

## Bullying in Undergraduate Medical Education of Bangladesh : Situation Analysis

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### ABSTRACT

This was descriptive type of cross sectional study. Both quantitative and qualitative approaches were applied to explore current situation of bullying among undergraduate medical students of Bangladesh. Study was designed to find out categories of bullying occurred, persons involved in bullying, factors contributing for the occurrence of bullying, effects of bullying on the students and steps to be taken against the bullying. The study was carried out in eight (five government and three non government) medical colleges in Bangladesh over a period from July 2023 to June 2024. Undergraduate medical students and teachers of medical colleges were the study population. Sample size was 632 for administering questionnaire to the students, 16 for focus group discussion to the students and 16 for in-depth interview of the teachers. Convenience sampling technique was adopted to enroll the respondents and to select medical colleges. Data was collected from those who were present at the time of data collection and respondents willing to participate in the study as respondents. One self administered semi structured questionnaire was used for data collection. A schedule for focus group discussion was used to collect data from two groups of undergraduate medical students and a schedule for in-depth interview was used to collect data from the teachers of medical colleges. Prior informed consent from the respondents was taken.

Study revealed that verbal bullying was most common type of bullying. Other types of bullying were physical, political, economical and cyber bullying. According to gender, male, students are more involved in bullying than female students. According to residence status, majority of the students involved in bullying behavior were residing in the hostel. According to economical status, students belongs to middle class family were involved more in bullying activities. Senior students were involved more in bullying, other persons were peer students, teachers, staff of medical college and hospitals administrators of medical colleges and hospitals, was also involved to some extent.

Study also revealed that environment of college campus and hostels play important roles in occurrence of bullying. Other factors involved in bullying are weak administration, student politics, teachers politics and lack of monitoring by the authority. Anxiety, depression, academic regression were common effects of bullying on the students. Other effects were

physical illness, leave hostel, leave medical colleges and suicidal tendency. Several steps to be taken to prevent bullying in medical colleges. Most important steps are staying of super in the hostel, taking appropriate action by local authority, and counseling and motivation to the students, opportunity of the students to inform local and higher authority and action taken to prevent recurrence of bullying.

Study recommend supporting undergraduate medical students by preventing bullying. This could be achieved by launching educational program, establishing students support system, increasing cultural program among medical students, developing awareness among medical students, teachers and ensuring punishment of liable individual as per policy.

**Key words:** Bullying, Undergraduate Medical Education, Questionnaire.

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## Introduction

Bullying is a threat or use of physical force to the individual, a specific community or group of people which may cause injury, physical damage, development deficiency or disorder and even death<sup>1</sup>. Bullying at educational institute had been occurring since many decades, but its frequency has been increasing now a days<sup>2</sup>. Many studies conducted in the recent years, found that bullying in different educational institute is increasing day by day and there is increased number of bullying in electronic and other media<sup>3</sup>. Bullying in educational institute continuously receive attention from students, parents, researchers and educators. Since the advancement of human civilization, not only have basic human needs been met, but such advancement has also incited numerous new dimensional problems. After fulfilling basic needs, human being focus on mental health and various types of mental illness are increasing day by day and worsening human life by various life threatening mechanism<sup>4</sup>. The focus on mental health problem may cause complication of developmental stage in early life. Hazards of

bullying can occurs primarily at a young developmental age<sup>5</sup>.

