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**Bullying And Its Relationship To Anxiety, Depression, And Self-Esteem**Madepan Mulia^{1*}, Rosmiati², Rezqiqah Aulia Rahmat³, Rahmat Pannyiwi⁴, Lumastari Ajeng Wijayanti⁵¹ Nursing Study Program, Ministry of Health Polytechnic of Health, Tanjung Karang, Indonesia² Midwifery Study Program, St. Fatimah Institute of Health and Business, Mamuju, Indonesia³ Midwifery Study Program, Bosowa University, Indonesia⁴ Faculty of Military Medicine, Republic of Indonesia Defense University⁵ Applied Undergraduate Midwifery Study Programs in Kediri, Ministry of Health Polytechnic of Malang, Indonesia*Correspondent Author: Madepan Mulia, email: madefikui@gmail.com**ABSTRACT**

Bullying is a mental health problem commonly experienced by adolescents and can have serious psychological impacts on victims. The effects of bullying include anxiety, depression, and decreased self-esteem. This study aims to determine the relationship between bullying and levels of anxiety, depression, and self-esteem in adolescents. This study used quantitative methods with an analytical design and a cross-sectional approach. Sectional. The research sample was students at educational institution X. Data were collected using a questionnaire on bullying, anxiety, depression, and self-esteem, then analyzed using the Chi-Square test. The results showed a significant relationship between bullying and anxiety, depression, and self-esteem ($p < 0.05$). The conclusion of this study is that bullying is closely related to mental health disorders in adolescents.

Keywords: Bullying, Anxiety, Depression, Self-Esteem, Teenagers



1. Introduction

Bullying is aggressive behavior carried out intentionally and repeatedly by an individual or group against a less powerful individual. Bullying can take the form of physical, verbal, social, or cyberbullying. This phenomenon is common in schools and is a serious problem that impacts the psychological well-being of adolescents.

Adolescents are an age group vulnerable to the psychological impacts of bullying because they are in an unstable phase of emotional and social development. The experience of being a victim of bullying can lead to various mental health problems, such as anxiety, depression, and impaired self-concept.

Anxiety in victims of bullying can manifest as excessive fear, tension, and persistent worry. Depression is characterized by persistent feelings of sadness, loss of interest, and feelings of worthlessness. Furthermore, bullying can lower adolescents' self-esteem, thus affecting their ability to interact socially and achieve academically.

Various studies have shown that bullying has a significant relationship with psychological disorders in adolescents. However, further research is needed to strengthen the empirical evidence regarding the relationship between bullying and anxiety, depression, and self-esteem. Therefore, this study is important to determine the relationship between bullying and adolescent psychological well-being.

2. Research Methods

a. Types and Design of Research

This research uses a quantitative method with an analytical design and a cross-sectional approach.

b. Location and Time of Research

The research was conducted at educational institution X in May–July 2025.

c. Population and Sample

The research population was all students at educational institution X. The sample was taken using simple sampling techniques.

d. Inclusion criteria:

- 1) Students aged 13–18 years
- 2) Willing to be a respondent

e. Exclusion criteria:

- 1) Students who did not complete the questionnaire completely

f. Research Variables

- Independent variables: Bullying
- Dependent variables: Anxiety, depression, self-esteem

g. Research Instruments





The research instrument was a structured questionnaire to measure bullying experiences, levels of anxiety, depression, and self-esteem.

h. Data analysis

Data were analyzed univariately and bivariately using the Chi- Square test with a significance level of $p < 0.05$.

i. Research Ethics

The research was conducted by paying attention to the principles of research ethics, including informed consent, consent, anonymity, and data confidentiality.

3. Research Results And Discussion

a. Research Result

1) Respondent Characteristics

Table 1

Distribution of Respondent Characteristics

Characteristics Frequency (n) Percentage (%)

Age

13–15 years 32 45.7

16–18 years 38 54.3

Gender

Man 34 48.6

Woman 36 51.4

Total 70 100

2) Bullying Incident

Table 2 Distribution of Bullying Incidents

Bullying Frequency (n) Percentage (%)

Not experiencing 29 41.4

Experience 41 58.6

Total 70 100

3) Anxiety Level

Table 3 Distribution of Anxiety Levels

Anxiety Level Frequency (n) Percentage (%)

No worries 27 38.6

Worried 43 61.4

Total 70 100

4) Depression Level

Table 4 Distribution of Depression Levels



**Depression Level Frequency (n) Percentage (%)**

Not depressed	31	44.3
Depression	39	55.7
Total	70	100

5) Pride

Table 5 Distribution of Self-Esteem**Pride Frequency (n) Percentage (%)**

Low	40	57.1
Tall	30	42.9
Total	70	100

6) The Relationship Between Bullying and Anxiety

Table 6**Relationship between Bullying and Anxiety****Bullying No Worries Worried Total p- value**

No	18	11	29	
Yes	9	32	41	
Total	27	43	70	0.001

7) The Relationship Between Bullying and Depression

Table 7**Relationship between Bullying and Depression****Bullying Not Depressed Depression Total p- value**

No	20	9	29	
Yes	11	30	41	
Total	31	39	70	0.002

8) The Relationship Between Bullying and Self-Esteem

Table 8**Relationship between Bullying and Self-Esteem****Bullying Low Self-Esteem High Self-Esteem Total p- value**

No	11	18	29	
Yes	29	12	41	
Total	40	30	70	0.001

b. Discussion

The research results showed that more than half of respondents had experienced bullying. This indicates that bullying remains a serious problem in educational





settings. Repeated bullying can negatively impact adolescents' psychological well-being.

