Increasing Knowledge and Students Attitude Through Health Education on Bullying

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Abstract

Background: Bullying is defined as an act by using power to hurt a person or group of people verbally, physically, and psychologically so that the victim feels depressed, traumatized, and helpless. Children and adolescents falling victim to bullying are more at risk of health problems, both physically and mentally. This Study aimed to find out the effect of bullying health education on students' knowledge and attitudes about bullying in elementary school.

Material and Methods: This study is an experimental research with pre-experimental design research method without using control group. Respondents were the sixth-grade students at the Aroepala State Elementary School who were enrolled and actively participated in the study for at least 6 months as many as 60 people. A data analysis method using Wilcoxon Signed-Rank Test, to examine scores from two samples couple and nonstandard distribution data, namely pre-test and post-test in experiment group.

Result: Results show that bullying health education by the group method can improve students' knowledge and attitude about bullying (p=0.000).

Conclusion: It is recommended that schools should have local content on bullying materials integrated into subjects so as to improve students' understanding of bullying behavior.

Keywords: Bullying, Health Education, Knowledge and Attitudes

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INTRODUCTION

Bullying is an act of using power to hurt a person or group of people, verbally, physically, and psychologically so that the victim feels depressed, traumatized, and helpless. Children and adolescents who are victims of bullying are more at risk of health problems, both physically and mentally such as depression, anxiety and health problems. Based on UNICEF studies found several findings showing that bullying as a complex phenomenon is present in many forms, and experienced to varying degrees around the world, but often boys and younger children experience more bullying. Ironically the data show that there is a link between reported instances of bullying and the onset of other crime symptoms, such as the presence of school gangs, guns, drugs, and alcohol reported, and hate-related graffiti in schools.
Cases of bullying that often occur in the world of education in Indonesia are increasingly concerned. The results of the 2014 National Consortium of Character School Development study stated that almost every school in Indonesia has a case of bullying, even if it is only verbal and psychological/mental bullying. Statistics on child complaints cases in the education sector from January 2011 to 2014 in the form of official case reports are increasingly numerous and varied. The case of bullying in South Sulawesi is also getting bigger, from verbal violence to physical violence resulting in death, ranging from the college level to the case of a dozen elementary school students who committed physical bullying to their classmates, is a reality that shows the growing cases of bullying in the school environment in South Sulawesi. Cases of bullying against children also occurred in Gowa Regency and Makassar city based on data of Yayasan Mengabdi Indonesia (YMI) stated, that in one month there are six out of ten children experiencing and bullying every day in physical, psychological to social media use, even to the severe stage of using violence, and even ending in death in students.

The government's commitment to providing health services as a human right to ensure a healthy state, both physically, mentally, spiritually and socially that enables everyone to live productively socially and economically, should be able to solve the problem of bullying in the school world, as a form of mental health services for the community, one of which is with health education services.

Health education is one way of tackling bullying, according to Kohut, 2007 which is to change the way it educates and how it treats students, builds a network of communication with parents, declares an antibullying campaign involving the active role of all elements of the school, from teachers, employees, students and parents, the school needs to provide some kind of bullying centre for students, and providing a proper understanding of bullying towards teachers, students, and parents through workshops, trainings, seminars or health education. Various awareness efforts about the importance of physical, mental, spiritual and social health to prevent bullying have been made through various media, even at the stage of awareness that everyone is entitled to information and education about balanced and responsible health, but cases of bullying in schools are still present in various forms of behavior.

Furthermore, research was conducted to find methods and solutions in the prevention of bullying in schools through health education, by selecting Aroepala Makasar State Elementary School located on Jalan Aroepala which is a school with a large interaction map due to the geographical and demographic location of the school that puts pressure from outside the school so that the pattern of interaction of children in the school certainly has the potential for a very large bullying.

Methods

This study is an experimental research with pre-experimental design one group pretest - posttest design. The research begins with the selection of samples according to the criteria of the population. Interventions given to respondents in the form of bullying health education using different media and the same material. Researchers measured variables twice, namely Pre-test before intervention and post-test after one week of intervention. Treatment intervention was 3 times using different media each interval of 1 day with the same material.

The population in this study included all grade VI students at the Aroepala State Elementary School who were enrolled and actively participated in the study of 70 people. Based on this data, researchers conducted sample selection with a proportional random sampling method. The inclusion criteria of the sample is that students are enrolled and actively attending the study in the last six months of the school so that as many as 60 people are assigned.
The Interventions Health Education Bullying
The intervention is a health education about bullying that aims to provide an understanding of bullying by using different media so as to facilitate the process of understanding children about bullying. Health education intervention has three stages, namely observation, intervention and evaluation of health education provided. In the first stage the researchers made initial observations. Phase 2 is done pretest about knowledge and attitude bullying before given health education; the third stage is given bullying health education treatment as many as 3 times using media in the form of powerpoints, videos, and leaflet but with the same material with an interval of one day per treatment. The fourth stage after the third treatment is given three days before posttest to see the process of changing knowledge and bullying attitudes in students.