There are four types of bullying: Verbal, physical, psychological and cyberbullying, Although verbal bullying (name-calling, teasing, insult etc.) might begin in consequentially, it may rise to extremes that impact the particular target. Physical bullying (pushing, heating, kicking etc) intends the short term and also future long term effects<sup>6</sup>. Psychological bullying could be characterized as any sort of deliberate and intended emotional maltreatment. Victim Person's may feel that they have been mistreated for something that psychologically hurts them, however, it normally can only be described as bullying if it happened deliberately, particularly with a mal intent intention<sup>7</sup>. Cyberbullying can be described as deliberate and repetitive damage caused by computers, telephones and other online platforms and social media. This types of cyberbullying may be occur in the forms of overt, covert or both<sup>8</sup>. Moreover, bullying can be direct or indirect. Direct bullying is relatively an open attack on

a victim that could be physical or verbal<sup>9</sup>. Indirect bullying does not hurt physically: Instead, it harms an individuals social position, self-esteem and social relations through rumors and gossip<sup>10</sup>. Bullying at educational institute can induce a power imbalance between victims and their perpetrators, where victims fail to protect themselves from the offenders<sup>11</sup>.

Bullying at education institute can occur anywhere and at any moment, but bullying is discernible more with training classes and physical exercises. Occurrence of bullying frequently found in school passages, lavatories and school bus. Apart from the cultural and economic differences, bullying is considered a serious problem in academic settings<sup>12</sup>. Obviously, students academic performance is being affected due to bullying at school at school in diversified modes, and victims are often unhappy and have fewer friends<sup>13</sup>. Recurrent bullying assails students mental, physical and social entity that impedes their academic achievement<sup>14</sup>. The students experiencing bullying are more prone to develop psychiatric disorders, Such as anxiety, depression and isolate themselves from others<sup>15</sup>. Victim students feel unsafe and

it results to less social engagement in the institute and also outside environments and less involved in academic activities<sup>16</sup>.

### **Method:**

This was a descriptive type of cross sectional study, conducted in eight Medical Colleges (5 government and 3 non- government) of Bangladesh. Study duration was one year from 1st July 2023 to 30th June 2024. Study population were undergraduate medical students of selected medical colleges. Sample size were 632. Convenience sampling technique was adopted to enroll the respondents and to select medical colleges. Data was collected from those who were present at the time of data collection and respondents willing to participate in the study as respondents. One self administered semi structured questionnaire was used for data collection. Prior informed written consent from the respondents was taken. They were free to participate or not to participate in the study. After briefly explaining the purpose of the study, the questionnaire was distributed to the respondents to get their responses, After collection of the completed questionnaire, data was processed and analyzed using SPSS.

## Results

**Table 1: Distribution of socio-demographic characteristics of respondents (n=632).**

Variables (n=632)	n(%)
* Age (Mean±SD)	21.6±0.72
* Sex	
Male	200 (31.6)
Female	432 (68.4)
* Religion	
Muslim	587 (92.8)
Hindu	45 (7.2)
* Residence status	
Hostel	382 (60.4)
Mess	160 (25.31)
Own residence	65 (10.28)
Relatives residence	25 (3.95)
* Types of Medical College	
Government	350 (55.30)
Non-government	282 (44.62)
* Educational Qualification on father	
Primary	83 (13.13)
SSC	193 (30.53)
HSC	170 (26.90)
Bachelor or above	186 (29.43)
* Educational Qualification of mother	
Primary	191 (30.22)
SSC	205 (32.44)
HSC	153 (24.20)
Bachelor or above	83 (13.13)
* Economic Status	
High	21 (3.32)
Higher medium	96 (15.18)
Medium	432 (68.35)
Low	83 (13.13)
* Occupation of Father	
Farmer	65 (5.06)
Business	193 (30.53)
Service	186 (29.43)
Self employee	188 (29.74)
* Occupation of Mother	
House wife	430 (68.03)
Self employee	95 (15.03)
Business	21 (3.32)
Service	86 (13.60)

Table 1 shows socio demographic characteristics of respondents.

