

The Influence of Mental Health Education on Adolescents Knowledge in Preventing Bullying Based on Behavioristic Theory

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Abstract

Adolescence is a period that is vulnerable to experiencing negative behavior in friendships, especially at school. One of the bad behaviors that often occurs during adolescence is bullying. Bullying is a violent activity that has a negative impact, especially on mental health. To overcome the problem of bullying among teenagers, education is needed about the impact of bullying on mental health, using a behaviorist theory approach. Therefore, this research aims to determine the effect of mental health education on teenagers' knowledge of preventing bullying using a behaviorist theory approach. This research uses quantitative methods with a quasi-experimental approach and a one-group pretest-posttest design. The results of this study show that there is a significant influence of mental health educational interventions on teenagers' knowledge of preventing bullying.

Keywords: Bullying, Education, Mental Health, Adolescence

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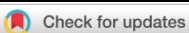
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Abstrak

Remaja merupakan masa yang rentan mengalami perilaku negatif di lingkungan pertemanan terutama sekolah. Salah satu perilaku buruk yang sering terjadi pada masa remaja adalah tindakan bullying. Bullying merupakan aktifitas kekerasan yang memberikan dampak buruk terutama bagi kesehatan mental. Untuk mengatasi masalah bullying di kalangan remaja maka sangat dibutuhkan edukasi tentang dampak bullying terhadap kesehatan mental dengan menggunakan pendekatan teori behavioristik. Oleh karena itu penelitian ini bertujuan untuk mengetahui pengaruh edukasi kesehatan mental terhadap pengetahuan remaja dalam pencegahan bullying. Penelitian ini menggunakan metode kuantitatif dengan pendekatan quasi-eksperimental dengan one group pretest-posttest design. Hasil penelitian ini menunjukkan ada pengaruh yang signifikan antara intervensi edukasi kesehatan mental terhadap pengetahuan remaja dalam pencegahan bullying.

Kata kunci: Intimidasi, Edukasi, Kesehatan Mental, Remaja



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Introduction

According to the WHO (World Health Organization), adolescence is the phase of life between childhood and adulthood, starting from the ages of 10 to 19 years. Adolescence is a unique stage of age development and is an important time to provide good basic health education. Adolescents experience rapid physical, cognitive, <https://journal.pubsains.com/index.php/jps>

and psychosocial growth (WHO, 2016). Apart from that, teenagers also experience changes in their developmental stages that must be met. This affects the way they feel, think, intellectual capacity, stress, desires, make decisions, and interact with the world around them (Syahli, 2017). During this phase, adolescents form behavioral patterns, for example, regarding eating patterns, physical activity, drug use, and sexual

activity, which can protect their health and that of others around them or endanger their health now and in the future. Even though it is considered a healthy stage of life, physical, mental, and psychological health problems often occur. Most physical health problems can be prevented and treated, but not mental and psychological health. This is because the environment is the main support for their mental health (WHO, 2016).

During the task phase and development stages, adolescents are sometimes accompanied by various kinds of disturbances, for example, stress, anxiety, and deep sadness, which have an impact on the decision-making process in their daily lives. This is due to various environmental factors, both family and social, which can have an impact on the emergence of aggressive behavior (Syahli, 2017). Such aggressive behavior arises due to a lack of education on adolescent mental health. According to the WHO, mental health is not just the absence of disease but has a broader meaning as a state of well-being in which individuals develop their abilities, face the stresses of everyday life, and carry out productive and useful work (WHO, 2016). Specifically, teenagers' mental health, for example, is improved when they can manage their thoughts and emotions, build social relationships, and learn talents. Mental health-related disorders are associated with problems experienced by adolescents due to the interaction of factors between individuals, the environment, and the family (Manjula, 2015).

Apart from these factors, along with advances in technology, the use of gadgets and social media often triggers mental health problems in teenagers. According to UNICEF, globally, around one in three social media users is under 18 years of age, compared to older people using internet access (Keeley & Little, 2017). However, the bad news is that the use of smartphones and social media hurts teenagers and disrupts mental health, causing cases of death due to depression, loneliness, and anxiety (Twenge, Rogers, & Martin, 2018). Another factor that causes adolescent health problems is aggressive and violent behavior known as "bullying," where the perpetrator carries out intimidation and physical and mental violence repeatedly, whether carried out between individuals or groups of

teenagers (Zhong, Huang, Huebner, & Tian, 2021). There can be various forms of bullying, for example, verbal, physical, relational, and even through social media (Thomas, Chan, Connor & Williams, 2016). Globally, bullying is widespread among adolescents, and according to a 2018 UNICEF report, more than a third of students aged 13–15 years worldwide said they had experienced some form of bullying (UNICEF, 2018). According to UNICEF (2016), there are 41–50% of social media bullying cases in Indonesia involving teenagers aged 13–15 years (Manto et al., 2020).