Data Analysis
The data analysis in this study was conducted using univariate and bivariate analysis. Univariate analysis uses quantitative descriptive analysis and average percentage and results in the distribution of frequency and percentage of each variable, in the form of characteristics of respondents (gender, age and occupation of parents) and factors of bullying (happy with the school, having close friends and ever getting violent treatment). Bivariate analysis conducted against two variables that are thought to be related or correlated. The quantitative analysis in this study used paired t-test or t-test samples to find out significant differences before and after being given health education to the knowledge and attitudes of primary school children. Normality Test results conducted with Kolmogorov Smirnov test concluded the data is not distributed normally so the calculation uses non parametric test namely Wilcoxon Sign Rank test. Using a significant level of 5% is done using the help of SPSS 21.0 software.

Ethical Clearance
Giving Informant consent. Informant consent as a form of researcher's agreement with the researcher respondents by complying with Anonimity is a guarantee in the use of research subjects and Confidentiality in the form of guaranteeing confidentiality of the results of the study.

RESULTS

Level of knowledge about bullying before and after health education
In Table 1, there is a difference in respondents' knowledge before and after the provision of health education. Respondents' knowledge of bullying consisted of information on the meaning of bullying, bullying types, causes of bullying and the consequences of bullying before the treatment of health education was obtained data that most respondents in the category were not good as many as 38 people (63.3%) while those with knowledge in the good category as many as 22 people (36.6%). In contrast to respondents' knowledge of bullying after the treatment of health education, data found that the majority of respondents in the good category were 58 people (96.67%) while those with knowledge in the category are not good as many as 2 people (3.33%).

In the health knowledge after the administration of health education it was found that in general respondents agreed that violence and bullying of any kind should be stopped and avoided, this showed that there was a great influence after the provision of health education about bullying on the level of knowledge of bullying in students, but still found 2 respondents who still had knowledge of bullying who were in the category of sufficient bullying, this is because at the time of giving material about bullying did not pay proper attention.

Frequency distribution of respondents based on attitudes about bullying before and after health education
Respondents’ attitudes about bullying consisted of information about respondents’ attitudes towards forms of bullying that occurred prior to the provision of health education obtained data in Table 2 that respondents in the category of attitudes in the category were not good as many as 43 people (71.67%) while those who had an attitude in the good category as many as 17 people (28.33%). In contrast to respondents’ attitudes about bullying after the
treatment of health education about bullying obtained data that all respondents were in the good category of 60 people (100%) while those who have attitudes towards bullying in the category are not good as much as 0 people (0.00%).

The effect of health education on the knowledge of bullying students in primary schools.

Based on the output test of statistics known asymp. Sig value. (2-tailed) smaller than <0.05, or 0.000 < 0.05, it can be concluded that the initial hypothesis (Ha) that: There is an influence before and after health education on bullying knowledge of bullying students in primary schools is accepted, or by providing health education can increase students' knowledge of bullying in elementary school (Table 3).

The effect of health education on students' bullying attitudes in elementary school.

Based on the output test of statistics known asymp. Sig value. (2-tailed) smaller than <0.05, or 0.000 < 0.05, it can be concluded that the initial hypothesis (Ha) that ; There is an influence before and after the provision of health education on bullying on the bullying attitudes of students in primary schools accepted, or it can be stated that the provision of bullying health education in primary schools can give students a change in attitudes about bullying (Table 4).

DISCUSSIONS

Data on student bullying knowledge variables in the pre-test showed no decrease or reduction in grades, where before the treatment the median score was 15.0 with the lowest score of 13.0 and the highest score of 17.0 with an average score of 15.49, after going through the treatment of health education further increased to a median score of 19 with the lowest score of 15 and the highest score of 17 (Table 3).

The results of the study that did not decrease and improved from pre test to post test gave an idea that there has been an influence from health education, with indications that initially, through health education delivered structured in three durations of counseling, which contains information on the understanding of bullying, types of bullying, causes of bullying and the consequences of bullying before the treatment of health education is obtained data at first most respondents are still in the category of not good as many as 38 people (63.3%) while those with knowledge in the good category as many as 22 people (36.6%). After health education on bullying, data was obtained that most respondents in the good category as many as 58 people (96.67%) while those with knowledge in the unsany category remained only 2 people (3.33%), found significant changes based on the results of the analysis of research data (Table 1).