**Table 2: Distribution of respondents by experience of bullying in medical life. (n= 632)**

Types of bullying (n=632)	Frequency					Total (%)
	Very fewer Occasional	Fewer Occasion	Occasional	Frequently	All Time	
Physical	240	135	48	29	7	459 (72.6%)
Mental	242	133	114	51	17	557 (82.2%)
Economical	231	121	25	26	10	413 (65.4%)
Political	151	117	23	21	17	329 (52.1%)
Cyber	125	121	26	18	15	305 (48.3%)
Other	105	85	30	26	20	266 (42.1%)

Table 2 shows distribution of respondents by experience of types of bullying in medical life. Result shows that most common type of bullying was mental or verbal bullying

(82.2%). Other categories of bullying were physical bullying (72.6%), economical bullying (65.4%), political bullying (52.10%) and cyber bullying (48.30.)

**Table 3: Distribution of respondents by persons involved in bullying (n= 632).**

Persons	Never	Fewer Occasion	Occasional	Frequently	All Time	Total (%)
You him/herself	611	07	08	0	0	15 (2.4%)
Senior students	156	210	206	60	0	476 (75.3%)
Peer students	287	176	91	78	0	345 (54.6%)
Junior students	534	54	35	9	0	98 (15.6%)
Student Leaders	343	130	94	60	05	289 (45.8%)
Teachers	567	60	3	2	0	65 (10.3%)
Staffs	561	41	28	2	0	71 (11.3%)
Hospital Director	598	12	10	12	0	34 (5.4%)
Other Person	496	110	18	8	0	136 (21.5%)

Table 3 shows distribution of respondents by person involved in bullying. Result shows that senior students are involved mostly in bullying activities (75.30%). Other persons involved in bullying activities are peer

students (54.6%), student political leaders (45.8%), junior students (15.6%), staffs of college and hospital (11.3%), teachers (10.3%), hospital director (5.4%) and person him/herself (2.4%).

**Table 4: Distribution of respondents by factors related with bullying (n= 632).**

Factors/Causes	Never	Fewer Occasion	Occasional	Frequently	All Time	Total (%)
Weak administration	264	128	125	90	25	368 (58.3%)
Student politics	303	151	92	76	10	329 (52.1%)
Teachers politics	379	90	90	76	06	253 (40.1%)
Environment of the campus	187	135	129	96	85	445 (70.5%)
Environment of the hostel	104	98	74	182	174	528 (83.6%)
Lack of monitoring by authority	347	151	83	27	24	285 (45.2%)
Influence of outsiders	403	85	56	53	35	229 (36.3%)
Others	463	85	85	60	06	169 (26.8%)

Table 4 shows distribution of respondents by factors related with bullying. Result shows that environment of the hostel involved more in bullying activities (83.6%). Other factors are environment of the campus (70.5%), weak

administration (58.3%), student politics (52.1%), lack of monitoring by authority (45.2%), teachers politics (40.10%), and influence of outsiders (36.3%).

**Table 5: Distribution of respondents by effects of bullying to the students (n= 632).**

Effects	Never	Fewer Occasion	Occasional	Frequently	All Time	Total (%)
Physical illness	344	183	61	29	15	288 (45.6%)
Mental illness	187	212	63	81	89	445 (70.5%)
Academic regression	397	139	55	25	16	235 (37.3%)
Leave Hostel	520	77	16	14	05	112 (17.8%)
Leave Medical College	555	37	22	18	0	77 (12.3%)
Suicidal tendency	579	26	15	12	0	53 (8.5%)
Others	534	31	26	19	22	98 (15.6%)

Table 5 shows distribution of respondents by effects of bullying to the students. Most common types of effects are mental illness (70.5%), physical illness (45.6%), academic