This act of bullying will damage a teenager's mentality and leave an impression on his life, thus having a negative impact on his future. In order for adolescents to grow and develop healthily, they need information, education, including comprehensive mental health education appropriate to their age, opportunities to develop quality of life, health services that are acceptable, fair, appropriate and effective, and a safe and supportive environment. They also need opportunities to participate meaningfully in the design and implementation of interventions to improve and maintain their health. Expanding these opportunities is key to responding to youth's unique needs and rights (WHO, 2022). Therefore, it is important to provide education and understanding for teenagers regarding mental health problems and bullying through a behaviorist theory approach. This theory was proposed by Gagne and Berliner and includes changes in behavior as a result of experience. This theory prioritizes measurement because measurement is important to see whether there is a behavior change. Through this theoretical approach, it is hoped that teenagers will be able to change their behavior to be more positive (Kim et al., 2020). Therefore, this research aims to determine the effect of mental health education on teenagers' knowledge of preventing bullying using a behaviorist theory approach.

Methods

This research is a type of quantitative research with a quasi-experimental approach. The research design used is a one group pretest-posttest design, namely a design where treatment will be carried

out and a post-test will be carried out after treatment. The location of this research is SMP Negeri 7 Watampone, Kec. Tanete Riattang Timur, Kab. Bone. This research was conducted in December 2023. The population in this research were grade 7 students in. The sample in this study was grade 1 junior high school students, with a sample size of 25 people. Students will be given a questionnaire about their knowledge of bullying, then they will be given education about mental health and bullying, and then they will be given a questionnaire to measure their knowledge again.

The inclusion criteria in this study were: Grade 7 students aged 10–16 were registered as students at SMP Negeri 7 Watampone, and the exclusion criteria were students who did not attend each research session until the end. In this study, a questionnaire was used to measure students' knowledge about bullying. The tools and materials needed for this research are: PowerPoint as a medium for delivering material, leaflet, Stationery used by the respondent, camera as a documentation tool. The implementation stage of this research begins with filling out a pre-test questionnaire, then conducting health education, and finally completing the post-test questionnaire again to determine changes in respondents' knowledge.

A bullying knowledge questionnaire by Aprilia et al. (2019) was used to measure students' knowledge about bullying behavior. The questionnaire is as follows:

No	Pernyataan	SP	P	KP
1	Seseorang yang merasa puas setelah melakukan tindakan kekerasan dapat dijadikan alasan terjadinya <i>bullying</i> .			
2	Berkelahi biasanya perbuatan <i>bullying</i> yang dilakukan oleh siswa laki-laki.			
3	<i>Bullying</i> merupakan tindakan kekerasan yang dilakukan oleh pihak yang lebih kuat.			
4	Seseorang yang tidak mempunyai teman menjadi penyebab <i>bullying</i> .			
5	Sebuah keinginan untuk menyakiti teman merupakan perbuatan <i>bullying</i> .			
6	Pelaku <i>bullying</i> dapat dijaui oleh			