This shows that the health education process has been well underway. In line with the concept of health education as one way of addressing bullying, namely by making changes to the way of educating and how to treat students, establishing a communication network to declare antibullying campaigns will be able to suppress the ongoing bullying behavior by starting to improve the knowledge aspect first[18].

The results also showed that although respondents had received health education about bullying, it needed to be done continuously so that teachers were instrumental in continuing health education about bullying. In the observation, the role of the Teacher was to direct respondents to understand the types of bullying behavior experienced by the child.

In various studies it is known that a person's knowledge of an object contains two aspects, namely positive aspects and negative aspects. These two aspects will determine one's attitude. The more positive aspects and objects are known, the more positive attitudes towards a particular object [19]. Therefore it is necessary to always repetition or reps and duplication in health education so that not only knowledge that will develop but also attitudes that support behavior will be formed. [20]
In the observation process in the study conducted by the researchers it appears that the knowledge of respondents has increased which was initially only able to classify bullying with violent acts but after the provision of health education appeared in the learning process and the activity of respondents was able to mention types of bullying such as physical bullying, verbal bullying and non-verbal bullying in addition respondents have also begun to be able to explain the dangers of bullying done or experienced.

Based on the concept of knowledge\(^{[21]}\), the results of the analysis show that the knowledge aspect of the respondent is still in the know stage or the ability to recall (call) a pre-existing memory after learning something and the stage of understanding (comprehension) or understanding an object instead of just knowing about the object, cannot just mention about bullying. However, there has not been a measurement of knowledge at the application stage, analysis and synthesis and evaluation, because the questionnaire given in the form of closed questions in the form of multiple choice. It is apparent in the observation that respondents are able to answer questions in discussions spontaneously if it corresponds to the context provided by the researcher but if a case is asked related to that experienced by the respondent, some respondents are unable to provide the appropriate answer.

Based on the above description it appears that the results of the study are in line with the main purpose of health education which is for a person to be able to apply their own problems and needs, be able to understand what they can do to the problem, with the resources that are in them coupled with outside support, and be able to decide the right activities in order to improve the healthy living standards and welfare of the community\(^{[22]}\), as well as according to Health Law No. 23, 1992\(^{[23]}\) and WHO, the goal of health education was to improve people's ability to maintain and improve health degrees; both physically, mentally and socially, so that it is economically and socially productive, health education in all health programs; eradication of infectious diseases, environmental sanitation, public nutrition, health services, and other health programs\(^ { [24] } \). Increased knowledge is the addition of one's knowledge and ability through individual learning practice techniques or instructions to raise awareness of the value of health so that it consciously wants to change its behavior for good.\(^ { [24] } \)

In this case, nurses acting as educators and whistleblowers have a responsibility to facilitate children in obtaining information about bullying in the form of health education so that bullying behavior in children can be avoided.\(^ { [25] } \) Therefore it is important in nursing studies to prepare methods and sources of health education about bullying that conform to the standards of nursing communication for children, given that various cases show that true bullying occurs not only at the level of secondary school students, it has even reached the level of primary school.\(^ { [26] } \).

Variable data on student bullying attitudes in the pretest showed no decrease or reduction in grades, where before the treatment the median score was 30.0 with the lowest score of 30.0 and the highest score of 36.0 with an average score of 31.57, after going through the treatment of health education further increased to a median score of 48.5 with the lowest score of 39 and the highest score of 50 (Table 4).

The provision of health education in the aspect of strengthening is done by empowering the group to have the ability by providing technical assistance.\(^ { [27] } \). This form of health education about bullying seems to have strengthened the group of students in the school, where most students have been able to give an immediate response to researchers or to classmates in their school environment not to commit bullying. This means students who are taught through group discussions and lectures have a better understanding than students who only get taught through explanation.\(^ { [28] } \). This is in line with the concept of child development that emphasizes the importance of education that transfers knowledge, attitudes and behavior formation because it will affect the future of the child.\(^ { [29] } \). In various research it was found that most human behaviors are established behaviors or learned behaviors where behavior formation occurs due to habits, understanding, and using models as examples.\(^ { [30] } \)
Based on the data, it was found that the change in respondents' attitudes towards bullying was seen not only in the score of the questionnaire where in the pretest it was known there were 45 (71.67%) respondents who had an attitude about bullying were not good, in the analysis found generally respondents considered that repeated violent behavior that occurred was still a joke, not a violence and they considered that bullying was only physical violence.