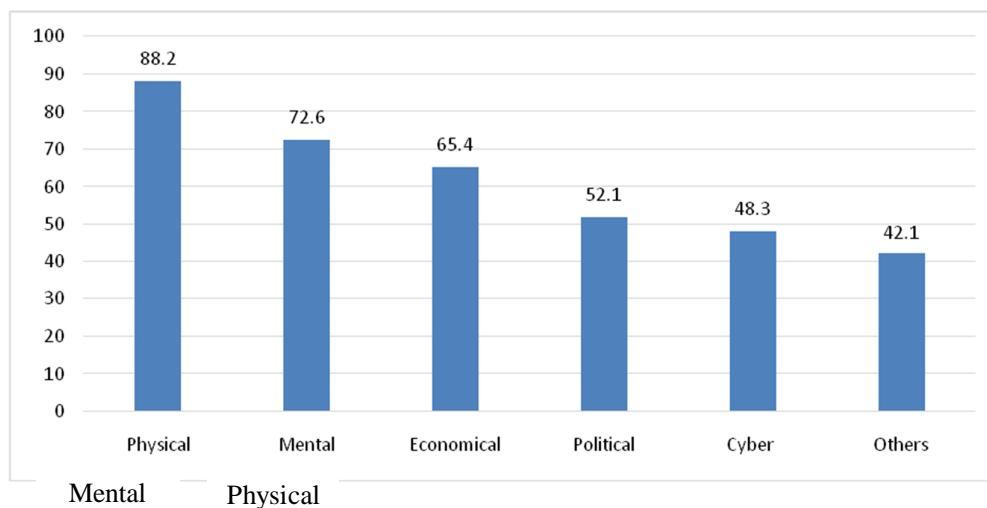
regression (37.3%), leave hostel (17.8%), leave medical colleges (12.3%) and suicidal tendency (8.5%).

**Table 6: Distribution of respondents by steps to prevent bullying in medical colleges (n= 632).**

Steps	No need	Less Needed	Needed	More Needed	Very Much Needed	Total (%)
Staying of super in the hostel	37	41	62	97	395	595 (94.14%)
Taking appropriate action by local authority	31	45	60	94	402	601 (95.09%)
Counseling and motivation to the students	207	195	63	36	131	425 (67.24%)
Training of teachers	197	96	77	57	205	435 (68.82%)
Full time opportunity of students to inform the condition to local authority	151	163	69	43	206	481 (76.1%)
Opportunity to inform higher authority	212	43	27	29	321	420 (67.45%)
Action taken to prevent recurrent of bullying	226	36	56	43	271	406 (64.24%)
Others	470	45	48	42	27	162 (25.63)

Table 6 shows distribution of respondents by steps to prevent bullying in medical colleges. Result shows that most important steps are taking appropriate action by local authority (95.09%), staying of super in the hostel (94.14%), full time opportunity of students to

inform the condition to local authority (76.1%), training of the teachers (68.82%), counseling and motivation to the students (67.24%), opportunity to inform higher authority (66.45%) and action taken to prevent recurrence of bullying (64.24%).



**Figure 1: Distribution of respondents involved in bullying as victims. (n=632)**



Result showing categories of bullying were mental/verbal 88.2%, physical bullying 72.6%, economical bullying 65.4%, political

bullying 52.1%, cyber bullying 48.3%, and other types of bullying 42.1%.