	teman-temannya.			
7	Balas dendam adalah faktor terjadinya <i>bullying</i> .			
8	Hubungan yang tidak harmonis terjadi antara pelaku dan korban <i>bullying</i> .			
9	Pelaku melakukan tindakan <i>bullying</i> biasanya ingin berkuasa di sekolah.			
10	Kesenjangan ekonomi juga dapat dijadikan alasan penyebab <i>bullying</i> .			
11	Memperlakukan orang dengan menyebar gosip di internet merupakan suatu bentuk <i>bullying</i> .			
12	Melerai merupakan tindakan yang harus dilakukan guna menghentikan perbuatan <i>bullying</i>			
13	Menjauhi dari pelaku dapat menghindari perbuatan <i>bullying</i> .			
14	<i>Bullying</i> dapat menyebabkan korban menjadi trauma.			
15	Kondisi keluarga merupakan faktor penyebab <i>bullying</i> .			
16	Hukuman perlu diberikan pihak sekolah kepada pelaku <i>bullying</i> untuk mencegah tindakan <i>bullying</i> .			
17	Tindakan <i>bullying</i> dapat terjadi pada media sosial.			
18	<i>Bullying</i> dapat terjadi karena adanya rasa kurang peduli terhadap sesama.			
19	Memilih teman yang baik dapat dijadikan pilihan untuk terhindar dari <i>bullying</i> .			
20	Kurang percaya diri dapat menyebabkan seseorang menjadi korban <i>bullying</i> .			
21	Balas dendam biasanya menjadikan seseorang melakukan kekerasan.			
22	Korban <i>bullying</i> dapat merasa tertekan dan takut bergaul dengan teman-temannya.			
23	Dorongan dari teman lingkungan dapat menjadikan siswa melakukan <i>bullying</i> .			
24	Di lorong sekolah dapat dijadikan sebagai lokasi <i>bullying</i> .			
25	Mengancam teman merupakan perbuatan <i>bullying</i> .			
26	Bila ada tindakan <i>bullying</i> di sekolah sebaiknya melapor kepada pihak sekolah.			
27	Mengucilkan teman merupakan			

	tindakan <i>bullying</i> .			
28	Jika menjadi korban <i>bullying</i> di sekolah siswa tidak boleh berdiam diri.			
29	Mengejek teman merupakan suatu tindakan <i>bullying</i> .			
30	Memukul adalah jenis <i>bullying</i> secara fisik.			

Results

The results of this research are presented in the form of data analysis consisting of univariate analysis to obtain descriptive characteristics of the respondents and bivariate analysis to carry out hypothesis tests in the form of normality tests and Wilcoxon tests.

1. Univariate Analysis

Demographic Characteristics of Respondents

This respondent demographic data describes the distribution of respondent characteristics, including age and gender. The demographic data of the respondents is presented in the table below:

Table 1. Demographic Characteristics of Respondents

No	Characteristics	Quantity		
		Parameters	F	%
1.	Age	Age 12 years	7	28
		Age 13 years	13	68
		Agw 14 years	1	4
		Total	25	100
2.	Gender	Male	6	24
		Female	19	76
		Total	25	100

Primary Data Sources 2023

Table 1. above shows the demographic characteristics of respondents based on age and gender. It can be observed that the average age of respondents is 13 years (68%), 7% are 12 years old, and only 1 (4%) respondent is 14 years old. Meanwhile, gender characteristics were dominated by 19 female respondents (76%) and 6 male respondents (24%).

of mental health education on adolescent knowledge, see the table below:

Table 2. Level of Influence of Mental Education on Adolescents' Knowledge Level (Pre-Test)

Knowledge Level	F	%
Higher Knowledge	9	36
Medium Knowledge	15	60
Low Knowledge	1	4
Total	25	100

Primary Data Sources 2023

Based on table 2 above, before being given mental health education, it was found that teenagers predominantly had a moderate level of knowledge, namely around 15 people (60%), while 9 people (36%) had a high level of knowledge and only 1 teenager (4%) had low knowledge.

After conducting education and then again assessing the level of knowledge of respondents regarding mental health, the following results were obtained:

Table 3. Level of Influence of Mental Education on Adolescents' Knowledge Level (Post-Test)

Knowledge Level	F	%
Higher Knowledge	16	64
Medium Knowledge	9	36
Total	25	100

Primary Data Sources 2023

Meanwhile, based on table 3 above, it shows that there are differences after being given mental health education, namely around 16 people (64%) who are teenagers who have high knowledge and 9 people (36%) who have moderate knowledge and there were no respondents who had low knowledge.

Next, to determine the significance of the influence of mental health education on

2. Bivariate Analysis

To find out the differences in the influence

teenagers' knowledge about preventing bullying before and after treatment, a normality test was first carried out using the Shapiro-Wilk test to determine whether the data distribution was normally distributed or not normally distributed. The results obtained are explained in the following table:

Tabel 4. Tests of Normality

	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre-Test	.357	25	.000	.721	25	.000
Post-Test	.409	25	.000	.610	25	.000

a. Lilliefors Significance Correction
Sumber Data Primer 2023

Based on the results of the normality test above, the significance value (Sig.) for the pretest and posttest is 0.000, meaning it is smaller than 0.05, which indicates that the distribution of research data is not normally distributed. Therefore, next, to carry out a hypothesis test to find out whether teenagers' knowledge experienced a significant increase after mental health education was carried out, a non-parametric test was carried out, namely the Wilcoxon test. The results obtained are explained in the table below:

Table 5. Influence of the Level of Mental Education on the Level of Knowledge of Adolescents

Knowledge Level	Median (minimum-maximum)	<i>P value</i>
Pre-Test Knowledge Level	52 (33-73)	0,005*
Post-Test Knowledge Level	46 (30-64)	
Knowledge Level Difference	6 (3-9)	

*Wilcoxon test

Primary Data Sources 2023

Based on the table above, it shows that the p value is 0.005, which is smaller than 0.05, which

means that there is a significant influence of mental health education on the level of knowledge of teenagers about bullying prevention.

Discussion

Adolescence is a transitional stage between the dependency associated with childhood, and the independence of adulthood (Wang et al., 2021). Bullying is an important problem for teenagers in every country around the world. In a study conducted in 40 countries involving 53,2494 teenagers, it was recorded that 26% of them were involved in bullying cases. This bullying involvement occurs among teenagers, both boys and girls, aged 11, 13, and 15 years. Adolescent girls are more likely to be victims of bullying than adolescent boys. A study conducted in Turkey identified that 6% of teenagers had been bullied, and 35% of teenagers had been repeatedly bullied (Celik et al., 2023).

Bullying can be prevented by providing health education interventions to teenagers. The results of this research show that providing mental health education related to bullying prevention has an influence on students' knowledge. This is in line with research conducted by Albayrak (2012) showing that there is a significant influence on the behavior, knowledge, and attitudes of teenagers after being given peer bullying education. Similar research was also conducted by Shams et al. (2018), who used an educational method based on socio-ecological theory. The results showed that there was a significant relationship between knowledge and bullying behavior before and after education. This is also in line with research conducted by Hayati et al. (2023), with the result that providing health education has an influence on teenagers' knowledge of bullying. This research further explained that increasing teenagers' knowledge about bullying also influences the attitudes and behavior of their peers and can reduce the incidence of bullying among teenagers.

Research conducted by Makmuriana (2022), who also provided health education to junior high school teenagers, resulted in an increase in students' understanding of bullying and an effort to minimize bullying cases in the school environment.

Research conducted in Indonesia by Putri (2020) showed that there was an increase in students' knowledge about the impact of bullying after being given health education. Health education is the right tool to provide to teenagers to increase their knowledge about bullying and its impact on mental health. Providing education can be done in various ways, for example, through direct presentations, media, advertisements, posters, etc.

Another study conducted by Goodwin et al. (2021) found that educational interventions in the form of videos, interactive elements, and presentations resulted in statistically significant increases in knowledge about mental health, emotional well-being, and help-seeking attitudes among adolescents aged 12–13 years. It is further explained in this research that teenagers tend to prefer visual educational media and show more significant changes in knowledge regarding mental health. By providing health education, you can not only increase teenagers' knowledge but also change their attitudes and behaviors towards bullying. A meta-analysis of research conducted by Ng et al. (2020) also explains that providing effective educational interventions to adolescents has been proven to reduce the frequency of victimization and acts of bullying, both directly and through social media. Apart from the educational methods given to teenagers, it can also overcome the problem of bullying in teenagers through providing motivation. In accordance with research conducted by Sahin (2024), it was concluded that motivational interviews were effective in reducing bullying behavior among peers and cyberbullying among teenagers.

A literature study emphasizes that there are several types of interventions that can be used for anti-bullying, namely: social support, social skills, school-based programs, education, counseling, and training (Hikmat et al., 2023). So this will prevent bullying among teenagers. The bad impact of bullying is that it disrupts teenagers' mental health. So mental health promotion and education interventions are needed (WHO, 2022).

Conclusion

This research succeeded in highlighting the

urgency of providing mental health education to junior high school teenagers about the impact of bullying. Mental health and anti-bullying education cannot only be carried out by nursing staff or health workers, but most importantly, it needs to be carried out by schools as a means of education. All stakeholders in schools need to carry out anti-violence and intimidation outreach so that students can focus on carrying out their education. Apart from that, students are also taught to use social media wisely and avoid cyberbullying. Health education can be provided in various ways, including direct outreach, approach methods, and the use of media, so that teenage students can better understand how to stop bullying in the school environment. As far as possible, this anti-bullying education becomes a learning curriculum program in schools to educate teenage students on an ongoing basis.

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