

HEALTH EDUCATION ABOUT BULLYING FOR STUDENTS AT SMPN 3 BANYUMAS

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Abstract

Bullying in teenagers is not a strange. A report from the Indonesian Child Protection Commission stated that there were 647 incidents of bullying in schools between 2014 and 2016. Bullying creates feelings of depression, physical and psychological pain, loss of self-confidence, fear, trauma, feelings of helplessness and guilt, anxiety to go to school and even suicidal thoughts. One way to prevent bullying incidents is to provide health education. There are various types of health education media such as radio, short visual films, demonstrations, television, graphic videos and print media. One of the popular media is pocket books and leaflets. The purpose of this community service is to provide health education on bullying at SMP N 3 Banyumas to increase adolescents' awareness and knowledge about bullying. This method of implementing community service is carried out in three stages: the first is the socialization stage for teenagers at school; the second is the implementation of training, namely health education about bullying; and the third application of technology, mentoring and evaluation; and the sustainability of the program. The results of this community service are that there is an increase in students-knowledge about bullying and how to prevent it from before counseling, the level of good knowledge of 16.1% (5 participants) increasing to 51.6% (16 participants). The output this community service are national journals and IPR pocket books which will be used by lecturers for BKD reporting every semester.

Keywords: Bullying, Health Education, Leaflets, Level of Knowledge, Teenager

INTRODUCTION

Adolescence is a transition period of development from children to adulthood. Adolescents can express their self-identity including behavior according to their respective personalities, interesting positive behaviors, creativity and can even show bad behaviors such as violent behavior and sarcasm (Wulandari & Erawati, 2016).

Teenagers aged 12 and 15 years have the characteristics of behaving rudely, tending to be intolerant of others, asking a lot of questions about forbidden things, overflowing emotions and attracting the attention of the environment. Teenagers are more likely to violate rules when they are in an environment full of discipline, one of which is school (Winda, 2019). One of the actions that is of concern is bullying behavior. Bullying is a pattern of bad behavior that scours repeatedly and has negative goals. This behavior leads directly from one child to another due

to an imbalance of power (Dewi, 2020). Bullying is aggressive behavior to hurt others, physically and psychologically (Andriansyah et al., 2019). Bullying can also mean unpleasant behavior either verbally, physically or socially uncomfortable (Supriyatno et al., 2021). Research results by the International Center for research of Women in Indarwati (2023) said that Indonesia occupies the first level in the incidence of bullying in schools reached 40%, with 32% reporting physical violence. A report from the Indonesian Child Protection Commission reported that 647 cases of bullying occurred in schools between 2014 and 2016. Data from the Central Java Provincial Office in 2017 shows that in Central Java there were 413 cases of bullying in 2016 (Waliyanti et al., 2018). Bullying has a negative impact on adolescents. Bullying causes feelings of distress because the bullying perpetrator controls the victim. Physical and psychological pain, loss of self-esteem, loss of confidence, fear, trauma, feelings of helplessness and guilt, golden when going to school, social anxiety, even suicidal thoughts (Herawati & Deharnita, 2019). To change the attitude and behavior of adolescents towards bullying, There needs to be an increase in knowledge about bullying and its prevention. One of the activities to increase student knowledge is through health counseling.

Health counseling is one of the factors that can affect individual attitudes, so it requires efforts to help individuals, groups or communities in improving their abilities or behaviors to achieve optimal health (Notoatmodjo, 2017). Health education can increase adolescents' knowledge about bullying, thus influencing their attitudes and behaviors. There are various kinds of health education media such as radio, short film visuals, demonstrations, audiovisuals such as television, video pictures, and print media. The most popular media are pocket books and leaflets (Niman, 2017).

Based on the results of interviews with teaching staff at SMP N 3 Sokaraja, students at this junior high school are the same as students in other junior high schools, where there are some of them who behave aggressively and tend to commit bullying acts. Bullying carried out by students includes physical bullying and verbal bullying, but verbal bullying is more frequent. There were 5 out of 10 male students who engaged in verbal bullying in the form of mocking friends, swearing and uttering dirty words. While 3 out of 10 students commit physical violence, although it is not too severe. One way to reduce the incidence of bullying is to increase students' knowledge about bullying, especially the impact and consequences of bullying for victims. One way to increase students' knowledge about bullying is to provide health counseling. The teaching staff added that at SMP N 3 Sokaraja there has never been a detailed health counseling about bullying.

Judging from this, the school was facilitated by a lecturer of the Nursing Study Program at Harapan Bangsa University Purwokerto to carry out health coaching activities for school children by holding "Health Counseling about bullying in students at SMP N 3 Banyumas".