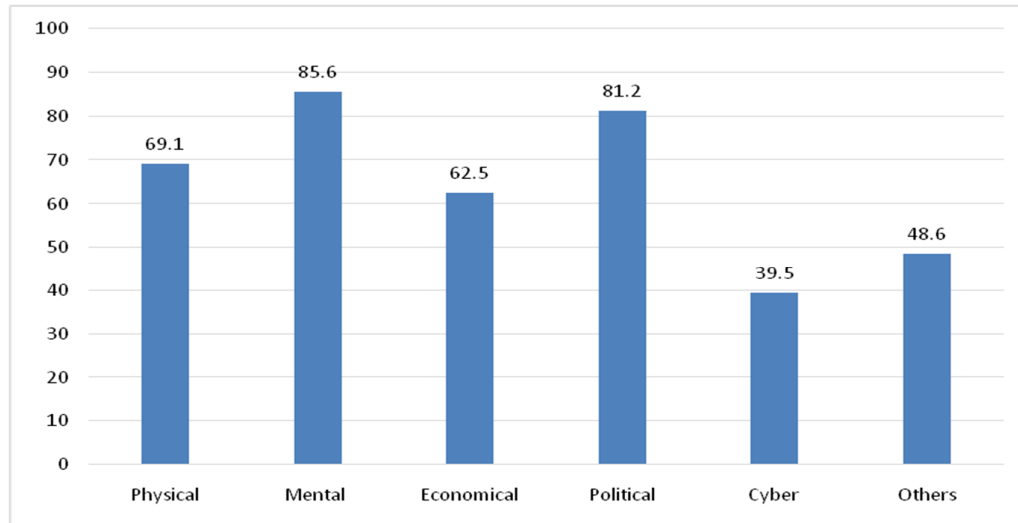


Figure 2: Distribution of respondents involved in bullying as aggressors. (n=632).

Result showing categories of bullying were mental/verbal 85.6%, political bullying 81.2%, physical bullying 69.17%, economical

bullying 62.5%, cyber bullying 39.5% and other types of bullying 48.6%.

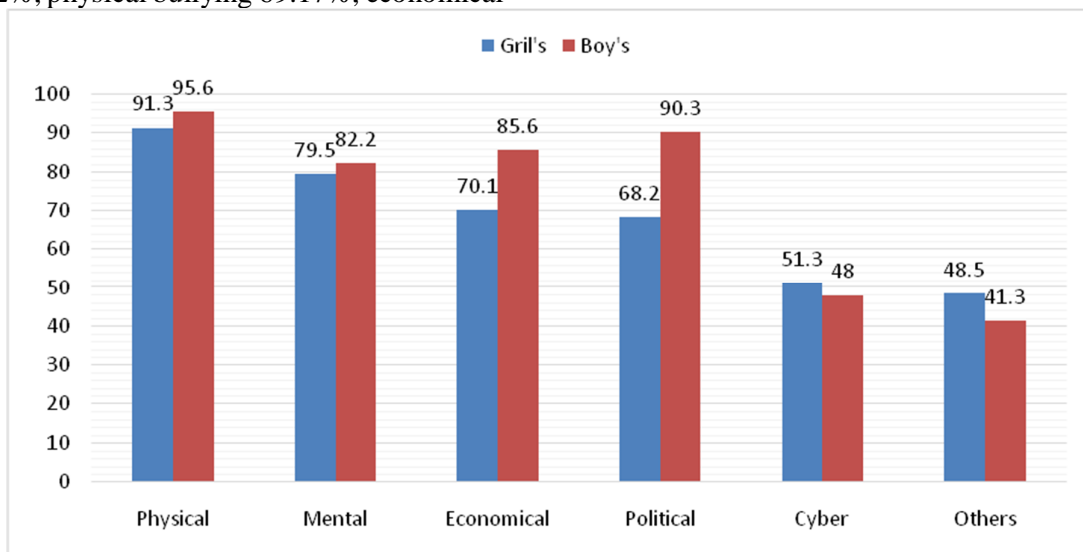
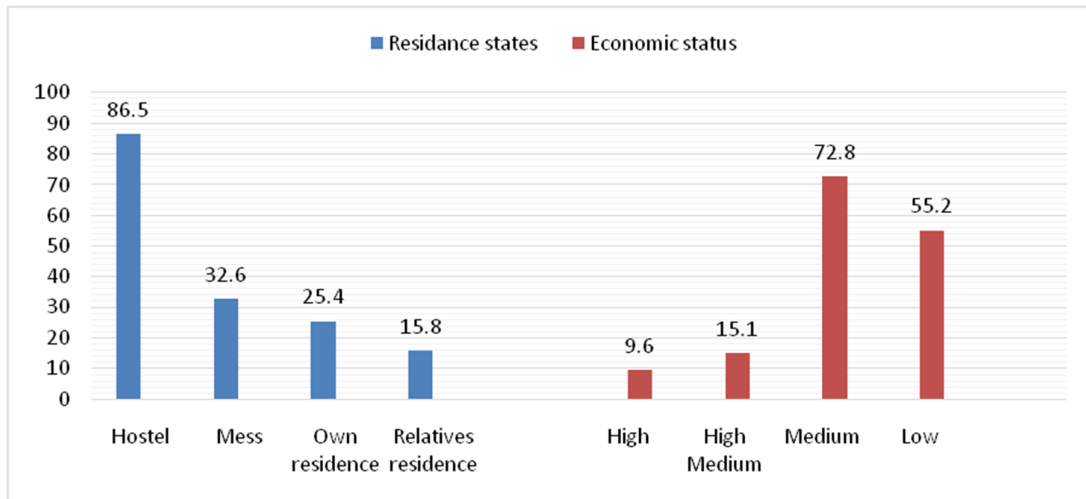


