moderated by child gender, age, victimization status at baseline & other demographic variables. The study sample was drawn by using a convenience sampling technique and the selection bias may have influence. The sample was collected only at the one nursing college in Bengaluru. Incorporating coping strategies used by students while facing bullying behaviour. A study can be conducted to assess the knowledge of parents to teach their children about the prevention aspect. Awareness should be given through mass media among adolescent and college students about the prevention of bullying behaviour.

CONCLUSION

The study was conducted to assess the effectiveness of a structured teaching Programme on knowledge regarding the prevention of bullying behaviour among students of selected colleges of Bengaluru. The study findings showed that the structured teaching Programme was effective in improving their knowledge. This study intervention would help the nursing students to reduce the risk of bullying behaviour and also encourage them to help others who are at risk group.

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