The analysis showed a significant relationship between bullying and anxiety levels. Teenagers who experienced bullying tended to experience higher levels of anxiety than those who did not experience bullying. This was due to the persistent fear, threats, and psychological stress experienced by victims of bullying.

Bullying is also significantly linked to depression. Teenage victims of bullying are more likely to exhibit depressive symptoms, such as feelings of sadness, withdrawal, and loss of interest in daily activities. Prolonged emotional distress can lead to mood disorders and diminish mental well-being.

The research also showed a significant relationship between bullying and self-esteem. Teenagers who experience bullying tend to have low self-esteem. Negative treatment, teasing, and social rejection can shape negative self-perceptions and reduce adolescents' self-confidence.

The findings of this study align with developmental psychology theory, which states that negative social experiences during adolescence can significantly impact the formation of self-concept and mental health. Therefore, efforts to prevent and address bullying are crucial to protecting adolescents' mental health.

The implications of this study's findings demonstrate the need for schools, families, and health professionals to engage in creating a safe and supportive environment for adolescents. Bullying prevention programs, psychological counseling, and mental health education need to be strengthened to reduce the negative impacts of bullying.

4. Conclusion And Suggestions

a. Conclusion

There is a significant relationship between bullying and anxiety, depression, and self-esteem in adolescents. Adolescents who experience bullying tend to have higher levels of anxiety and depression and lower self-esteem.

b. Suggestion

1) For Schools

Develop bullying prevention programs and counseling services.

2) For Parents

Provide emotional support and open communication with children.

3) For Teenagers

It is hoped that they will have the courage to report bullying and seek help.

4) For Further Researchers

It is recommended to conduct research with a longitudinal design.





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References

1. Arikunto, S. (2019). *Research Procedures: A Practical Approach*. Jakarta: Rineka Cipta.
2. Beck, A. T. (2016). *Depression: Causes and Treatment*. Philadelphia: University of Pennsylvania Press.
3. Fitriani, S. (2017). *Health Promotion*. Yogyakarta: Graha Ilmu.
4. Hawker, D.S.J., & Boulton, M.J. (2016). The effects of bullying on mental health. *Journal of Child Psychology and Psychiatry*, 41(4), 441–455.
5. Hidayat, AAA (2018). *Health Research Methodology*. Jakarta: Salemba Medika.
6. Ministry of Health of the Republic of Indonesia. (2020). *Indonesian Health Profile*. Jakarta: Ministry of Health of the Republic of Indonesia.
7. Mulia, M., Savidni, E., Rahmat, RA, Malaha, N., & Hastutiningtyas, WR (2025). Mental Health Training and Suicide Prevention Among Adolescents Through Youth Integrated Health Posts (Posyandu). *Sahabat Sosial: Journal of Community Service*, 3(4), 672–680. <https://doi.org/10.59585/sosisabdimas.v3i4.765>
8. Machfoedz, I. (2018). *Quantitative Research Methodology*. Yogyakarta: Fitramaya.
9. Notoatmodjo, S. (2019). *Health Promotion and Health Behavior*. Jakarta: Rineka Cipta.
10. Olweus, D. (2016). *Bullying at School*. Oxford: Blackwell.
11. Pannyiwi, R., & Ali, A. (2025). Analysis of Drug Abuse Prevention Programs and Risk Factors in Adolescents: A Mixed Study Method in Sidenreng Rappang Regency. *JIMAD: Multidisciplinary Scientific Journal*, 2(2), 153–162. <https://doi.org/10.59585/jimad.v2i2.859>
12. Pratiwi, C., Yulis, DM, Djunaedi, D., & Pannyiwi, R. (2023). The Effect of Diet Therapy and Physical Activity on Blood Sugar Levels in Diabetes Mellitus Patients in the Inpatient Ward of Luwuk Banggai Regional Hospital. *Barongko: Journal of Health Sciences*, 2(1), 138–153. <https://doi.org/10.59585/bajik.v2i1.218>
13. Parker, J. G., & Asher, S. R. (2015). Peers relations and later personal adjustment. *Psychological Bulletin*, 102(3), 357–389.
14. Rosmiati, R., & Vandika, AY (2025). Time Management and Service Education in Independent Clinics for Private Nurses and Midwives. *Sahabat Sosial: Journal of Community Service*, 3(4), 663–671. <https://doi.org/10.59585/sosisabdimas.v3i4.764>
15. Santrock, J. W. (2017). *Adolescence*. New York: McGraw -Hill.
16. Sarafino, E. P., & Smith, T. W. (2016). *Health Psychology*. New Jersey: Wiley.
17. Sugiyono. (2019). *Quantitative, Qualitative, and R&D Research Methods*. Bandung: Alfabeta.
18. UNICEF. (2019). *Ending Violence in Schools*. New York: UNICEF.
19. Wawan, A., & Dewi, M. (2018). *Theory and Measurement of Human Knowledge, Attitudes, and Behavior*. Yogyakarta: Nuha Medika.
20. Wijayanti, LA, Harfika, M., Wijayanti, A., Halmar, HF, Zulaika, Z., Amelia, IM, & Utami, DR (2025). Socialization and Implementation of Hba1c Level Examination in Diabetes





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- Mellitus Patients in the Bogor Community Health Center Work Area. *Sahabat Sosial: Journal of Community Service*, 3(2), 282–289. <https://doi.org/10.59585/sosisabdimas.v3i2.585>
21. World Health Organization. (2018). *Adolescent Mental Health*. Geneva: WHO.
 22. World Health Organization. (2019). *School Based Violence Prevention*. Geneva: WHO.