Figure 3. Distribution of respondents by bullying behavior according to gender. (n=632)



Results showing boys are predominance in majority of categories of bullying activities. Physical bullying male 95.6%, female 91.3%, mental bullying male 82.2%, female 79.5% economical bullying male 85.6%, female

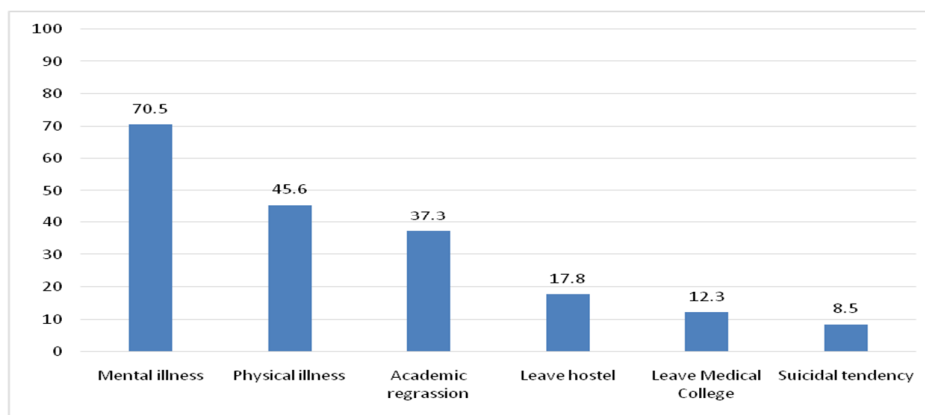
70.1%, political bullying male 90.3%, female 68.2%, cyber bullying male 48%, female 51.3%, Other types of bullying male 41.3%, female 48.5%.



**Figure 4: Distribution of the respondents according to residence and economic status. (n=632)**

According to residence status majority of respondents are living in the hostel (86.5%), mess 32.6%, own residence 25.4%, relatives residence 15.8%. According to economic

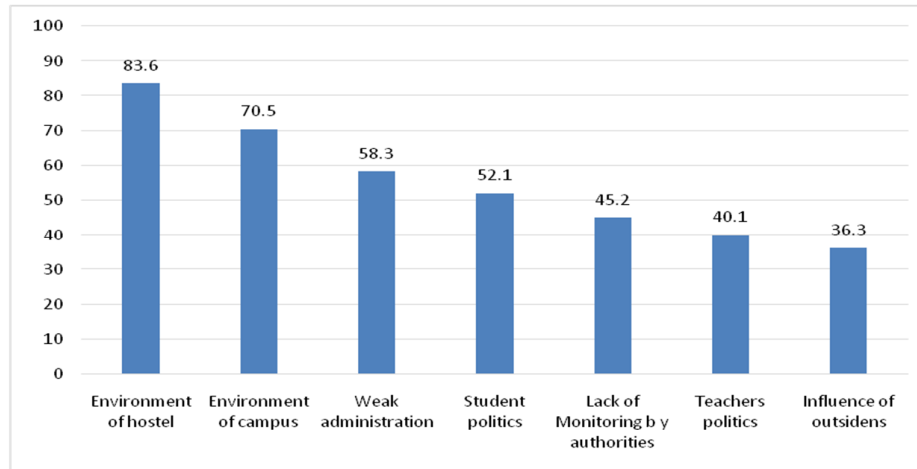
status, majority of respondents belongs to middle class (72.8%), lower class 55.2%, high medium 15.1% and high economic status 9.6%.