IMPLEMENTATION METHOD

This activity is part of the community service. The target participants are 31 students. The method of implementing community service activities for health counseling about bullying at SMP N 3 Banyumas is:

1. Socialization

Socialization is the stage after the author and the team make a community service proposal. The author conducted socialization to the principal of SMP N 3 Banyumas about bullying health counseling activities. After coordinating with the principal, the author conducted socialization to students for a contract time for the implementation of counseling activities. The chief executive shared tasks with members and students involved in counseling activities. This activity was carried out on June 26, 2024.

2. Provision of health education and technology application

After coordinating, taking care of licensing and perception equations, the author was conduct training for students, in this case, the author will start health counseling regarding bullying. The partners have been willing to cooperate by providing counseling places, supporting facilities and helping to coordinate activity participants. Before the counseling, the author has prepared a pretest questionnaire that will be filled out before counseling and a posttest filled out after counseling.

The application of technology that the author will carry out in this activity is the preparation of supporting facilities for activities such as: leaflets, unique pocket books, LCDs, laptops, microphones and videos about bullying. This is done so that students are more interested in paying attention to health counseling materials. This activity was carried out on August 2, 2024.

3. Assistance and evaluation

After the implementation of health counseling activities is completed, the author will provide assistance in re-understanding the material presented by the question and answer method. The author targets students to be able to understand 75% of the material delivered by the presenters. Furthermore, the implementation team, assisted by students, redistributed the posttest questionnaire to conduct an evaluation to see whether or not there was an increase in knowledge in students after counseling.

4. Program sustainability

The health counseling program about bullying is a great program to increase students' knowledge about bullying and its prevention. Starting from increased knowledge, it is hoped that attitudes and behaviors about bullying will get better and the number of bullying incidents will decrease. Therefore, it is necessary to carry out a follow-up program so that this community service does not stop here. The program is to form a peer group of students as a forum for discussion and counseling about other mental health problems.

The types of outputs that will be produced from health counseling activities about bullying at SMP N 3 Banyumas include:

1. Provide pocket books and leaflets on bullying and how to deal with it
2. Creating Intellectual Property Rights (IPR) from the pocket book
3. Publication of national journal service articles

RESULTS AND DISCUSSION

The process of socialization of all activities was carried out with 31 students in the class. We were discussion about how to prevent the bullying at the adolescent. The FGD and socialization were held on June 26, 2024. After socialization, the author give provision of health education and technology application. Health education community service activities regarding the prevention of bullying in adolescents were successfully implemented smoothly. The activity was carried out on August 2, 2024 with the number of participants 31 students. Based on division knowledge questionnaire, questions and answers and observations before and after implementation community service activities, it was found that the level of knowledge was divided into three categories, high, moderate and low. After health education, there is an increase in the level of knowledge in students. Knowledge level can be seen in this table:

Table 1. Knowledge of Student about bullying at Students at SMP N 3 Banyumas

Level of Knowledge	Pretest	Posttest
High	5 (16.1 %)	16 (51.6%)
Moderate	15 (48.4%)	12 (38.7%)
Low	11 (35.5%)	3 (9.7%)

Tabel 1 above shows that before receiving health information or education, 16.1% (5 person) of participants had good knowledge about bullying, increasing to 51.6% (16 participants) after. Based on this table, can be concluded that there is an influence of giving health education about bullying prevention to the level student knowledge. This is proven by an increase in the level of knowledge student from 16.1% (5 participants) to 51.6% (16 participants). This is of course with the help of and participation from various parties, so that activities run smoothly and bring benefits for the students.

This is in accordance with the Soekanto's theory put forward by that one of the factors that affect the level of knowledge is information. A person who gets more information will have a wider knowledge. These results are also supported by Notoatmodjo's theory (2017) that knowledge is the result of "knowing" and this happens after a person ideates a certain object. Sensing occurs through the five human senses, namely sight, hearing, smell, taste and touch. Most of human knowledge is acquired through the eyes and ears.

Someone who is given something new to themselves, especially if something new is very important to them, that person will try to find out in depth about that something by gathering as much information as possible by means of sensing. Participants get information about bullying starting from understanding it to how they get, the more expensive their knowledge will be. This can happen considering that the course of information that can influence knowledge is not only obtained from counseling.

After providing health education about bullying prevention, the author distributed pocket books to all students. A part form that, they also provide anti-bullying kits in the form of anti-bullying T-Shirt. The following is documentation of bullying prevention outreach activities:



Figure 1. Provision of health education and technology application by Author 1
Source: PKM Researcher Documentation



Figure 2. Provision of health education and technology application by Author 2
Source: PKM Researcher Documentation



Figure 3. Picture with the Students and Teacher
Source: PKM Researcher Documentation

CONCLUSION

There was an increase in the level of knowledge of students at SMP N 3 Banyumas after receiving health education regarding bullying prevention from 16.1% to 51.6%. suggestions for at SMP N 3 Banyumas, health education should always be provided periodically regarding teenagers, the use of gadgets and other health education.

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