The results of discussions with students are known that there is an acceptance process for bullying behavior received by students and there has been resistance or resistance to such behavior, so the impression that bullying behavior is only a joke, although for most students the treatment of bullying is painful to accept by students, but as a group is formed in the student class, the treatment is invisible.

In the implementation of health education about bullying observed that students begin to feel and understand that the behavior they are doing and the behavior they receive is a form of bullying that needs to be stopped. This is seen from health education given that there is an increase in value in posttest where the number of respondents who have been in the category of either 60 (100%), generally with campaigns, socialization and materials provided then respondents have had an understanding that violence in the form of verbal, nonverbal, through social media and repetitive physical violence behavior is a form of bullying that needs to be stopped.

Although in reality, all respondents have received violent disorders both physical and non-physical with varying frequency and intensity, but with the health education provided there has been a change in attitude in the respondent. In line with the results of the study, there was an increase in attitude changes in respondents after being given an education about Bullying in fact adversely affecting the physical and psychic of its victims.\[28\]

The observation found that the student at the second treatment had given a pointed response to his friend who often gave nonverbal bullying treatment in the form of silence, not inviting play and also by verbal bullying by mentioning the parent's name. In this condition shows that the respondent's attitude has begun to form to be aware of the presence of bullying and begin to do rejection of bullying behavior.

It is important to model health education about bullying as an act of using power to hurt a person or group of people both verbally, physically, and psychologically so that victims feel depressed, traumatized, and helpless can result in experiencing various health problems, both physically and mentally, as well as the emergence of various mental problems such as depression, anxiety and problems.\[31,32\]

CONCLUSIONS
1. There is an influence of health education on bullying on the knowledge and bullying attitudes of students in elementary school.
2. There is an influence before and after health education on bullying on the knowledge of bullying students in elementary schools (Case study at Aroepala State Elementary School Makassar. Data on student bullying knowledge variables in the pre-test showed no decrease or reduction in grades, where before the treatment the median score was 15.0 with the lowest score of 13.0 and the highest score of 17.0 with an average score of 15.49, after going through the treatment of health education further increased to a median score of 19 with the lowest score of 15 and the highest score of 17.
3. There is an influence before and after health education on bullying on the bullying attitudes of students in elementary schools (Case study at Aroepala State Elementary School Makassar. Variable data on student bullying attitudes in the pre-test showed no decrease or reduction in grades, where before the treatment the median score was 30.0 with the lowest score of 30.0 and the highest score of 36.0 with an average score of 31.57, after going through the treatment of health education further increased to a median score of 48.5 with the lowest score of 39 and the highest score of 50.
ACKNOWLEDGEMENT
Thank you to the principal and teachers at SD Aroepala Makassar who have helped in the implementation of this research as well as the children of SD Aroepala Makassar who are willing to be respondents as well as to the STIKES Panakkukang Makassar Institution which facilitated so that this research can be carried out properly

REFERENCES
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Table 1

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<th>%</th>
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<td><strong>Bullying knowledge before treatment</strong></td>
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<td></td>
</tr>
<tr>
<td>Good</td>
<td>22</td>
<td>36.67</td>
</tr>
<tr>
<td>Not good</td>
<td>38</td>
<td>63.33</td>
</tr>
<tr>
<td><strong>Bullying knowledge After treatment</strong></td>
<td></td>
<td></td>
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Table 2
Frequency distribution of respondents based on attitudes about bullying before and after health education

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<thead>
<tr>
<th>Kategori</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Good</td>
<td>58</td>
<td>96.67</td>
</tr>
<tr>
<td>Not Good</td>
<td>2</td>
<td>3.33</td>
</tr>
</tbody>
</table>

Total 60 100

Source: Primary Data, January 2020

Table 3
The effect of health education on bullying on students' knowledge at SD Negeri Aroepala Makassar

<table>
<thead>
<tr>
<th>Knowledge before health education</th>
<th>Median</th>
<th>Rerata</th>
<th>p</th>
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<tbody>
<tr>
<td>n</td>
<td>60</td>
<td>15.0</td>
<td>(13-17)</td>
</tr>
<tr>
<td>Z</td>
<td>-6.839b</td>
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</table>

Source: Results of the Wilcoxon Test analysis

Table 4
The Effect of Health Education on bullying on student attitudes at SD Negeri Aroepala Makassar

<table>
<thead>
<tr>
<th>Attitudes before health education</th>
<th>Median</th>
<th>Rerata</th>
<th>p</th>
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<tr>
<td>n</td>
<td>60</td>
<td>30.0</td>
<td>(30-36)</td>
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Source: Results of the Wilcoxon Test analysis