**Figure 5: Distribution of respondents by effects of bullying to the students. (n=632)**

Result showing mental illness is most predominance effect of bullying (70.5%), other effects are physical illness (45.6%),

academic regression (37.3%), leave hostel (17.8%), leave medical college (12.3%) and suicidal tendency (8.5%).



**Figure 6: Distribution of respondents by factors related to the bullying in medical college. (n=632)**

Result showing environment of the hostel (83.6%) and environment of campus (70.5%) are the most important factors related to bullying. Other factors are weak

administration (58.3%), Student politics (52.1%), lack of monitoring by the authority (45.2%), teachers politics (40.1%) and influence of outsiders (36.3%).

### Discussion:

The concept of bullying in educational institute is not new, however it has been increasing in recent years. There is a crucial increase in studies conducted and the number of news on bullying in mass media<sup>17</sup>. Bullying is an issue that continues to receive attention from researchers, educator, parents and students. The main aims of this research was to investigate the prevalence of bullying behavior, its victims, persons involved in bullying, effects of bullying to the students

and action taken to prevent bullying in medical collages of Bangladesh.

Distribution of types of bullying behavior of the students according to gender were presented in figure 3. Comparatively male students are more involved in bullying behavior than female students. A study conducted in india by Mehta et al, (2012) found that male are more involved in bullying behavior than female. But another Study in USA by Khoury-Kassabri et al, (2004) found that female students are more involved in

bullying behavior, sociocultural difference may play values in different results.

Distribution of victims according to residence and economic status of the participating students were presented in figure 4. Majority of the students involved in bullying behavior were residing in the hostel (86.5%) and students belongs to middle class family were involved more (72.8%). A Study conducted in Egypt by Elghazally et al, (2020) found the similar characteristics of bullying behavior.

We found that mental bullying occurred more frequently (88.2%) than physical, economic, political and cyberbullying (Figure-1). A pilot study of bullying and harassment among medical professional in Pakistan conducted by Gradit AAM (2008) found different result. They found physical bullying were more prevalent. Social and cultural unrest may be the underlying cause. But another study in Oman, conducted by Al-Shafae et al, (2012) found that mental bullying occurred more frequently.

Different factors play roles in bullying activities. Our study revealed that weak environment of the hostel and campus of medical colleges involved more in bullying activities. Other factors constitute weak administration, student politics, lack of monitoring by authorities, teachers politics and influence of outsiders (Figure 6). A

study conducted in India by Kapoor et al, (2016) found more or less similar result.

Different persons are involved in bullying activities in medical colleges. We found that, senior students and peer students involved in bullying activities (Table 3). Other persons involved in bullying activities student leaders, teachers, staffs and administrators. Study conducted in Pakistan by Mukhtar et al, (2010) found a little different from our study. They found that student political leaders were involved more in bullying activities, political unrest may be the cause. But study conducted in USA by Scott et al, (2015) found that senior students and peer students were involved more in bullying activities.

Bullying has different detrimental effects on students. We found that bullying affects victims mental health more frequently than physical illness, academic regression, leave hostel, leave medical colleges and suicidal tendency (Figure-5). Study conducted by Rivers I et al, (2016) showed that mental illness were more frequent effects among bullying victimized students. Another study conducted in Saudi Arabia by Al Muhim et al, (2018) also found mental illness were more frequent effect of bullying.

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